

Parkcare Homes (No.2) Limited

Alphonsus House

Inspection report

81-85 Vicarage Road
Oldbury
West Midlands
B68 8HT

Tel: 01215446311
Website: www.craegmoor.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Our inspection was unannounced and took place on 29 February 2016.

At our last inspection of June 2013 the provider was meeting all of the regulations that we assessed.

The provider is registered to accommodate and deliver personal care to 18 people. At the time of our inspection 13 people lived at the home. People lived with a learning disability and/or other related needs.

The home was divided into three units. There were two separate houses joined together and a bungalow to the rear where people lived.

The manager was registered with us as is required by law. 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 provider had systems that staff followed to ensure people were not at risk of harm or abuse.

The staff had been trained to manage medicines safely. Medicines were given to people in the way that they preferred and as they had been prescribed.

The staff were kind and caring and were provided in adequate numbers to meet people's needs.

The recruitment processes the provider followed ensured that unsuitable staff were not employed.

Staff received induction training and the day to day support and guidance they needed to ensure they met people's needs and kept them safe.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This ensured that people received care in line with their best interests and would not be unlawfully restricted.

People were encouraged to make decisions about their care. If they were unable to, their relatives were involved in how their care was planned and delivered.

Staff supported people to have the meals that they enjoyed and met their needs.

People received input from a range of health care professionals which helped to promote their good health.

People engaged in recreational and occupational activities that they enjoyed and met their preferred needs.

Processes were in place for people and their relatives to raise their concerns or complaints if they had a need.

People, relatives and staff all felt that the service was well run. Quality monitoring systems were in place and feedback forms were used that ensured that the service was run in the best interests of the people who lived 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 protected from the risk of harm or abuse. Processes were in place for staff to follow to ensure that people were not placed at the risk of abuse.

People were given their medicines as they had been prescribed.

People felt that there were adequate numbers of staff to meet their needs.

Is the service effective?

Good ●

The service was effective.

People, relatives and staff felt that the service was effective and met people's needs.

People's needs were managed in the way that they required and preferred. Staff had the knowledge they needed to meet people's needs.

Staff understood the principles of the Mental Capacity Act and Deprivation of Liberty Safeguarding (DoLS). People were appropriately supported and were not unlawfully restricted.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People's dignity, privacy and independence were promoted and maintained.

People were glad that their relatives could visit when they wanted to and were made to feel welcome.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed to ensure that they would be met in their preferred way.

People were offered recreational activities that they enjoyed.

Complaints procedures were in place for people and relatives to use if at any time they were not happy with something.

Is the service well-led?

Good ●

The service was well-led.

People, relatives, and staff felt that the service was well-led.

Staff felt adequately supported by the management team. A manager was registered with us as is required by law.

Quality monitoring systems were in place that ensured that the service was run in the best interests of the people who lived at the home.

Alphonsus House

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.

Our inspection was unannounced and took place on 29 February 2016. The inspection was carried out by one inspector.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications' these could be about accidents and injuries that had occurred. We reviewed the notifications that we had received. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

We met eight people and spoke with four people who lived at the home. We spoke with one relative, an administration staff member, three care staff, one senior care staff member, the deputy manager and registered manager. We looked at the care files for two people, medicine records for two people, recruitment records for three staff, supervision records and staff training records. We also looked at complaints, safeguarding, quality monitoring processes and completed provider feedback forms. We spent part of the day in communal areas observing the support provided to people and interactions between staff and the people who lived there.

Is the service safe?

Our findings

People, relatives and staff told us that they had not experienced anything that they were worried about regarding malpractice or abuse. A person said, "No one has done anything like that to me". Another person said, "No nothing like that". A relative told us, "I am not aware of anything like that at that home". A staff member said, "I am not aware of any abuse. I would report it if there was". Another staff member told us, "No abuse here". The safeguarding policy that we looked at detailed types of abuse and staff we spoke with were aware of these. Staff told us that they had received training in how to safeguard people from abuse and records confirmed this. The registered manager had reported any safeguarding concerns that they had to the local authority safeguarding team and had taken action to prevent further concerns.

We checked the records and money held in safe keeping for two people. We saw that records of transactions were signed by two staff to witness and verify that they were correct. Only a limited number of staff had access to the money. The money and records were checked twice a day and audits of the money were undertaken regularly. This helped to ensure that money held by the provider for people would be safeguarded.

People, relatives and staff we spoke with told us that the people who lived there were safe. A person told us, "I feel safe here". A relative said, "I always think [person's name] is safe there". A staff member said, "I think the people here are safe". We saw that risk assessments had been undertaken and had been recently reviewed. These related to the risk of people having a seizure, people going into the community independently, and people's vulnerability. Staff we spoke with were aware of the risk assessments. They were able to describe people's risks and what was needed to minimise them. We saw that one person wore a head helmet. This was to protect their head if they were to fall. We saw that crash mats were available to prevent injuries if people fell out of bed. We saw that records were made of accidents and injuries and that action was taken to prevent re-occurrence. These actions helped to keep people safe.

People and staff told us that in their view there were enough staff to meet people's needs and to provide support to keep them safe. A person said, "There are always staff around". Another person told us, "I think there are enough staff". Staff told us that there were enough staff to supervise people, provide support, and take them out into the community. We observed that staff were available during the day to supervise people and to keep them safe. During the day a staff member supported two people to go to a local shop. Other people also went out into the community. A staff member told us that at times if staff were sick staffing could be a problem. However, staff we spoke with told us that they covered each other during holiday time. They also told us that there was a bank staff member who people was familiar with, and knew people's needs, who could be called upon at short notice. Bank staff are employed to cover staff sickness or staff holiday leave. This was confirmed by the registered manager. These actions ensured that people would be supported at all times by staff who were familiar to them and knew their needs.

A staff member said, "Checks were done for me before I started work". The registered manager confirmed that checks had to be undertaken before any new staff were allowed to start work. We checked two staff recruitment records and saw that pre-employment checks had been carried including the obtaining of

references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults. This would decrease the risk of unsuitable staff being employed.

We found that that body map charts were not used to highlight to staff precisely where prescribed creams should be applied. The registered manager told us that they would address this.

People we spoke with told us that they wanted the staff to manage their medicines. A person said, "I like the staff to look after my tablets". Another person told us, "I am given tablets at the right time".

All staff we spoke with told us that only staff who had been trained and deemed as competent to do so, were allowed to manage and administer medicine. This was confirmed by records we looked at. We saw that medicines were stored safely in locked cupboards in each person's bedroom this prevented unauthorised people accessing the medicines. We also saw that processes were used for ordering and returning unused medicine to the pharmacy. This meant that an excess stock of unwanted medicine would not build up, and that people's medicine would be available for them to take as they had been prescribed. Staff we spoke with and records confirmed that medicine audits were undertaken regularly. The undertaking of the audits had ensured that medicine systems were safe and that people were being given their medicine as they had been prescribed.

A person told us, "If I am upset I ask for my tablets" Medication Administration Records (MAR) that we looked at highlighted that some people had been prescribed medicine on an 'as required' basis. We saw that there were protocols in place to instruct the staff when the medicine should be given. Staff we spoke with knew of the protocols and told us that they followed them. This prevented staff not giving people their medicine when it was needed, or giving people the medicine when it was not needed. We counted two people's medicines to confirm if the number of tablets available balanced correctly against the MAR and found that one did but for the other there were two extra tablets than what should have been available. This had occurred within the previous two days. The registered manager agreed that this was a recording omission and would look into this.

Is the service effective?

Our findings

A person said, "I am happy here. I like it". Other people we spoke with also told us that the service they received was good. A relative said, "They [person's name] are looked after well". All staff we spoke with told us that the service was good and met people's needs.

A new staff member told us, "I had induction training when I started and to be honest it was good, I have worked in care before and that was the best I have had. I looked at care plans and worked with other staff". Staff files that we looked at held documentary evidence to demonstrate that induction training had taken place and that some new staff were working with the new 'Care Certificate'. The Care Certificate is an identified set of standards that care staff should follow when carrying out their work.

A staff member said, "The manager and other staff are very supportive. If I don't know something there is always someone I can ask". Staff told us that they had supervision with the registered manager or deputy manager and records that we viewed confirmed this. Staff told us and records confirmed that they had an annual appraisal to discuss their performance and training needs.

A person said, "The staff help me well". Other people we spoke also told us that the staff knew how to look after them. A relative said, "The staff know how to look after them [their family member]". A staff member said, "I feel that I have had the training I need to do my job". Other staff we spoke with told us that they had the training they needed to do their job properly. Staff files that we looked at confirmed that they had received mandatory and specialist training for their role to ensure they could meet people's individual needs. The registered manager said, "First aid refresher training is needed but we are arranging this".

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).

A person said, "I go out whenever I want to". Another person told us, "I go out shopping and to do other things on my own. There are no limits". We checked if the staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. The registered manager told us and records that we looked at confirmed, that a number of DoLS applications had been made and had been approved by the local authority. We identified from training records that staff had received MCA and DoLS training. Staff we spoke with were aware of MCA and DoLS. They had a knowledge of, and gave us an account, of the principles of the MCA and DoLS. Staff knew that people should not be unlawfully restricted.

A person said, "The staff always ask me first". Staff we spoke with told us that they asked people's

permission before they provided care and support. A staff member said, "We all know that where possible we need to have consent from people before we give support. Where this is not possible DoLS applications have been approved". We heard staff asking people if they could help and support them before they carried out any support or care. We heard staff asking one person if they would like to go out to the shop and suggested that they should put their coat on first. We saw that the person went to their bedroom and returned with their coat on.

A person told us, "We tell staff what we want to eat and drink". Another person said, "I like the food, it is good". We looked at people's care plans and saw that their food and drink likes and dislikes had been documented. We heard staff giving people food and drink options at lunch time. A staff member told us, "We have menus that have been produced after speaking with people". Meeting minutes that we saw showed that people were asked if they were happy with the meals provided. We observed that mealtimes were flexible to meet people's needs and preferences.

Staff told us and records that we looked at confirmed that people's risks had been determined concerning food and drink. This included any food allergies that people may have had or a risk of choking. Staff knew that if risks were identified that included poor swallowing or weight loss referrals should be made to Speech and Language Therapy (SALT) and/or the dietician.

People told us that they had access to a range of healthcare services as they needed. A person said, "I see the doctor, dentist and optician". Another person said, "I go to the doctor if I am ill". A relative said, "The staff arrange their health appointments and then inform me". Staff we spoke with told us that they supported people to access health care appointments that included people seeing the dentist, optician and having an annual health check. We saw that a health action plan document was available this highlighted people's medical conditions and needs and what was required to address them. We also saw that a 'grab and go' document was available. This was used if a person had to be admitted to hospital. It gave an overview of people's health, care and support needs that hospital staff would need to be aware of. All staff we asked knew of people's conditions and what support was required to maintain their health. This showed that staff addressed people's health care needs to prevent poor health.

Is the service caring?

Our findings

A person told us, "The staff are very kind". Another person said, "I like the staff they are nice to me". A relative said, "The staff are very helpful and friendly". We observed that staff were kind and compassionate. They gave people their attention, listened to them and were friendly with them. We found that the atmosphere of the home was warm and welcoming.

A person said, "The staff do not go in my bedroom. I have to tell them they can". Another person said, "I think that the staff are polite and give me space alone when I want that". Records highlighted that some people enjoyed personal time and space to be alone in their bedroom and that they did that often. Records also highlighted that staff had determined the name each person liked to be called by. We heard that staff used this name when speaking with people. Staff we spoke with knew the importance of promoting people's privacy and dignity. They told us that when they provided personal care they made sure that doors and curtains were closed. This highlighted that staff promoted privacy and dignity and showed people respect.

Our observations highlighted that people understood what was said to them. A staff member said, "All people have the ability to understand what we [the staff] say". We saw that people understood what staff said to them as they responded appropriately as confirmation. We heard staff asking people to confirm what they had said if they did not understand the first time. Where people could not communicate verbally we saw that care plans were in place. These gave staff information of how to communicate with people non-verbally by using signs and pictures. The care plans also highlighted how people would show from facial expressions or body language that they were sad, happy, or in pain. This showed that the provider had taken action to promote different communication methods to ensure that staff understood their wishes or everyday needs.

A person told us, "I always pick what I want to wear and when I want new clothes I go with staff to buy them". They also said, "I go to the hairdresser to have my hair done how I want". Another person said, "Oh I do everything like that [personal care] for myself". Staff knew that people's individual appearance and that they dressed in the way that they preferred was important to them. A staff member told us, "Many people can choose what they want to wear each day. If they had difficulty choosing we would try our best to support them by showing them different clothing". We saw that people wore clothes that were appropriate for the weather and reflected their gender and individual tastes.

A person said, "I do things for myself". Another person said, "I totally look after myself and the staff do not interfere". A staff member told us, "A fair number of people here need prompting only. The staff encourage people all the time to be as independent as possible. A person said, "I do a bit of cleaning and make my own drinks". Records that we looked at highlighted that people helped to clean their bedrooms and attend to their laundry. We observed people in the kitchen making their own snacks and drinks. People told us and records confirmed that some people went out into the community independently. This showed that staff knew the importance of encouraging people to be as independent as possible.

People told us that they enjoyed visits from, and going out with, their families. A person said, "I go and stay with my family often at home". Another person told us, "My family visit me when they want to".

We saw that information was displayed in the office for staff to access regarding advocacy services. Staff told us that one person had input from an advocate and records that we saw confirmed this. The registered manager told us that advocacy services had been accessed for people on an as required basis. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes.

Is the service responsive?

Our findings

A person told us that they had visited the home before they moved in. They said, "I liked it and still do. Staff we spoke with told us that all people had an assessment undertaken before they were offered a place at the home to determine if they could meet people's needs. We saw that the agencies that funded placements at the home had provided assessment documents and care plans to tell staff how people should be cared for and supported.

A person said, "I have been here a long time. All the staff know what I need". A relative said, "The staff do know them [person's name] well and their needs". We looked at two people's care plans then asked staff about people's needs, preferences and risks. Staff accounted for these and had a good knowledge of what was required to meet people's needs. A person gave us permission to look at their care plans. They said, "I know what the plans say and I am happy with them". Another person told us that they were involved in the planning of their care, and agreed with what had been decided. A relative told us, "The staff involve me with everything". We saw that care plans were updated regularly and that a review of each person care had been undertaken. This would ensure that staff were aware of people's needs and how to meet them.

A staff member said, "We very much encourage people to keep in contact with their family and friends. The registered manager told us that they were responsive in that where families were not able to visit, they supported people to visit their family at home by transporting them there.

A person said, "I don't want to go to church". People could be supported to attend religious services if they wanted to. Records that we looked at confirmed that staff had identified people's preferred faith and if they wanted to follow this.

A person said, "I like going out shopping. I like buying clothes" People told us and records confirmed that if they wanted to they could go out into the community regularly. One person told staff that they wanted to go to the shop. We saw them and another person going with staff to a local shop to buy some personal items. People told us that they enjoyed trips and outings to places of interest. A person said, "I don't like going on holiday. I like day trips best. I went to Liverpool and liked it". A number of people attended educational or social facilities a number of days each week. This showed that staff ensured that people's recreational and occupational needs were met.

A person said, "I would tell the staff I was not happy". A relative told us that they knew how to complain and that they would be happy to speak with the registered manager. We saw that the complaints procedure was available within the home. It had been produced in words and some pictures that could make it easier for people to understand. We saw that one complaint had been made. We saw that the registered manager had investigated the issue, said sorry, and highlighted to the complainant that they would raise the issues at the next staff meeting. We looked at meeting minutes and saw that the issues were discussed and staff were told that practice in those areas had to be improved. This showed that processes were in place for people and their relatives to make a complaint if they felt that they had the need.

Is the service well-led?

Our findings

All people and staff we spoke with told us that the service provided was good and met people's needs. A relative said, "I think the place is well organised". A staff member said, "It is a well-run service". Another staff member told us, "Things have got a lot better since the manager came. The home is well organised and the people are happy and well looked after".

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by a deputy manager and senior care staff. A relative we spoke with knew the registered manager and told us that they felt confident to approach them if they had the need. Staff told us that the registered manager was good. A staff member said, "The manager is brilliant. Very helpful. They have the people's best interests in mind always".

A person told us about the registered manager, "I like her very much. She talks to me and sorts things out". We saw that the registered manager was visible within the home. We saw that people were familiar with her and had the confidence to go and speak with her. The registered manager and deputy manager knew the people well and were able to answer our questions about the people and the current position regarding the running of the home.

A staff member said, "The manager is so good. We [the staff] have support all the time. I would hate it if she left she is really nice". Another staff member told us, "We have regular meetings and can raise any issues". Staff told us that the registered manager and provider both lived within the local area and were on-call at all times. Staff told us that on the occasions they had used the on-call arrangements they had been adequately responded to.

Staff we spoke with told us what they would do if they witnessed bad or unsafe practice. A staff member told us, "If I saw something I would speak up about it. I know the manager would be onto the situation immediately". We saw that a whistle blowing procedure was in place and accessible for staff to follow.

A person told us, "I do interviews for new staff". The registered manager confirmed this. The registered manager said, "They [person's name] have become very good at selecting the right staff". We saw that pictorial interview questions were available to assist the person in this task. This showed that the provider knew that some people liked to be involved in the running of the home and were enabled to do so.

A staff member said, "Audits are carried out all of the time on medicines, health and safety and other areas". We saw that quality monitoring systems were in place and that they had identified in the past that some processes and records needed a review and these were being attended to. The registered manager and deputy manager both told us that they did 'out of hours' spot checks. Records that we looked at confirmed that spot checks had been undertaken at night and during the weekends. We found that an issue had been identified during a night spot check and appropriate action had been taken to address the issue with the staff member and ensure the situation was not repeated. This showed that the provider had a commitment to ensuring that the service was safe at all times and was run in the interests of the people who lived at the

home.

A relative told us, "I have filled surveys in within the last year". We looked at provider feedback forms that had recently been completed by relatives. Feedback confirmed satisfaction. A person said, "At meetings we tell the staff what we want". Meeting minutes that we looked at confirmed that regular meetings were held for the people who lived at the home. Agenda items included asking people if they were happy with the food and activities. This showed that the provide had processes in place for people and their relatives to raise issues and make suggestions.

A relative told us, "It is much better since they [person's name] moved to the bungalow". A person said, "It is much better living in here". Since our last inspection the provider had made resources available to enhance the environment. A bungalow had been totally refurbished and people had been transferred from a house to the bungalow as it better met their needs. The building was on one floor and was designed to ensure easy access to meet people's needs who had a physical disability or mobility impairment.