

Alphonsus Services Limited

Kathleen House Flat

Inspection report

Canal Wharf
105 Purlin Wharf
Netherton
West Midlands
DY2 9PQ

Tel: 0138470187

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Ratings

Overall rating for this service

Requires Improvement ●

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

- Kathleen House Flat is a residential care home that was providing personal to two people with a range of needs including learning disabilities and challenging behaviour at the time of the inspection.
- The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

- The provider was not working within the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards when service users lacked capacity to make specific decisions. The provider's governance and oversight systems had failed to identify this and meant service users rights were not always upheld and protected.
- The provider's systems, processes and records in place for decisions taken in relation to care and treatment of people were not always effective.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, deaths and safeguarding alerts. The registered manager was open and honest.
- People were safe and staff knew how to keep them safe from harm. The provider had a recruitment process to ensure they had enough staff to support people safely. People received their medicines as prescribed. Staff followed infection control guidance and had access to personal protective equipment.
- People's nutritional needs were met and they received enough to eat and drink to ensure they had a healthy diet. People accessed health care when needed.
- People received care from staff who were kind and caring and knew them well. Staff were patient and empathetic and had built good relationships with people. People's privacy, dignity and independence were respected by staff.
- People continued to receive care that met their needs. People's support needs were assessed regularly and planned to ensure they received the assistance they needed. People's support was individualised. People were supported to take part in activities of interest and their preferences, likes and dislikes were known to staff. The provider had a complaints process to share any concerns.

Rating at last inspection:

- ☐ Rated Good overall (report published 21/05/2016)

Why we inspected:

- ☐ This was a planned inspection based on the rating at the last inspection.

Follow up:

- ☐ We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Kathleen House Flat

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type

Kathleen House Flat is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This was an unannounced inspection.

What we did:

Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commissioned services from this provider.

During the inspection we spoke with two relatives to share their views about the support their family members received. We spoke with two staff members and the registered manager who was available throughout the inspection.

We looked at the care and review records for two people who used the service and two staff files. We looked

at recruitment and training. We looked at records for how people were administered medicines as well as a range of records relating to the running of the service. This included incident and accident monitoring, auditing systems and complaints.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

- Relatives told us they felt people were safe at Kathleen House Flat. One relative said, "I am happy with the level of care they get and the level of support I get."
- Staff had received training in how to keep people safe and knew how to recognise abuse and protect people from it.
- Staff had a communication book to pass important information to family members.

Assessing risk, safety monitoring and management:

- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people. One family member told us, "They have really improved since moving to the flat."
- Risk assessments were detailed and gave guidance to staff on how to support people's needs.

Staffing levels:

- People at the home were under one to one supervision and there was enough staff to support them safely.
- We saw evidence of recruitment checks taking place before staff were appointed. This ensured suitable staff were appointed to support people.

Using medicines safely:

- The provider had protocols in place for the receipt, storage, administration and disposal of medicines. Staff had not consistently followed the provider's policy to make sure daily temperature checks were carried out and recorded to ensure medicines were kept at the correct temperature. Staff had run out of record keeping sheets which the registered manager rectified on the day of inspection and had audits in place to identify this.
- The provider had systems in place to ensure medication was administered safely. Medication Administration Records (MARS) were completed to record what medication had been given. MARS we sampled on the day of inspection were completed correctly.
- People received their medicines as prescribed.

Preventing and controlling infection:

- We found the home to be clean and tidy.
- We saw staff using personal protective equipment and observed that this equipment was readily available to them.
- We saw staff supporting people following good infection control practices to ensure they could protect against the spread of infection.

Learning lessons when things go wrong:

- Our last inspection in May 2016 identified that audits were not always effective. The registered manager had since implemented monthly audits to monitor the safety of the service. A recent audit identified that the fire extinguisher needed a safety check and this was arranged and completed in February 2019.

Is the service effective?

Our findings

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

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 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. During this inspection we looked to see if the service was working within the legal framework of the MCA. Where people are unable to make decisions about their care the service should apply the MCA and follow a best interest's process.
- Key principles of the MCA had not been followed. There was no evidence of any mental capacity assessments for people and a best interest's process had not been followed where people were unable to make their own decisions.
- 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was 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 people were subject to restrictions of their liberty without the legal safeguards in place. The regulations state people must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority. People were restricted from going out alone but no applications for DOLS had been submitted. This meant that people who were unable to make all of their own decisions were not protected by ensuring restrictions were proportionate and legally authorised.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 consent to care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The provider carried out an initial assessment and regular care reviews to support people's needs.
- We found people's equality and diversity needs were identified within the care plan and staff received training in equality and diversity to be able to meet people's needs.

Staff skills, knowledge and experience:

- People were supported by staff who had the skills and knowledge to do so and who had received specific training to enable them to support people's needs.
- Staff were given opportunities to review their individual work and development needs.

- Where new staff were appointed we saw an induction process was in place. The Care Certificate standards were also included in the induction process. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.

Supporting people to eat and drink enough with choice in a balanced diet:

- We saw that people's nutritional needs were catered for and staff knew what people liked to eat and drink.
- Where people had specific dietary requirements, staff knew these and could support people accordingly.

Staff providing consistent, effective, timely care within and across organisations

- People were supported by regular staff who knew them well and had worked at the service for some time.
- Staff worked well with family members and liaised regularly with them. One family member said, "They really involve me in everything."

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

- The premises and environment were light and airy and adapted to meet people's needs.
- People's bedrooms were spacious and personalised.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services in the community. We observed communication and confirmation of appointments from health professionals in people's files.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Family members told us how they were involved in making decisions about people's care. One family member said, "They really involve me in everything."
- We observed people's opinions being sought on day to day tasks. For example, staff asked people if they were happy to get ready to attend day centre and staff understood their methods of communication to gain their views. One person was able to communicate verbally using short answers whilst another person used body language and facial expressions.

Ensuring people are well treated and supported:

- We saw that people were supported by kind, patient and caring staff. One relative said, "Staff are kind and caring, always courteous."
- We observed that staff were patient and gave people the time they needed. For example, people were not rushed when going out and were given ample time to prepare.
- Relatives told us they could visit whenever they liked.

Respecting and promoting people's privacy, dignity and independence:

- We saw that people's privacy and dignity was respected. We observed staff talking to people respectfully and explaining what was happening during tasks.
- People were encouraged to maintain their independence and do as much as they could for themselves. Staff told us how they encouraged people to be involved in their own shopping. We observed how one person was encouraged to put their own coat on before going out.
- People were encouraged to integrate into the community as much as possible. People were taken out regularly on day trips. They enjoyed trips to local shopping centres, cafes and places of interest.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

How people's needs are met:

- People's needs were met and staff showed they understood how to support people. People at the home spoke very little and staff knew how to communicate with them in their preferred method. For example, we observed one person nod their head in agreement.

Personalised care:

- A care plan and assessment was in place to show the support people needed and these were reviewed regularly.
- Staff understood and knew people's hobbies, interests and preferences to support them to take part in social activities. People were encouraged to be active in their choice of hobbies and interests.
- The registered manager was aware of the Accessible Information Standard (AIS). All organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.
- People's communication needs were assessed and met in a way that met the criteria of the standard. This included recording people's communication needs in their care plans

Improving care quality in response to complaints or concerns:

- The provider had a complaints process in place. Whilst there had been no complaints over the last twelve months, relatives and staff knew who to speak to if they had any concerns.

End of life care and support

- There were no end of life care plans in place, however, people at the service were not receiving end of life care.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- The provider's governance and oversight systems had failed to ensure they were effectively working in line with the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards.
- The registered manager carried out regular supervisions and appraisals. Staff confirmed this and we saw evidence of this in records we checked.
- We saw that regular checks and reviews on the service took place to monitor the safety of the service.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, deaths and safeguarding alerts.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- Care plans were person centred and contained lots of information about what was important to people and what goals they would like to achieve.
- The registered manager was open and honest about areas of the service that required improvement and how she was going to manage these.

Engaging and involving people using the service, the public and staff:

- The registered manager completed regular audits as a way of improving the service by using the information gathered to benefit how people were supported.
- Monthly staff meetings were held to engage staff with the service and gain their feedback.
- The provider worked closely with family members and health professionals to support people's needs.

Continuous learning and improving care:

- Staff received regular ongoing training to ensure their learning, skills and knowledge was current to be able to support people.
- The registered manager attended local forums and completed training courses to keep their knowledge up to date. They were currently working towards a Level 5 qualification in Health and Social Care.

Working in partnership with others:

- The provider worked in partnership with hospital consultants, social workers, health professionals and

relatives to ensure the service people received was person centred. This was confirmed by relatives we spoke with.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Key principles of the MCA had not been followed. There was no evidence of any mental capacity assessments for people and a best interest's process had not been followed where people were unable to make their own decisions. We found people were subject to restrictions of their liberty without the legal safeguards in place. The regulations state people must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority. People were restricted from going out alone but no applications for DOLS had been submitted. This meant that people who were unable to make all of their own decisions were not protected by ensuring restrictions were proportionate and legally authorised.</p>