

Alphonsus Services Limited

Charles House

Inspection report

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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 

Overall summary

Our inspection took place on the 30 January and 3 February 2015. Both days were unannounced. We last inspected the home in September 2014. At that inspection we found that the provider was not meeting the regulations in relation to the care and welfare of people who use services. Following our September 2014 inspection the provider sent us an action plan telling us about the improvements they were going to make so that the care people received was safe, to protect people from abuse, to ensure people lived in a clean home, to ensure that effective systems were in place to monitor the service and to make sure that information in people's care records were accurate. During this inspection we found that the improvements needed to comply with the law had been made.

The home is registered to provide accommodation to a maximum of ten people. The people who lived there had a range of needs related to learning disability. On the day of our inspection seven people lived there.

There was a registered manager in post. 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.

Summary of findings

We saw that interactions between staff and the people who lived at the home were positive. Staff were friendly, polite and helpful to people. All the relatives we spoke with told us that they were happy with the care that their relative received.

All the staff we spoke with understood their responsibilities to protect people from harm and abuse. Staff told us that they were provided with the training that they required to carry out their role and keep people safe.

Our observations and conversations with staff and relatives confirmed that staffing numbers and the skill mix of staff was adequate to meet people's needs and to keep them safe.

The mental capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA

Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. DoLS applications had been made for all the people living in the home and staff demonstrated some understanding of this legislation.

People who could tell us told us the food was nice. We saw that people were supported to have a nourishing diet.

Relatives we spoke with told us that family member's needs were met. People who could tell us told us that they were happy living at the home. Relatives told us that they knew how to raise their concerns if they needed to.

We found that some quality monitoring systems were in place. Improvements had been made since our last inspection to ensure that the service was run in the best interests of the people who lived there.

Summary of findings

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.

Arrangements in place ensured that safe staffing levels would be provided.

Arrangements were in place to prevent people being placed at risk of harm of abuse.

People had their medication as prescribed and it was stored safely.

People lived in a clean and well maintained home which prevented the risk of infection.

Good



Is the service effective?

The service was effective.

Systems regarding DoLS were adequate which would give assurance to the people who lived at the home that people would not be unlawfully deprived of their liberty.

People were offered adequate food and drink to maintain their health.

Arrangements in place for staff training ensured that all staff were effective in carrying out their role.

Good



Is the service caring?

The service was caring.

People's privacy and dignity was promoted.

People were given the support they needed to make their own choices.

Good



Is the service responsive?

The service was responsive.

People received the support they needed to participate in recreational pastimes that they enjoyed.

Relatives told us they knew how to raise their concerns if they needed to. Arrangements for listening and responding to complaints were in place and ensured that the provider would listen and respond accordingly.

Good



Is the service well-led?

The service well led.

The manager was registered with us as required by law.

Management support systems were in place. Staff told us that they were supported in their role and could raise concerns if they needed to.

Improvements we asked the provider to make had been dealt with. This ensured that the service was run in the best interest of the people who lived there.

Good



Charles 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.

The inspection took place on 30 January and 3 February 2015. Both days of our inspection were unannounced. The inspection team included one inspector. On the first day of our inspection we focused on speaking with people who lived in the home, staff and observing how people were cared for. We returned to the home to look in more detail at some areas and to look at records related to the running of the service.

We also reviewed the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the PIR within the required timescale and used the information from this to help inform our inspection process.

We requested information about the service from the Local Authority who are responsible for monitoring the quality and funding people's care at the home. We used the information to inform our inspection.

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 observed how people were supported during activities.

During our inspection we met with all seven people who lived at the home, four care staff and the registered manager and provider. We looked at safeguarding records, maintenance records, audits, complaints and medication records. We also sampled three people's care records and audits used by the provider to monitor the quality of the service. We also spoke with three people's relatives.

Is the service safe?

Our findings

At our previous inspection we found that people had not always been protected from the risk of abuse. During this inspection we found that all staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from the risk of harm. All staff knew about the different types of abuse and the signs to look out for which would indicate that a person was at risk of abuse. For example staff said they would report a change of behaviour or signs of neglect, which could indicate that people were being mistreated. Staff told us that they were confident that they could raise concerns about people's safety with senior staff or the manager and that they were confident that any concerns would be acted upon. We saw that systems were in place to report any safeguarding concerns to the local authority. There had been one incident that needed to be reported to the local authority since our last inspection. The incident had been investigated by the local authority and the manager also carried out an internal investigation. This showed that the provider had taken the appropriate disciplinary action to ensure people who used the service were protected.

At our previous inspection we found that some people had not received all the support they needed to keep them safe from risks such as falls. All staff we spoke with knew people's needs, likely risks to their safety and knew how to keep people safe. We saw that there was always staff available in communal areas of the home to observe people and to minimise any risks to people's safety.

At our previous inspection we found that cleaning and maintenance tasks had not been completed as expected so people were not always cared for in a hygienic environment. At this inspection we saw that the home looked clean. The provider had replaced some floor coverings in the bathroom and hallway and these areas were clean and well maintained. We observed that suitable hand washing facilities were available and staff washed their hands prior to and after commencing tasks. Records looked at showed that cleaning scheduled were in place and had been completed. Staff told us that they had completed infection control training. This showed that the home was clean and hygienic and people were protected from the risk of infection.

One person said, "Yes" and another person smiled when we asked them if they felt safe living at Charles House. All the staff and relatives we spoke with told us that the people who lived there were safe. A relative told us, "I am quite happy with everything".

All staff that we spoke with told us that staffing levels were sufficient to meet people's needs. One staff member told us, "A resident has recently left so staffing levels have been adjusted to reflect this. There is sufficient staff working day and night". Our observation confirmed that there were sufficient staff available to supervise and meet people's needs at all times. We saw that staff had time to sit and talk with people, and carry out individual activities. We saw that staff were able to respond to spontaneous requests by people. For example, a person wanted to go out to a local pub for a drink and this request was responded to. At the meal time we saw that there was enough staff to give people support and assistance to eat safely. This showed that there was enough staff to support the service.

We found that people's medication was managed safely. We observed part of the evening medication routine and saw that the staff member explained to the person what they were doing and the person willingly took their medication. All the people who lived at the home required staff support to take their medication safely. We saw that medicines were stored securely in a locked cabinet. We looked at three people Medicine Administration Records (MAR), to see whether medicines were available to administer to people at the times prescribed by their doctor. We found that medicines were available to people as prescribed. MAR records had been completed and maintained. We saw that written protocols were in place for medication prescribed on a 'when required' basis. Staff told us that they had received training on how to administer medication safely and that competency assessments had also been completed to ensure medication was safely administered.

We spoke with staff about what they did in emergency situations to keep people safe. Staff gave us examples of how they would manage different incidents. One staff member told us, "There is always a manager on call who we can speak to, if needed." Records showed that staff had completed fire safety training and first aid training.

Is the service effective?

Our findings

One person smiled nodded and said, “Yes” to confirm that they were looked after by staff in a way that they wanted to be. All the relatives we spoke with told us that they had been informed and consulted about their family members care. We saw that assessments of people’s ability to make decisions had been recorded in their care records.

We saw that staff explained to people what they were doing and asked people for their approval before they gave then support. One staff member told us, “I always ask people’s permission and wait for them to say yes or to indicate to me that they are happy with what I am doing”.

The Mental Capacity Act 2005(MCA) sets out what must be done to make sure that the human rights of people who may lack capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to the Local Authority for authority to deprive someone of their liberty. We observed that some people that lived at the home may not have the mental capacity to make an informed choice about decisions in their lives. We observed that the home had locks on access and exit doors. People also had close constant staff supervision. The manager told us that they had made DoLS applications for people who lacked capacity and where they believed that a person’s care needed a level of supervision and control. The applications had been made as needed to the local authority to authorise these restrictions placed on people’s freedom, and the manager was waiting on their decision. This showed that the manager had complied with this important legislation. Staff that we spoke with demonstrated that they had some understanding of MCA and DoLS legislation.

All staff that we spoke with were able to give us a detailed account of people’s individual needs and how people wanted to be looked after. We saw that staff supported people confidently and were able to respond to people’s

request that were made verbally or through gesture and sign. Staff told us, and records we saw confirmed that induction training was provided before staff commenced their work and that there was an on-going training programme in place to ensure that staff had the skills and knowledge needed to care for people safely.

Our observations at mealtime showed that people who lived there enjoyed the food and drink that were offered. One person told us that the food was, “nice”. We saw from people’s facial expressions that they showed contentment with the food and drinks offered. We saw that some people needed support to eat their meal. Staff were available to provide this support so people ate their meal comfortably and safely.

We saw that pictorial menus were displayed on a notice board in the kitchen that informed people what meals were being offered each day. Staff told us that they knew what people liked to eat and drink. Staff told us that a dietician had been involved with advising staff about healthy meal planning so that people were provided with nutritious meals.

The staff provided care which prevented the risk of people’s conditions worsening and ensured that people’s health care needs were met. One person was attending physiotherapy sessions to ensure they maintained their mobility. Three relatives that we spoke with told us that their family member’s had been supported to meet their health care needs. A health care professional that we spoke with told us that they had no concerns about people’s wellbeing. Staff that we spoke with told us that people were supported to attend doctor appointments and other health care appointments when needed. We saw that health action plans were in place for each person. These showed that regular GP, dental and ophthalmic took place. Specialist services such as physiotherapy and orthotics were also involved as required. This showed that people received the support they needed to meet their health care needs effectively.

Is the service caring?

Our findings

One person said, “[staff member’s name] is nice”. Another person smiled and nodded when we asked them if the staff were kind and caring. A relative told us, “The staff are caring and kind. I have no concerns”.

We saw that staff sat with people and gave them time and attention. Staff engaged people in individual activities with people. We saw that people were shown kindness and they were supported in a caring way by staff. People looked relaxed and calm and smiled and laughed when staff spoke with them.

All the staff we spoke with were able to give a good account of people’s individual needs and preferences. Records that we looked at had information about people’s family their needs and their likes and dislikes. This information provided staff with the information they needed so they had an understanding of people’s needs and preferences.

We found that people’s privacy and dignity was promoted. We saw that staff knocked on people’s bedroom doors

before entering. We saw that people were able to spend time alone in their bedroom and there was a choice of communal areas where people could choose to spend their time. We saw that one person liked to listen to the radio in the dining room before the evening meal was served. This was respected by staff. All staff that we spoke with were able to give us a good account of how they promoted people’s privacy and dignity in everyday practice and demonstrated an understanding of how important it was to do this when carrying out their role.

One person showed us some family photographs and told us that they liked to visit their family. Staff told us that some people were supported to maintain contact and visit their family members. Two relatives told us that staff supported their family member to visit them on a regular basis and this was very important to them. One relative said, “The staff are very good they bring [person’s name] to see me and pick them up. The visits are very important to us. This showed that staff recognised the importance of maintaining contact with people’s family and friends.

Is the service responsive?

Our findings

Relatives that we spoke with told us that they had been involved with their family members care. Three relatives told us that the manager and provider had arranged a visit to meet with them and discuss their relatives care. One relative said, “They discussed [person’s name] care needs and how they were getting on”.

People’s individual recreational interests had been considered by staff. On the evening of our inspection we observed staff support people with individual recreational needs. One staff member supported a person to have a foot and hand massage. The staff member spoke calmly and reassured the person who was calm and relaxed throughout the session. Another staff member engaged with a person in a building blocks activity which the person was fully engaged in. They laughed and smiled throughout the activity and gestured and signed to indicate that it was what they wanted to do. Another staff member sat in a quiet area with a person whilst they played a table top game together. Staff told us that most of the people attended a local authority run day centre from Monday to

Friday and that this decision had been made by the local authority in April 2014. The people that didn’t attend the day centre were supported by the providers own ‘day care’ staff to take part in different community based activities. During our inspection two people were supported to go out for lunch and to a sensory centre. One person requested to go to a local pub for a drink and this spontaneous request was responded to. Another person went for a walk to a local shop with a staff member.

Arrangements were in place for listening to concerns and complaints and ensured that there was learning to minimise their reoccurrence. We asked a person what they would do if they were not happy. They told us, “Speak to [Staff member’s name]”. We saw that a complaints system was in place. The manager told us that there had been no complaints since our last inspection. Complaints information was available in a written and pictorial format. Staff we asked gave a good account of what they would do if a person or relative was not happy about something. All relatives that we spoke with told us that they knew had to make a complaint. One relative told us, “If I was not happy I would certainly let the home know”.

Is the service well-led?

Our findings

At our last inspection in September 2014 we identified that quality monitoring systems were not effective, safeguarding arrangements did not ensure people would be protected from the risk of harm. Infection control arrangements meant people were not protected from the risk of infection and also that systems in place did not always ensure accurate and appropriate records were maintained and breached the regulations. We received an action plan from the provider telling us what they were going to do to address the four breaches in the regulations. At this inspection we found that the provider had taken all the required action to ensure that home was operating in a way that complied with the law.

The registered manager had worked at the home for four years and was registered with us, as required by law. There was a clear leadership structure which staff understood. The registered manager was supported by two senior staff members for day to day support and to deputise in his absence.

All staff we spoke with had an understanding of their role in reporting bad practice regarding for example concerns about other staff members conduct. They all knew about the processes they should follow to report any concerns they may have. Staff told us they had opportunities to contribute to the running of the home through staff meetings. They told us that communication between staff and managers was good. Staff told us that a verbal handover took place each day and a 'daily shift planner' was in place so they were clear about what was expected of them on a daily basis.

We found support systems were in place for staff. Staff told us that managers were approachable. All staff we spoke

with confirmed that if they needed support outside business hours there was a person 'on call' they could contact. A staff member told us, "We have all the numbers we need and can always speak to a senior staff member, if we need to. I feel very supported in my role".

Relatives we spoke with told us that they had completed a survey about the home previously. All the relatives told us that the manager and provider had recently visited them to talk about their relatives care, and the running of the home. Some relatives found it difficult to visit the care home because of their own health care needs so they found the home visit useful. One relative told us that they would find it helpful to have more regular telephone contact from the manager to keep them informed about their relative.

We saw that systems were in place for the internal auditing of the service. This included the provider's representative undertaking a monthly visit of the service and the manager also completing audits in a number of areas including medication administration, care records and staff development. Following this an action plan was completed showing how the manager would address any shortfalls identified. We saw that the concerns identified at the most recent audit had been actioned this included some general repairs to the environment and improving care records. This showed that effective systems were now in place. The provider had also taken action to show that lessons had been learnt from a recent safeguarding investigation. Appropriate staff disciplinary action had been taken and systems had been improved so that any unexplained bruising or marks would be closely monitored. This showed that the provider had taken action to improve how the service was monitored and that systems were in place to show learning from incidents had taken place.