

Alphonsus Services Limited

Kathleen House

Inspection report

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Brierley Hill
West Midlands
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Tel: 0138470187

Date of inspection visit:
15 March 2019
19 March 2019

Date of publication:
02 May 2019

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: Kathleen House provides accommodation and personal care for up to 15 people with a learning disabilities or autistic spectrum disorder and dementia as part of this condition. The service offers long term and respite care.

People's experience of using this service:

People looked comfortable and relaxed with staff and their relatives told us they were safe. Staff told us how they should keep people safe and minimise risks to their safety.

People were supported by staff we saw were caring and expressed interest in people who lived at Kathleen House. People received effective person-centred care and support based on their individual needs and preferences. Staff were knowledgeable about people; their needs and preferences and we saw they had a good relationship with the people.

People were supported by care staff who had a range of skills and knowledge to meet their needs. Staff understood, felt confident and well supported in their role, and they said they were supported through formal staff supervision. People's health was supported as staff worked with other health care providers to ensure people's health needs were met.

People were supported to have maximum choice and control of their lives and staff understood that they should support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care plans reflected people's needs and preferences and staff and the registered manager could explain any recent changes to people's care. Where there was changes staff knew how they should provide care to ensure people were safe, their needs were met, and preferences respected.

People's representatives knew how to complain. Relatives and staff knew how to identify and respond if people were unhappy with the service. People we saw could communicate how they felt to staff, this assisted by staff understanding their individual communication needs. Relatives told us when they had raised concerns these had been addressed appropriately.

People, relatives and staff gave a positive picture as to the quality of care people received and said the registered manager was approachable. We saw staff listened to people and relatives said staff also listened to what they said and involved them by asking their opinions on their loved ones care. Quality monitoring systems were in place although recording of the outcomes of audit findings could be better recorded so it was accessible in one service development tool. The provider was able to demonstrate they were responding to findings from the quality monitoring system so it was effective.

Rating at last inspection: The rating for the service at our last inspection was 'requires improvement'

(Published on 22 June 2017).

Why we inspected: This was a planned comprehensive inspection that was due based on our scheduling targets.

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

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

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 ●

Kathleen House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 service was inspected by one inspector.

Service and service type: Kathleen House is a care home that is registered to provide care and accommodation to people who need support as they have a learning disabilities or autistic spectrum disorders and dementia as part of this condition. The provider offers either long or short term (respite) care.

Notice of inspection: This inspection was unannounced on the first day and announced on the second.

What we did: We visited Kathleen House on 12 and 15 March 2019. The service had a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of care provided. The registered manager was available throughout our inspection.

We reviewed information we had received about the service since they were last inspected by us. This included details about incidents the provider must notify us about, such as allegations of abuse, and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We met people who lived at the home and spoke with four of them. Some people were not always able to share their views so 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 also spoke with one relative who was visiting and three relatives over the telephone. We also spoke with four staff, (including support workers and senior support workers), the registered manager and provider. We used this

information to form part of our judgment. We looked at three people's care records to see how their care was planned and delivered, this including their medication records. Other records looked at included three recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm as the provider and staff understood what different types of abuse could be and steps they should take to safeguard people.
- A relative told us about an incident between their loved one and another person who lived at the home and they told us they were informed soon after and felt the actions taken by the manager to protect the person were appropriate.
- The provider had effective safeguarding systems in place that staff understood. We saw these had been followed when the provider had identified potential abuse to people.

Assessing risk, safety monitoring and management

- Risks to people were identified, and staff were aware of these risks and how people should be supported to reduce the risk of avoidable harm. People's risk assessments considered how any dangers presented to people from their chosen lifestyle could be reduced.
- People looked to be relaxed and comfortable with staff. Relatives told us their loved ones were safe, one relative telling us, "I have always classed [the person] as being safe, they are quite happy never had a problem".
- Staff understood the need to acknowledge people's right to risk and staff could tell us they did not prevent people doing things they wanted to do but by follow the risk assessments we saw would lessen any risk as far as possible, for example accessing the wider community.

Staffing and recruitment

- People and staff told us there was sufficient staff effectively deployed to meet people's needs. Relatives comments included, "Staffing there is no issues, sometimes there is as many staff as residents".
- We saw there were enough staff to meet people's individual needs, and we saw staff were responsive to people when they needed assistance. We saw staff worked well as a team with other staff stepping in should one be busy with another person.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks, these obtained before staff commenced working at Kathleen House.

Using medicines safely

- From observation of staff when giving people their medicines we saw this was completed so the person could decide if they wished to take them, and we saw people were not rushed. We saw people's medication records were checked prior to medicines being given, and signed immediately afterwards. Medicines were also stored safely.
- The service had been audited by a commissioner's pharmacist in August 2018. We found the provider had addressed or was in the process of addressing recommendations made, for example, the registered

manager was competency checking staff and further medicines training was in progress.

Preventing and controlling infection

- People told us they received care in a way that protected them from infection. A relative told us, "[The person] always clean and home is clean". We found the premises were visibly clean and fresh.
- Staff were aware of how to promote good infection control and we saw staff used personal protective equipment such as gloves and overalls as needed, these seen to be easily accessible.

Learning lessons when things go wrong

- The registered manager told us they learnt from issues that compromised the safety of the service. Examples of this explained to us were how the registered manager used safeguarding incidents as a tool for review of how they managed risks to people.

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

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

- An initial assessment was completed with people on admission to ensure care was planned and reflected individual needs and preferences. These were then reviewed to reflect any changes in people's care. While we did find some limited instances where changes in care arrangements had not been updated, this had not impacted on people as staff demonstrated they were well informed of what people's current needs and wishes were.
- People's assessments reflected information about protected characteristics as defined by equality legislation including for example, disability, race and gender. Staff demonstrated a good understanding of equality.

Staff support: induction, training, skills and experience

- People received effective care from competent, knowledgeable and skilled staff who demonstrated the relevant skills to meet people's needs. One relative told us, "Can't fault the care, have admiration for all the staff, nothing is too much trouble".
- There was a system in place to monitor training and help identify when updates to staff skills and knowledge were needed. There were some areas where staff required updates, these identified by the registered manager and planned or in progress. Staff told us they felt well supported with training.
- All the staff we spoke with said they were well supported by the registered manager or seniors. They told us they felt they had sufficient supervision and were able to approach senior staff at any time for support.

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

- We saw people were appropriately supported to eat their meals, for example when they needed assistance with food and drink so that they could eat safely.
- People's comments about the meals included, "I enjoy it", "I love it" (this as they had their meal) and one person told us after food shopping with staff, "I picked some things that I like". We saw people enjoyed the meals they were given and we saw staff offered a choice of foods and drink.
- Staff were aware of people who may be at risk of poor nutrition and staff told us how they monitored people's diet to ensure they had sufficient nutrition with supplements or fortified diets provided when needed.
- The staff worked with other healthcare professionals to ensure positive outcomes for people, for example, there was regular reviews by speech therapists in respect of those people at risk from choking.

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

- People had access to healthcare services according to their needs and agreement. A relative told us a

person, "Had a fall at Kathleen and staff got the ambulance took them to hospital straight away". Another relative told us staff supported the person on a one to one basis to attend their GP surgery for appointments.

- Staff knew what to do when people needed immediate or routine assistance from healthcare professionals, and we saw evidence to show people were referred to external healthcare professionals as and when needed.

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

- We saw the environment was well maintained overall and presented as a comfortable and suitable environment for people.
- People's bedrooms were personalised and reflected people's individual tastes. A relative told us their loved one, "Has had room redecorated and I believe they helped staff with this".

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, and we found the registered manager had applied for authorisation where there were any restrictions on people's liberty and any conditions on such authorisations were being met. We also found staff had a good understanding of the MCA and we saw this applied in practice.

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

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

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

- We saw staff were kind and respectful to people and we observed some thoughtful and caring acts by staff during our inspection. We saw people were comfortable and relaxed in the presence of staff. We heard one person tell a staff member when they were sat together, "I like you [staff name] and everyone else here".
- Relatives told us people were well treated by staff and their comments included, "Staff seem very kind, I think they are very caring" and, "Staff always friendly and would consider caring".
- The provider and staff were aware of the need to ensure people's diversity was respected. Staff could tell us how they would meet the needs of people in accordance with any personal characteristics protected by the Equality Act.

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

- We saw staff gave people a range of choices throughout our inspection. We saw staff clearly explained these choices and allowed people time to respond.
- We saw that people's care plans contained detailed communication plans developed with the person and health professionals. Staff we spoke with were able to demonstrate an awareness of people's preferred individual communication methods which reflected their communication plans.
- Some people were unable to verbalise their choices. Staff could tell us how these people communicated through use of body language and we saw staff respected people's choice when responding to these cues.
- We saw people had access to advocates when needed. An advocate is an independent person who puts a case on someone else's behalf.

Respecting and promoting people's privacy, dignity and independence

- We saw people were treated by staff with respect whilst promoting their dignity, privacy and independence. When asked if they were treated well by staff people told us they were.
- Relatives said staff encouraged people's independence. One person told us, "I look after the rabbits" and had great pride in showing them to us.
- A relative told us they could visit any time, with no restrictions so they could maintain their relationship with their loved one. They said, "Visiting, no restrictions, I can see them any time they require".
- Staff could tell us how they promoted people's privacy, dignity and independence. One member of staff told us, "Let people choose clothing and bedsheets, allow independence but if they pick something inappropriate will advise, but aware that it's their choice".

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Information about people's needs and preferences had been gathered and we found assessments and care plans were accurate. Staff demonstrated through discussion, and when interacting with people they knew people's current needs.
- We saw staff were responsive to people's needs during our inspection and relatives we spoke with confirmed they felt staff knew people well, and people's needs were reflected in their care plans.
- Relatives told us they were kept informed by staff on behalf of their loved one. One relative said, "Staff always ask for my opinion as [the person] trusts me, we have 12 monthly reviews. I'm always told if there is a meeting". We spoke with a relative of a person who had recently moved to the home and they told us there had been meetings and they had been able to visit the home prior to the person moving in.
- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. The provider was compliant with this standard, with use of pictorial information in people's records and some policies, and communication plans that had been developed with the person in conjunction with health professionals and staff.
- We saw people were well supported and able to follow their chosen lifestyle during the inspection. A number participated in activities where wished, within the home or in the wider community.

Improving care quality in response to complaints or concerns

- People's relatives told us concerns and complaints were listened and responded to by the provider. Relatives comments included, "Confident can raise issues, they would sort out, have sorted out what I asked for before" and "I know how to complain, no issues, I talk to [the registered manager] on a regular basis and all staff approachable".
- The provider had a complaints policy and procedure. Written information about how to raise a complaint was available to people in pictorial formats.
- Staff could tell us how they would know if a person was unhappy and what they would do to try and identify their concerns. Relatives told us they felt able to raise any concerns they had, and we saw that there was appropriate follow up to resolve these.

End of life care and support

- The provider was not catering for any person that was on an end of life pathway at the time of the inspection.
- The registered manager told us they would plan for a person's stage of life and if end of life care was appropriate they would involve other professionals to develop advance care plans. This we were told would ensure the service had the support, facilities, medication and plans in place when and if needed.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted good quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager understood the requirement to notify CQC of events as required by regulations.
- However, we found they had not informed us of the approval of a DoLS application. The provider had sent this notification in retrospectively and we were confident they understood the importance of ensuring future notifications are submitted.
- We saw the previous CQC inspection rating was displayed at the home and on the provider's website.
- The service had a range of quality monitoring arrangements in place, and overall, we saw these were effective.
- The registered manager could show us how audits were completed and how issues that needed attention were identified and actioned.
- However, we found the system for stock control of medicines was not consistently used as it should be by staff. The registered manager told us they would raise these issues with staff at their next meeting.
- Audits were effective, and we saw follow up actions were completed or in progress.
- However, more clarity of the home's development plan was required. An action plan which identified findings from audits and actions taken/needed in one central record would make monitoring simpler. The registered manager told us they would look at developing this.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, based on what they told us, and how they interacted with staff seemed satisfied with the care they received. This reflected what relatives told us, and their comments included, "Would recommend [Kathleen House] its fine. [The person] has a good home and they are kind no matter how many times they have a tantrum they [staff] seem to cope with a low key approach" and, "I saw the last [CQC] report which was requires improvement, not now, this does not apply, they have improved".
- Staff told us about the provider's whistleblowing policy and said they were confident in raising any concerns they had if necessary. All staff we spoke with said they found the registered manager and provider approachable should they have any concerns.
- The registered manager was clear about their responsibilities under their duty of candour and was open about areas where they felt the service needed to improve.

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

- People's views were sought in line with their communication needs, this sometimes based on people's

reactions to situations or a response to items they were shown. Relatives said they were involved, and there was good communication between relatives and staff. Most of the relatives we spoke with recalled filling out survey form from the provider.

Continuous learning and improving care

- The registered manager could tell us how they shared information about people's care with staff and staff we spoke with were able to confirm this. A relative confirmed staff learnt as they said since the person's admission, "Communication and interaction with [the person] has got better as they have worked with them".
- We saw the provider was aware of improvements suggested by local authority commissioners after a recent visit and was open with us about what improvements they had recommended and how they intended to address these.

Working in partnership with others

- The registered manager and staff told us how they worked closely with commissioners and other health care professionals to promote joined up care between themselves and other services.