

# Alphonsus Services Limited

# Beatrice House

## Inspection report

25 Bell Street  
Brierley Hill  
West Midlands  
DY5 4HG

Tel: 01384482963

Date of inspection visit:  
13 August 2019

Date of publication:  
08 October 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

Beatrice House is a residential care home and was providing personal care to two people with a learning disability at the time of the inspection. The service can support up to three people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People were kept safe by staff who knew how to report concerns of abuse and manage risks to their safety. There were sufficient numbers of staff to support people. Medications were given in a safe way and there were safe infection control practices in place.

People's needs had been assessed and reviewed where needed. People were supported by staff who had received training relevant to their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported by staff who knew them well. People had access to activities that met their individual interests and end of life wishes had been explored. Complaints made had been investigated.

There were systems in place to monitor the quality of the service. The provider had given people opportunity to feedback on the service. The registered manager displayed a commitment to improving care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 10 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Beatrice 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Beatrice House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection-

We were not able to speak with people living at the service as they were unable to communicate verbally.

We completed observations of interactions between people and staff. We spoke with one member of staff, the deputy manager and the registered manager. We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We spoke with one relative and two members of staff on the telephone.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe by staff who knew how to identify and report concerns of abuse. A relative told us about how their loved one had been kept safe by staff where they had been concerned that the person was at risk. The relative said, "He is safe as they dealt with it straightaway and went through all the correct procedures. Once they [staff] knew there was a problem, they dealt with it."
- We saw that the registered manager was pro-active in maintaining people's safety and had made appropriate referrals to external organisations where concerns were raised.

Assessing risk, safety monitoring and management

- Risks to people's safety were managed well. Where people could display behaviour that may challenge, there were detailed assessments in place that provided guidance on how this risk should be managed. Staff were then seen putting this guidance into practice where one person began to show signs of distress.
- Where people had complex health needs, staff had a clear understanding of their role in keeping the person safe. For example, one person had a diagnosis of Epilepsy. Staff had received training in this and understood the actions they should take if the person experienced a seizure.

Staffing and recruitment

- Staff had been recruited safely. Records showed that staff had been required to provide references and complete a check with the Disclosure and Barring Service (DBS) prior to commencing employment.
- There were enough staff to support people. One relative told us, "There is always staff there for him". We saw that staff were visible in the home, and people had access to staff support in a timely way when this was required. One member of staff told us, "The staff we have is plenty."

Using medicines safely

- Medicines had been stored safely. For example, all medications had been labelled with their opening date to ensure that medication was not used past the recommended timescale.
- Records indicated that medication had been given as prescribed. Medication had been signed for on the Medication Administration Records and where medication was given on an 'as and when required' basis, there was clear guidance in place to ensure this was given in a consistent way.

Preventing and controlling infection

- There were effective infection control procedures in place. The home was clean, tidy and odourless and staff had access to personal protective equipment where required.

Learning lessons when things go wrong

- A relative told us that the registered manager had been committed to learning lessons where things had gone wrong. The relative said, "The registered manager does act and I know she felt that she had let [person] down when a safeguarding occurred, but she has [in response] been so encouraging of the staff to speak up if they see something". This evidenced that the registered manager had learnt from an incident to ensure improvements were made in future.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- People's needs had been assessed prior to them moving into the home and then reviewed on a regular basis. We saw that assessments covered people's health care needs, as well as their social needs. Assessments completed had considered any protected characteristics under the equality act. For example, religious and cultural needs.

Staff support: induction, training, skills and experience

- Staff spoke highly of the induction they had received at the home. One member of staff told us, "Yes the induction was good actually, obviously you learn most once you start." Staff confirmed that their induction consisted of completing training and shadowing a more experienced member of staff.
- Staff had received training that was relevant to their role and the needs of the people they supported. One member of staff told us, "I have done a lot of training. It's been marvellous as you don't realise what you have forgot. We are always given chance to ask for any additional training. We get as much training as we can ask for." Records showed that staff had access to regular training updates.

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

- A relative spoke positively about the support their loved on received in maintaining a balanced diet. They told us, "Yes I am happy with the meals [person] gets. Generally staff do follow [person's] dietician guidance and monitor his weight."
- We saw that where people had specific dietary needs, these were respected. For example, where one person was unable to eat certain food because of their religious beliefs, staff were aware of this and amended menus to meet the person's needs.
- As people were unable to verbally communicate their food preferences, staff had developed menu's based on people's known preferences and amended this based on people's non-verbal responses when given new foods. There were always two choices of meals available for people.

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

- A relative told us that staff responded in a timely way where people required healthcare support. The relative said, "They [staff] call the doctor quickly if needed, they definitely take notice." The relative gave an example of a time they had raised a concern about their loved one's health and told us that staff responded to this concern quickly.
- People had access to healthcare services in order to maintain their good health. Records showed that people had been supported to attend services including dentists, opticians and speech and language

therapists.

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

- The design and decoration of the service met people's needs. People's bedrooms were spacious and decorated with items meaningful to them. The communal areas were accessible and there was adequate outside space for people to spend time outdoors if they chose.

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 when this is in their best interests and legally authorised under the MCA. 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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the importance of seeking consent and how they should do this for people who were unable to verbally provide consent. One member of staff told us, "The people we have here are non-verbal but we would know if they did not consent as they would pull away. Their attitude towards you will also change."
- Where people required DoLS authorisations, these had been applied for appropriately and in accordance with the MCA.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- A relative spoke positively about the caring nature of staff. They told us, "The staff are kind. They treat [person] with dignity."
- Staff spoke in a caring and compassionate way about the people they supported. We saw positive interactions between staff and people that demonstrated that staff had built friendships with the people they supported.

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

- Although people living at the service were unable to communicate, staff were committed to ensure people remained involved in their care and had choice. One staff member gave an example of how she ensured people were involved in choosing their meals. They told us, "The menu has to suit their preferences and we make sure they are happy with it. They [people] will push it away if they do not like it. We then use this to plan their menu's."
- We observed people being given choices. For example, staff asked people if they wanted to go to the communal areas or if they were ready to go out for the day. Staff waited for people to provide their own non-verbal responses before acting.
- People had been supported to access advocacy services to support them in making decisions around their care.

Respecting and promoting people's privacy, dignity and independence

- A relative told us that their loved one was treated with dignity. The relative said, "[Person] goes to his room on his own as he likes private time. They give him his privacy." Staff demonstrated a commitment to ensuring people were treated as individuals. One member of staff told us, "We make sure we knock people's bedrooms doors before we enter and always cover them up during personal care."
- Although people living at the service required support with most daily tasks, staff were keen to ensure that independence was promoted where possible and could give examples of how they did this. One member of staff told us, "There are certain things they [people] can do alone. For example, wash themselves in the bath. We will always let them try this alone first and will support if needed." Records we looked at provided additional guidance for staff on what tasks people should be supported to do independently.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A relative told us that staff knew their loved one well. The relative went on to explain their family member displayed certain behaviours that meant their bedroom may at times appear untidy, but that staff had been understanding in this and allowed the person to do as they chose. The relative said, "They [staff] understand the significance for him so they make sure they don't tidy up after him." It was clear from conversations with staff, that they had an in-depth knowledge of people and their preferences with regards to their care.
- Records held individualised information about people's likes and dislikes. For example, care plans gave details about the importance of specific routines as well as their hopes and goals for the future.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- A relative told us, "Staff communicate well with him. He is non-verbal but is clever at letting you know what he wants." Staff had clear guidance on the most effective way of communicating with people and we saw them put this into practice.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A relative explained that staff were proactive in supporting their family member to access the community. The relative said, "They know that [person] likes to go out so they take him out most days."
- We saw that people had access to a variety of activities including visits to local parks and attractions. People had also recently been taken on a five-day holiday to Wales and we saw pictures of people enjoying the activities on offer during their trip.

Improving care quality in response to complaints or concerns

- A relative told us that their feedback was always acted upon. They told us, "When I think back, I did mention once [about an issue] and they very quickly acted on it."
- Records showed that complaints made had been investigated and resolved. The outcome of complaints had been shared with the complainant.

End of life care and support

- Although no-one at the service required end of life support, people's wishes and preferences had been

explored. This meant that people's wishes would be respected should someone be at the end of their life.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A relative told us that they felt the service was well led and that the registered manager was both visible and approachable. The relative said, "The manager is definitely approachable."
- Staff also felt that the service was well led and that the registered manager had developed a culture within the service that was open and inclusive. One staff member told us, "Yes I am supported. Both [registered manager] and [deputy manager] have been lovely, I have approached them before with issues and they are really understanding, you can talk to them about anything."
- The registered manager displayed a commitment to ensuring that the service was well led and achieved positive outcomes for people. For example, they told us, "I think what we do well is ensuring the people who live here are well."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager both understood and acted upon their duty of candour. Where incidents occurred or safeguarding concerns were raised, the registered manager had responded appropriately to these and ensured that people were safe and that they were open and transparent about the incidents.

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

- The registered manager had systems in place to monitor the quality of the service. Audits were completed monthly in areas including infection control, medication and staff practice. Where areas for improvement were identified, this was recorded and acted upon.
- The provider and registered manager understood the regulatory requirements of their role and had submitted notification of incidents to us where needed. The provider had displayed their most recent inspection rating and submitted their PIR to us as required. The information provided to us in their PIR reflected what we found on this inspection.

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

- People were engaged with the service and had opportunity to feedback on their experience of care. We saw that annual surveys were sent out to people, relatives and health professionals to gather feedback. We

found that the responses to these surveys had been all positive and that the registered manager had an action plan in place to act on the feedback given.

- Staff were given opportunity to engage with the service via regular staff meetings. One member of staff told us, "[Registered Manager] is the sort who will call a meeting, discuss the issues with us, resolve them and carry on. She won't allow any kind of atmosphere in this home."

Continuous learning and improving care / Working in partnership with others

- There was a commitment from both the registered manager and staff to continuously learn and improve care. Staff told us they were able to, and had previously asked for, additional training to improve their knowledge and skills and this had been supported by the registered manager.

- The provider had worked in partnership with others to improve care. For example, the local Clinical Commissioning Group had worked with staff on training specific to the individuals living at the service. This meant that training had been adapted to ensure it fully addressed people's individual differences.