

Alphonsus Services Limited

Natalie 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

Natalie House is a residential care home providing personal care for five people living with a learning disability and/or autism at the time of the inspection. The service is registered to support up to five people.

People using the service lived in a large bungalow, with shared kitchen and bathroom facilities.

Services for people with learning disabilities and/or autism

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

The provider's systems to monitor the quality and safety of the service had not always been effective at identifying where the registered provider needed to make some improvements. For example, key worker reviews had not been completed in line with the provider's processes.

People were safe living at the home. Staff knew how to protect people from harm and reduce the risk of accidents and incidents. At the time of our site visit, we found there were enough numbers of suitably recruited staff on duty to meet people's needs to keep people safe. People were supported by staff who knew their needs well. Staff supported people safely with their medicines. Staff understood how to prevent and control the spread of infection.

People who had recently moved into the home had been assessed before being accepted to the service to ensure the provider could meet their needs. Assessments addressed the person's physical and health needs, their cultural needs and what was important to them. Staff had received training which helped them to deliver personalised care. Our observations showed people looked happy.

There was a choice of foods available and where appropriate, people received additional support with their dietary needs. Staff worked with external health and social care professionals and ensured people were supported to access these services when they needed them to maintain their health and wellbeing.

People were supported to have maximum choice, 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.

Staff were knowledgeable about people's care and support needs. Relatives and professionals told us how kind and caring the staff were. Staff enjoyed their work and had developed a good rapport with the people they supported. Staff encouraged people's independence and protected their privacy.

Most of the people using the service at the time of the inspection could not tell us about their experiences. Whilst on site, people looked comfortable with the way they were being supported and we saw positive interactions between people and staff. Professionals and relatives, we spoke with gave us positive feedback on the service and the way the staff supported their family members. Staff provided care to people in line with their individual preferences and choices.

Complaints made since the last inspection had been investigated and relatives knew who to contact if they had any concerns. Professionals and relatives were happy with the way the service was being led and there was a culture amongst the staff team in providing person-centred care.

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

Rating at last inspection

The last rating for this service was requires improvement (published 20 December 2018).

Why we inspected

This was a planned inspection based on the previous rating to follow up on action we told the provider to take at the last inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Natalie 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 conducted by one inspector.

Service and service type

Natalie 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people and staff at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with two members of staff and the registered manager.

We reviewed a range of records. This included two people's care records and multiple 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 two relatives about their experience of the care provided for their family member and three professionals to gain their overall views of the care and support being delivered at the home.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives and professionals told us they felt people were safe living at the home. One relative said, "I feel [person] is very safe."
- Staff we spoke with were clear on their responsibilities to ensure people were kept safe from the risk of harm or abuse. One member of staff said, "If I saw anything I'd let the senior or manager know and if they didn't do anything I'd call you (CQC)."
- There were effective systems in place to monitor and manage allegations of abuse or harm.

Assessing risk, safety monitoring and management.

- Risks to people's safety had been assessed. There were risk assessments in place that detailed how staff should support people to remain safe and staff knowledge reflected this information. For example, one risk assessment had been updated to reflect one person's risk of seizures had increased.
- We saw on one person's file there was no risk assessment for the use of a hoist and catheter care. However, discussions with staff demonstrated they knew how to use the equipment and provide catheter care. Records also showed training had been delivered to staff from healthcare professionals. The registered manager told us they would make sure the person's care plan would be updated to include the risk assessments.
- Discussions with staff showed they had a good understanding of the risks to people and we saw they took care to keep people safe. One staff member told us, "[Person] is very unsteady on their feet so there is always someone with them when they walk around the home."
- Changes in people's needs were referred to the appropriate healthcare professionals to ensure people's support needs continued to be met.

Staffing and recruitment

- Although some staff told us they felt more staff were required to support people, our observations found where people required support, this was being provided in a timely way.
- At the last inspection, a warning notice had been issued because improvement was required to the provider's recruitment processes. At this inspection we found these improvements had been made. The recruitment process included checks to prevent unsuitable staff working with vulnerable adults. This comprised pre-employment checks and checks with the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions.

Using medicines safely

- At the last inspection, a warning notice had been issued because improvement was required to the

provider's management of medicines. At this inspection, we found these improvements had been made and medicines were managed safely. We saw medicines had been stored securely and records indicated people had received their medicine as required.

Preventing and controlling infection

- There were systems in place to prevent and control infection. We saw the home environment was clean, tidy and odourless.
- No concerns were raised by relatives, professionals or staff about the provider's infection control arrangements. A social care professional told us, "Natalie House is in immaculate condition, always smells clean."

Learning lessons when things go wrong

- There had not been any accidents or incidents since the last inspection. However, there were systems in place to analyse and monitor events, to reduce the risk of re-occurrence to maintain people's safety.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were good and 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. The assessments considered people's needs including the protected characteristics under the Equalities Act 2010 for example, people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- The staff had conducted reviews of people's needs to ensure the service continued to meet their individual requirements.
- Staff we spoke with were knowledgeable about people's day-to-day support needs.

Staff support: induction, training, skills and experience

- At the last inspection, a warning notice had been issued because four members of staff had not received up to date training relating to safeguarding people from abuse and fire safety. At this inspection staff told us they had received refresher training in several areas and we saw training certificates to confirm this. We could not check all staff training was up to date because records were not easily available for us to review and the electronic records were not available for us to look at due to technical reasons. The registered manager confirmed the training records were out of date and training had been completed but had not been added to the provider's training database. We will follow this up at our next inspection.
- Staff we spoke with told us they were satisfied with the training they had received. One staff member told us, "I recently completed (training course) and it was brilliant, I really enjoyed it."
- Relatives and professionals we spoke with told us they were confident staff had the right level of experience and knowledge to support people effectively and safely. One relative said, "I think they (staff) are marvellous, they do everything well and are very good with their support." A professional told us, "The staff have been really good putting in planned, good strategies to support [person]."
- We discussed with the registered manager how people were supported with their oral healthcare. We saw people did have access to and had been seen by a dentist. We were told by the registered manager monitoring checks were completed on people's toiletries such as toothpaste and toothbrushes to make sure people had enough supplies.
- Staff spoken with confirmed they received support from the registered manager and deputy manager that included regular supervision and team meetings.

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

- At the last inspection improvement was required to ensure people's weight was being effectively monitored. At this inspection we found there had been improvements made. One person identified as at risk of losing weight had received appropriate support from healthcare professionals and we saw from their care plan extensive tests had been completed by healthcare services.

- Where people required support to eat, this was provided in an encouraging way by staff.
- People's dietary needs were being met.

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

- People accessed specialist healthcare professionals. For example, an occupational therapist, speech and language therapist and psychiatrist.
- Health and social care professionals spoken with confirmed staff would promptly contact them if they had any concerns about a person's health and wellbeing.
- Relatives spoken with confirmed there was access to healthcare professionals when needed to maintain and improve people's health.
- Staff knew what to do if they had concerns about a person's health or if there was a medical emergency.

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

- The location of the service enabled people easy access to the local community for their health care and social inclusion needs.
- The bungalow's external exterior was like that of 'ordinary' homes in the area and did not present as a 'care home', in line with Registering the Right Support.
- The interior of the bungalow was homely. One relative told us, "It (Natalie House) is a lovely home."
- There was an outdoor space available if people wished to use 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 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.

- At the last inspection, a warning notice had been issued because there was a limited understanding of the MCA and related best interest's processes to ensure people's legal rights were being upheld. At this inspection, there had been an improvement. Staff had received up to date training on the MCA and related processes and we saw evidence to support best interest's meetings had taken place with the appropriate people and professionals.
- Staff knew how to seek consent from people.
- The service had applied for DoLS where appropriate and were waiting for some of these to be authorised by the local authority.
- Staff understood the importance of giving people choices.

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 good. 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

- Our own observations showed staff treating people with patience and respect.
- Staff knew each person's preferences and we saw that they were consistent in how they provided support and encouragement to people.
- Relatives and professionals we spoke with told us they were happy with the way care and support was delivered. A relative said, "I've never seen anything negative from the staff, they do everything well, they're fantastic."
- Staff told us they enjoyed working with people and how they wanted to make sure people were well looked after. One staff member said, "I love my job and I love the residents."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated people with dignity.
- People were supported to maintain and develop relationships with those close to them.
- Relatives told us they were free to visit anytime and always made to feel welcome by the staff.
- People were encouraged to be as independent as much they could.
- For people without family support to help them make decisions about their care and support, the provider ensured advocates were requested. An advocate is independent and appointed to make sure the person's voice is heard on issues that are important to them and have the person's views and wishes genuinely considered, when decisions are being made about their lives.

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

- Most of the people in the home had set routines they followed; staff provided people with encouragement to make decisions as much as possible, about how they were supported. For example, one person was encouraged to participate in kitchen activities such as washing up and laundry.
- Most of the people were unable to speak up if they had any issues but staff understood their body language and sounds if people were upset or distressed in any way. We saw people would take staff hands and lead them to their rooms or other parts of the home if they required assistance.
- Relatives we spoke with confirmed they and their family member were involved in reviews of the care plans. One relative told us, "[Person] likes to be involved but will tell you if they don't want to be."

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 good. 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

- Each person had a personalised care plan which reflected their individual preferences, likes and dislikes. The care plans gave a clear picture of the person as an individual. However, we found information in one care plan used language that suggested staff were not following the professional's recommendations to support the person when they became upset. For example, the positive behaviour management plan lacked detail about how staff should respond when the person became distressed. However, despite this recording error, staff we spoke with demonstrated an understanding of the person's behaviours and how these should be managed. The registered manager said they would amend the care plan and speak with staff about how they recorded what action they had taken.
- Care and support was provided by staff who knew people well.
- Relatives we spoke with confirmed they were involved in reviews and planning their family members support needs.

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.

- The care plans were written in an easy read format using symbols and large print text which was easier for people to access and understand.
- There were some display boards in the home where a range of pictures, signs and easy read documents were located for easy access by people and visitors.

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

- There were opportunities for outings to the local public amenities for lunch and a weekly event to a local day centre.
- People's hobbies and interests were known and encouraged by staff with support provided where needed.
- We saw from care plans people were involved in two or three activities outside the home each week.

Improving care quality in response to complaints or concerns

- The provider's complaints policy was available in an accessible, easy read format.
- There had been a small number of complaints since the last inspection that had been investigated and responded to. The provider did have a process in place to monitor complaints for any trends.

End of life care and support

- The service does not currently support people at the end of their life at the time of the inspection. However, records looked at included preferences relating to people's protected characteristics, culture and spiritual needs.

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 required improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the last inspection a warning notice had been issued because improvement was required to the overall monitoring and audit processes to ensure the home was a safe environment for people to live in. At this inspection there had been enough improvement concerning the management of medicines and staff training to meet the warning notice.
- However, there remained some improvement to be made regarding the completion of monthly key worker reviews. For example, two people had one review for 2019. Another person had completed two reviews and one person 10. Audits had not identified these reviews were not being held consistently for everyone. Despite the omission of key worker reviews, care plans had been reviewed, staff were knowledgeable about people's care and support needs and professionals spoken with did not share any concerns about the delivery of care to people.
- The provider completed their own audits of the home, however, records we looked at showed the provider had made just two checks during 2019. This meant the provider oversight was not as regular as it had been in previous years. Although we saw monthly management meetings were held where any concerns or issues could be discussed.
- Risk assessments had been reviewed. However, there was some inconsistency concerning management behaviour strategies for one person that required more detail for staff with clear instructions on how to support the person safely and without any restrictions.
- The provider had met their registration legal responsibilities ensuring their current inspection rating was displayed within the home and on the provider's website.

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

- Relatives we spoke with had shared with us their positive views on the management of the home. One relative told us, "I can't praise the place enough, I have always found [registered manager and deputy manager] co-operative and helpful, their understanding of [person] is good and they're supportive of [person] always encouraging them to do things, I am very happy with Natalie House."
- Staff we spoke with told us they were supported by the registered and deputy managers.
- The registered manager understood their responsibility to ensure compliance with the requirements of the duty of candour. The registered manager told us, "We (staff at Natalie House) have a close knit with

family members and they have a right to know (when things go wrong)." The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- Relatives and professionals told us staff kept in regular contact with them concerning any changes in people's health.
- The provider had sought feedback from relatives. Two comments included, 'I am very happy the way [person] is cared for' and 'I have peace of mind knowing [person] is well looked after'.

Continuous learning and improving care. Working in partnership with others

- The staff and management team worked in partnership with health and social care professionals who were involved in people's care.
- Throughout our inspection the registered manager was open and honest and welcomed our inspection feedback.
- The registered manager and staff displayed a commitment to providing good quality care and support.