

Alphonsus Services Limited

Natalie House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection at this service on 09 August 2016. We found the service was in breach of a regulation. This related to there being ineffective quality monitoring systems in place to monitor the quality of the records, recruitment processes, and the training needs of staff. We also found that improvements had not been made in response to the previous inspection report. After the inspection, the provider wrote to us telling us what action they would take to meet the legal requirements in relation to the breach.

We undertook this focused inspection to check that they had followed their action plan and to confirm that they now meet the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Natalie House on our website at www.cqc.org.uk.

Natalie House is registered to provide accommodation and support for up to five people with a learning disability. On the day of our inspection there were five people living at the home. This was an unannounced inspection.

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.

The provider had taken action and the legal requirements had been met. We found that sufficient improvements had been made to monitor the quality of the service.

People were supported by sufficient numbers of staff to ensure their needs were met. Although a formal system was not yet in place we were told the staffing levels were reviewed on a regular basis by the registered manager. Risk assessments for people were being reviewed, and this work was on-going. The risk assessments that had been reviewed were detailed to ensure staff received clear guidance on how to support people to reduce any identified risks to their well-being.

Records were available to support the recruitment checks that had been undertaken on new staff members employed to work at the home. Improvements were required though to ensure gaps in employment were explored and assessments of risks were completed around specific issues relating to their suitability for their role. Action was taken by the registered manager to address these issues. We saw records were in place to show new staff had induction training. A training plan was now in place to ensure staff had access to training to enable them to fulfil their role.

Audits were now completed by both the registered manager and a representative for the provider on a regular basis. Where shortfalls had been identified action plans were in place to address these.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

We found that action had been taken to improve how well-led the service was.

Records were in place to demonstrate the recruitment checks undertaken on staff and how risks were managed for people.

Systems were in place to monitor the quality of the service that was provided and to address any shortfalls.

This meant that the provider was now meeting legal requirements.

We could not improve the rating for Well led from 'Requires Improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Natalie 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.

We undertook an unannounced focused inspection of Natalie House on 18 May 2017. This inspection was carried out to check improvements had been made to meet legal requirements planned by the provider after our comprehensive inspection on 09 August 2016. We inspected the service against one of the five questions we ask about services: Is the service well-led. This is because the service was not meeting some legal requirements in this area.

The inspection team consisted of one inspector.

We checked the information we held about the service and the provider. This included the provider's action plan, which set out the action they would take to meet legal requirements.

We met all of the people that lived at the home. People were not able to share their experiences with us due to their complex needs. We observed how staff supported people throughout the inspection to help us understand their experiences of living at the home. We spoke with three members of staff, the registered manager and the area manager. We looked at three recruitment files and the care records for two people. We looked at the systems in place to monitor the quality of the service provided.

Is the service well-led?

Our findings

At our comprehensive inspection on 09 August 2016 we found the provider had not ensured effective systems were in place to monitor the quality of the service. We found improvements had not been made following our previous inspection in 2015 and accurate records were not in place to demonstrate how staff had been recruited. Risk assessments were not detailed and had not been reviewed following incidents that had occurred. Staff training needs had not been identified and planned for, and systems were not in place to demonstrate that sufficient staffing levels were maintained. This was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

At this inspection, overall we found that the provider had taken action and made the required improvements to ensure they were meeting Regulation 17.

We observed the way staff supported people and spoke with staff about their views on staffing levels at the home. A staff member told us, "We have enough staff to meet people's needs, and the manager tries to ensure that three staff are now on duty at the busiest times". We saw people's needs were met in a timely manner and the staff received support throughout the day from either the registered manager or senior. We asked the registered manager about what improvements had been made and if a system was now in place to calculate how many staff were needed at different times of day, including those during the evening. The registered manager advised that although a formal system was not in place they had reviewed the staffing requirements and where possible three staff members were on duty to assist people. The registered manager showed us previous staffing rotas to demonstrate this. We saw that apart from when staff telephoned in sick at short notice three staff members were on duty. The registered manager supported staff on the evening during the week days and a senior was on duty during the weekends to provide support. The registered manager confirmed that staffing levels were reviewed continuously to ensure people's needs were met, this was through observation and feedback from staff.

Staff told us about risks to people and the action they took to reduce these risks. For example supporting people to eat and drink to prevent them from choking. We saw that work was ongoing to review the risk assessments for the people living at the home. The senior staff member showed us some of the risk assessments that had recently been reviewed. We saw that these were detailed and contained information in relation to the number of staff the person required support from when completing tasks such as going out. The senior and registered manager advised that they hoped to review and complete all of the required risk assessments in the next few months.

We reviewed the recruitment files for three newly employed staff. We found that all of the records were available at the home and all of the required recruitment checks had been undertaken. We did identify a couple of gaps in staff member's employment history which had not been explored though. We also found risk assessments had not been undertaken to support the employment of staff following the receipt of a disclosure and barring check (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who required care. The registered manager took action to address these shortfalls and provided evidence to us the day after our

inspection. We saw evidence of the induction programmes these staff members were completing following their employment to enable them to have the skills and knowledge for their role.

We found that improvements had been made and a training plan was now in place to ensure staff received the training they needed including refresher training for their role. A staff member told us, "I have completed moving and handling training and we have been given workbooks to complete around Mental Capacity Act and Deprivation of Liberty safeguards". We saw that training had also been planned for practical training in use of equipment at the home such as the hoist. The registered manager told us that staff had completed fire training and other refresher training was planned such as first aid. The registered manager advised that when training needs were identified this information was then sent to the provider who was now providing training dates for respective training courses.

We saw that action was taken following accidents and incidents that had occurred in the home. For example, where a person has had a number of falls their risk assessment had been reviewed and new equipment had been purchased to try and reduce the risks of this reoccurring. We saw records of incident and accident analysis which were completed monthly. These did lack detail of the analysis that had been undertaken and the action that had been taken in response to the incidents and accidents. We discussed this with the registered and area managers who advised this task would now be completed by the registered manager instead of being delegated to a staff member to complete, this would ensure the required analysis and response was recorded.

We reviewed the systems in place for assessing the quality and safety of the service. We saw a representative of the provider was now undertaking audits of the home on a regular basis, and they provided feedback on the areas they had reviewed. We saw the provider was monitoring the progress the registered manager was making in reviewing the care records for people. Where shortfalls were found we saw an action plan was in place and monitored by the provider. We were advised by the provider that a detailed audit would be undertaken of the service in the near future which was more comprehensive than the routine monthly audits. We saw that the registered manager completed a variety of audits and these included checks on medicines and finances.