

Parkcare Homes (No.2) Limited

Alphonsus 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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

- ☐ Alphonsus House is a small care home providing personal care and accommodation for up to 19 people who have a learning disability or sensory impairment. At this inspection 19 people lived within the service.

What life is like for people using this service:

- ☐ People continued to receive safe care. People were safe and staff received training and knew how to keep them safe. The provider had a recruitment process in place to ensure they had enough staff to support people safely. People received their medicines as it was prescribed. Infection control guidance was in place, which staff followed and they had access to personal protective equipment. Accidents and incidents were noted and trends monitored to reduce the amount of accidents.
- ☐ People continued to receive effective care. Staff received support and had the skills and knowledge to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's nutritional needs were met and they received enough to eat and drink to ensure they had a healthy diet. People's health care needs were met.
- ☐ People continued to receive care from staff who were kind and caring. People were supported and encouraged by staff to make decisions as to how their needs were met. Staff were caring, compassionate and kind. People's privacy dignity and independence were respected by staff.
- ☐ People continued to receive responsive care. People's support needs were assessed and a care plan was in place to show how people would be supported. People received support that was personalised and reviews were carried out. People took part in activities that interested them and related to their assessed needs. The provider had a complaint process which people were aware of to share any concerns.
- ☐ The service did not continue to be well managed. Spot checks and audits were taking place to ensure the quality of the service was maintained but were not effective in identifying the nurse call system was not always accessible to people in an emergency. People and their relatives could share their views by completing a questionnaire about the service. However the outcome and actions resulting from previous questionnaires had not been routinely shared with people. The environment was welcoming and comfortable.

More information is in the Detailed Findings below.

Rating at last inspection:

- ☐ Rated Good (Report published 22/03/2016).

Why we inspected:

- ☐ This was a planned inspection based on the rating at the last inspection. The service remained Good overall.

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?

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?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Alphonsus 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 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

This inspection was carried out by one inspector.

Service and service type

Alphonsus House 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 inspection was unannounced.

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. They raised no concerns about the service.

The provider completed 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. The information provided by the provider was used to plan our inspection and taken into account when we made judgements in this report.

During the inspection we spoke with four people, two relatives and three members of staff. The registered manager was available and supported the inspection process.

We looked at the care and review records for two people who used the service, the management records for how people were administered medicines and a range of records relating to the running of the service. This included incident and accident monitoring and complaints records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm.

Using medicines safely

- ☐ We observed people being administered their medicines and found this was done as it was prescribed. A person said, "When I am in pain I can get pain relief and staff give me my tablets when I need them". Staff told us they were not able to administer medicines without being trained.
- ☐ Where people received medicines 'as and when required' the provider had appropriate guidance in place so these medicines would be administered consistently by staff.
- ☐ A medicines administration record was used to show that people received their medicines as it was prescribed.

Staffing levels

- ☐ People received support on a timely basis. There was sufficient staff to support people when they needed it. A person said, "Staff do respond quickly when I need them". A relative said, "I have no concerns about staffing there is always staff around when I visit".
- ☐ The provider told us in their provider information return they had a recruitment process in place to ensure only suitable staff were employed. Staff we spoke with told us they had to complete checks before they were able to work with people on their own.

Systems and processes

- ☐ The provider had a system in place to ensure where people were at risk of harm that safeguarding alerts could be raised. A person said, "I feel safe here". Relatives told us people were safe and they had no concerns.
- ☐ Staff could explain the actions they would take where people were at risk of harm and could explain different forms of abuse. Staff received safeguarding training, which we confirmed. This meant they would be able to recognise where people were at risk of harm.
- ☐ We saw that staff knew people well enough so they could identify situations where people could be at risk.
- ☐ Where accidents or incidents happened the provider had systems in place to make a record of what had taken place. Staff we spoke with could explain the process they followed when an incident or accident had taken place.

Assessing risk, safety monitoring and management

- The provider told us that risks within the service were managed. Staff we spoke with understood and could explain the risks to people and how these were being managed. We saw that risks were documented in a risk assessment and staff knew where to locate these documents.
- A person who was at risk of choking had a risk assessment in place to identify the risk and tell staff how the person should be supported safely.
- Where people were unable to understand risks in an emergency we saw that Personal Emergency Evacuation Plans (PEEPs) were in place so staff would know how to support them.

Preventing and controlling infection

- We saw that staff had Personal Protective Equipment (PPE) available. Staff told us they were able to access this equipment when needed.
- We observed staff working safely with people following the provider's infection control guidance.
- The home was situated in four separate buildings and they were all clean, tidy and kept to a high standard with appropriate protocols in place for keeping areas clean.

Learning lessons when things go wrong

- The provider carried out appropriate checks, monitoring and trends analysis to ensure they could identify areas where improvements were needed to ensure people's safety.

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.

People's outcomes were consistently good, and relative's feedback confirmed this.

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

- ☐ People's needs were assessed so the provider could be sure they could meet people's support needs. A relative said, "I was involved in the assessment process and a copy at home". Staff told us they were able to refer to assessments when needed.
- ☐ People's preferences, likes and dislikes were identified along with people's cultural and religious needs. Staff told us they received training in the Equality Act and we were able to confirm this to ensure that the Equality Act was considered when people were assessed and supported.
- ☐ Our observations showed that people made choices as to how they were supported. A person said, "I am able to decide what I do and where I go". We saw where other people could not make these choices that staff had information to guide them on people's choices as agreed within their assessments.

Staff skills, knowledge and experience

- ☐ Staff told us they were supported. A staff member said, "We do get regular supervisions and attend staff meetings". Staff told us they felt supported and the registered manager was available when needed.
- ☐ The provider told us in their provider information return that staff were required to complete an induction and shadowed more experienced staff, which staff confirmed. They also told us that staff received mandatory training and specific training to meet people's needs, which staff confirmed and we were able to evidence in the responses staff gave to our questions.
- ☐ The Care Certificate standards were also used as part of the induction process to ensure the skills and knowledge staff had were up to date and followed the required standards. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.

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

- ☐ A person said, "I decide what I eat and drink". We found that people made choices as to the meals they had. We saw that people were able to drink what they wanted. A relative said, "People are able to drink and eat what they want".
- ☐ Where people needed support from staff to eat, drink or buy the foods they wanted we saw that this was provided. Staff received training so they understood nutrition and food safety so they were able to support and encourage people to eat and drink sufficient amounts. Where people needed support with their diet staff had the skills to provide this.

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

- We found that people received support that was timely and consistent. Staff knew people well and could explain the support they needed and why they were supported in the way they were. This ensured the support people received would be consistent regardless of which staff member supported them.
- Staff worked closely with outside health/social care professionals to ensure the support people received was what they wanted.

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

- People's rooms were decorated how they wanted and personalised with their belongings. A person said, "My room is how I want it. I bought the stuff I wanted". We found where people needed specialist equipment this was also available. For example, where a hoist or wheelchair was needed we saw these were in place.
- Purpose built bungalows were provided to people with limited mobility to support people live as independently as possible.

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

- People were supported with their health care. Where people needed to see a health care professional, for example; their doctor, dentist or an optician they were supported to do so. We saw evidence people were able to access this. Health action plans were in place so people's health care needs could be met as they needed.
- People saw health care professionals as part of a well-person check. This check is carried out usually on a yearly basis to check people's general health.

Ensuring consent to care and treatment in line with law and guidance

- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- Where people lacked capacity and were being deprived of their human rights the appropriate authorisations were in place and reviewed by the local authority. Staff could explain why people had a DoLS in place.
- Staff told us they received training in MCA and DoLS and showed they understood the principles.
- People's consent was sought before staff supported them. People we spoke with confirmed this.

Is the service caring?

Our findings

Caring – this means 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

- ☐ People told us how lovely and friendly the staff were. A person said, "Staff are kind to us and friendly". Another person said, "The staff are lovely". Relatives we spoke with confirmed the views we had from people
- ☐ Our observations of how staff were with people showed they were caring and compassionate towards them. People were relaxed around staff and at times we saw people laughing and having a joke with staff. A person told us when they wanted to go out staff supported them.

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

- ☐ We saw people leaving to go to the day centre and we saw other people taking part in activities they wanted. A person said, "I can go out when I want without staff". Another person said, "I go to the day centre and I go to the cinema and the pub when I want".
- ☐ A relative said, "Staff knows his preferences and are aware of his behaviours but he can go out when he wants with support". Staff explained how people were supported and encouraged to make decisions.
- ☐ We observed staff supporting a person to decide what they wanted to eat and drink and whether they got ready to go out or not. The culture within the service was that people decided what they did, not the staff. A person said, "Most staff do listen and I decide when I go to bed and make my own decisions".

Respecting and promoting people's privacy, dignity and independence

- ☐ A person said, "Staff respect my privacy, dignity and independence". A second person said, "They do respect my dignity. When I have a wash they ensure the door is shut and they wait outside in case I need them".
- ☐ Staff explained how people's privacy, dignity and independence was respected. A staff member said, "I never enter people's bedrooms without knocking first. It's their private space".

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

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

How people's needs are met.

Personalised care

- ☐ People received the support identified within their assessments. We saw that care plans reflected people assessed needs and how they wanted their care provided. A person said, "I am supported how I want". A relative said, "He does need to get out and staff do make sure he gets out regularly".
- ☐ Relatives told us they were involved in the review process and that staff would communicate with them regularly. Staff we spoke with confirmed that reviews were taking place which involved people and/or their relatives.
- ☐ Staff could explain how people were supported to take part in the things they wanted. We found people's preferences, interest and likes and dislikes were identified and people were supported to do things they wanted.
- ☐ We found that advocate services were available to people when and if they needed them.

Improving care quality in response to complaints or concerns

- ☐ The provider told us in their provider information return that a complaints process was in place. People and relatives told us they knew who to complain to but had never had to.
- ☐ Staff we spoke with knew about the complaints process and could explain what they would do if they received a complaint.

End of life care and support

- ☐ People's end of life wishes were noted. There was no one currently 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.

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.

Leadership and management

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

- ☐ The provider told us in their provider information return that spot checks and audits were taking place and we were able to evidence this. However we found that the nurse call system in people's bedrooms were not always situated in a position people could reach it if they needed to use it to summon help. While the registered manager did not pick this up as part of their quality assurance check, they told us they would ensure this was resolved quickly. This meant the quality assurance system was not always effective.
- ☐ The registered manager understood the legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.
- ☐ The provider had a whistle blowing policy and staff explained when they would use it. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.
- ☐ It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We saw that this was being done. This meant people, relatives and visitors were kept informed of the rating we had given.
- ☐ People, relatives and staff told us the service was well led.

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

- ☐ We found that the provider used questionnaires to engage with people and relatives to gather their views on the service. People and relatives told us they completed questionnaires to share their views on the service. A person said, "I have had a questionnaire which I completed".
- ☐ We found that the provider did not routinely share with people any actions that had resulted from previous questionnaires. The registered manager told us this was being done as part of their future improvements to how the service was managed.
- ☐ The Accessible Information Standard (AIS) was not known to the registered manager and staff. However we found that people were given information using a range of various methods. For example, pictorial aids, showing people the item so they could make a decision, gestures and body language. The registered manager told us they would arrange for further training on this area.

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

- ☐ People were empowered to live their lives independently. People were supported in the way they wanted, which showed the service was person centred.
- ☐ The provider told us where things went wrong they were open and honest and ensured whatever went wrong was corrected quickly. Relatives told us staff were welcoming and the home was always flexible with their visiting times.
- ☐ People knew the registered manager and felt they could approach them with any concerns. We saw that the registered manager was friendly and had a open door policy.

Continuous learning and improving care

- ☐ Staff received regular training to ensure they had the skills and knowledge to support people. Staff confirmed this.
- ☐ The registered manager was responsible for ensuring staff received continuous support and refreshed their knowledge and skills by way of regular training.

Working in partnership with others

- ☐ The provider worked in partnership with health colleagues, local authority and other community groups as part of ensuring people received a personalised service.