

Mr & Mrs M Hamilton

Agape Annexe

Inspection report

191 Havelock Street
Kettering
Northamptonshire
NN16 9QB

Tel: 01536511479

Website: www.agapehomes.org.uk

Date of inspection visit:
07 March 2023

Date of publication:
15 March 2023

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

Agape Annexe is a residential care home providing personal care to up to 4 people. The service provides support to people with learning disabilities and autism. At the time of our inspection there were 3 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

People received care and support to maintain an environment that suited their needs and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people to access health and social care services. Staff supported people with their medicines safely and in their preferred way.

Staff supported people to make decisions following best practice in decision-making. People were supported to carry out their daily living activities and pursue their hobbies and interests.

Right Care:

Staff communicated with people in ways that met their individual needs.

People received care that was person-centred, and dignity, privacy and human rights were promoted.

People received kind and compassionate care. Staff understood and responded to people's individual needs. They protected and respected people's privacy and dignity.

People's care plans reflected their needs and wishes and promoted their wellbeing. Risks that people may face were appropriately managed.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service employed skilled staff to meet people's needs and keep them safe.

Right Culture: The ethos, values, attitudes and behaviours of the registered manager and staff team ensured people lead confident, inclusive and empowered lives.

People received good quality care and support because trained staff and specialists could meet their needs and wishes.

People and those important to them, including social care professionals, were involved in planning their care. The registered manager and the staff team ensured people received support based on best practice, respect and inclusivity.

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

Rating at last inspection

The last rating for this service was good, published 18 July 2018.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about staffing levels. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Agape Annexe

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

Agape Annexe is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Agape Annexe is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced and took place on 7 March 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our inspection we spoke with 2 people that used the service. We also made calls and spoke with 1 relative of a person who used the service. We spoke with one staff member and the registered manager who was also the provider. We looked at multiple documents including care plans, risk assessments, staff files and meeting minutes.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were in place to ensure staff worked safely with people, and understood what risks may be present in their lives, however, some further detail was required to ensure that one person's risk around smoking was fully detailed. The registered manager told us this would be updated immediately.
- People and relatives all felt that risks were documented accurately, and understood by staff.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with said that people were safe living at the service. One person told us, "It's very safe yes." One relative said, "[Name] would tell me if there were any issues. They are safely cared for."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staffing and recruitment

- There were enough suitable trained staff to support people safely. We saw rotas which confirmed staffing numbers were consistent, and staff and people told us the staffing levels were safe. The registered manager and provider regularly worked shifts directly with people and could cover any staff absence promptly.
- People were recruited safely within the service. We looked at staff recruitment procedures and found that sufficient checks were carried out prior to employment. This included ID checks, references, and Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were stored and administered safely. Medicine administration records (MAR) were accurately completed. Medicines which were required on an as and when basis were appropriately documented and used.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People received visitors in the home without restriction, in line with current government guidance.

Learning lessons when things go wrong

- The provider had systems in place to manage and monitor people's safety. Staff understood how to record and report incidents for investigation by the management team and lessons learned were identified. Where identified, lessons learned were shared with the team at staff meetings.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained Good: This meant 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 had a thorough assessment of their needs, which was regularly reviewed and updated. The registered manager told us that any new person moving in to the service, would have an assessment of their needs, alongside various visits and discussions with current people living in the service, to ensure people were compatible living together.
- People's physical, social and wellbeing needs were considered before receiving any service.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to meet their needs. This included training specifically to work with people who may have learning disabilities and autism, safeguarding, medicine administration, moving and handling, and more.
- New staff who were not previously trained in care completed The Care Certificate. The Care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were able to eat the food they wanted, and had choices on offer. The service was small, and each individual was supported with the diet of their choice. We observed people served lunch, and were offered more food as and when they wanted it.
- Staff had good knowledge on what people liked, and care plans documented people's preferences and needs with diet and nutrition.

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

- The service was a small house, and whilst décor within some communal areas within the house was dated and tired, people were able to personalise their own rooms and felt at home. People had access to communal areas including outside space to use if they wanted to. One person showed us their bedroom and told us they were happy living at the service and liked their room.

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

- People received the healthcare support they required. Care plans documented many examples of ongoing support with health appointments including GP's, dentists, and any other health and social care professionals people needed to see.

- Care plans documented people's healthcare needs in detail, and people and relatives we spoke with all felt they got the support they needed.
- Staff were vigilant about any changes to people's health and wellbeing and ensured people received timely support from health professionals.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider worked in line with the principles of the MCA.
- Staff assumed people had the capacity to make decisions, unless they had been assessed otherwise.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they had good relationships with staff, and felt they were well cared for. One person said, "I like the staff, they are all good." A relative we spoke with also confirmed that relationships between their relative and staff were positive, and they were treated with respect.
- We observed staff interact with people during our inspection in a kind and respectful manner, giving people the time they required to communicate. Staff knew how to communicate with people in their preferred way. Staff understood people's likes and dislikes and how they preferred to be supported.

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

- People were regularly encouraged to express their views. The registered manager told us, "We always ask people what they want, and if they want anything changed." We saw that staff regularly met with people to review their care and check in with them, documenting people's responses and any requests or changes they wanted.
- A relative we spoke with confirmed that regular reviews of care took place, in which they were involved in supporting their relative to ensure their voice was heard and could express themselves.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We saw that staff asked permission to enter people's rooms before doing so. People's needs had been assessed in detail and this included documenting people's independence. We saw that people who were able to, were encouraged to go out into the local town and shops by themselves. Staff respected that people had this independence and were part of their local community.
- Staff understood data protection requirements, and knew what information was private and confidential. Records were stored securely in filing cabinets within the home.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were some minor examples of language used within care planning which required review, as it was not always terminology which was up to date, and reflective of people's current needs. The registered manager told us this would be changed immediately.
- Care was personalised and people were able to take part in activities of interest to them. We saw that some people accessed daytime activity centres outside of the home, where they were able to take part in activities of their choice. Other people were able to independently leave the home, and were able to socialise within their local community as and when they wished.
- We saw that where possible, people were encouraged to maintain relationships with family members, who they visited regularly, or were able to have visit them.
- People told us they were supported as a group to go on trips and holidays, including staying at a caravan park by the seaside.
- A 'Keyworker' system was in place, which meant that people had a specific staff member who was assigned to them who would regularly check in with them, support with family contact, and ensure the person had all the daily items they needed such as clothing and toiletries.
- Care plans were person centred, and documented people's likes, dislikes, preferences and goals. Staff understood people well, and how they wanted to be supported.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We saw that when required, information had been prepared in an easy read and pictorial format for people that needed it.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place, but at the time of inspection, no complaints had been made. A relative we spoke with told us they were confident in raising any issues, and felt they would be responded to promptly by management.

End of life care and support

- At the time of inspection, no end of life care was being delivered at the service. The registered manager told us the people living at the service did not wish to discuss their end of life plans, but this could be documented should their wishes change.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives all felt the service was managed well, and run by people who were open and positive. One relative said, "[Registered managers name] is very good, he knows [name] very well. I can talk to him and get hold of him easily."
- The culture within the service was positive, and people's independence was promoted by staff.

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

- The registered manager maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The registered manager understood information sharing requirements. We saw that information was correctly shared with other agencies as required.

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

- Staff were clear about their roles and felt well supported. A staff member we spoke with said, "It's a well run place, I get any help I need."
- Systems and processes were in place to ensure that regular checks were made across the service. This included checks on cleanliness, medicine administration, finances, and care planning. Regular checks and fire drills were also carried out in relation to fire safety within the service.
- We saw that when areas for improvement were found, that prompt action was taken.

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

- People were well involved and engaged with, and felt able to express themselves and feedback. This included regular resident meetings where people could formally discuss any matters and be updated on staffing and activity.
- Regular feedback from people was documented to keep a record of people's requests and any changes they wanted with their care.
- Staff felt able to feedback and make suggestions as they wanted. Staff meetings were held to share information about people, and any other updates within the service. The staff member we spoke with confirmed that communication from the registered manager was good.

Working in partnership with others

- The service had worked in partnership with various outside agencies and health and social care professionals. This included the local authority, working together on quality improvement within the service.
- During our inspection, the staff and management team were open and honest, and receptive to any feedback given.