Alphonsus Services Limited

Eve House

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 30 November and 2 December 2015, and was unannounced. At our last inspection in May 2013 the service was meeting the regulations of the Health and Social Care Act 2008.

Eve House is registered to provide accommodation for persons who require personal care for up to five people. At the time of our inspection four people were living there. People who use the service had a range of needs which include learning disabilities, physical disabilities and autistic spectrum disorder.

There was a registered manager in post and she was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

Although relatives told us they thought their family member was safe, there was times when there were not enough staff to meet people's needs. This impacted on the support that people received.

The recruitment procedures need to be improved to ensure people are consistently safeguarded as we found that one staff member commenced employment before all of their recruitment checks were received.

Staff were knowledgeable about how to protect people from harm. People received their medicines when they needed them.

We found that staff had not all completed refresher training to ensure their knowledge and skills were up to date.

The staff worked with a range of health and social care professionals to ensure people's health needs were met, for example psychiatrist and nurse specialists.

People's consent was sought before staff provided support.

We found that where people lacked capacity and their human rights were being restricted the provider followed the Mental Capacity Act 2005 (MCA) legislation and ensured that the appropriate approval process was in place. However, staff skills and knowledge was limited due to not having received appropriate training in the MCA and the Deprivation of Liberty Safeguards.

Staff knew people well and interacted with them in a kind and compassionate manner. People's privacy and dignity was respected by the staff supporting them.

People did not always have an opportunity to engage in meaningful activities due to the availability of staff.

Not all of the people living in the home had a personalised plan of care detailing their needs and preferences to guide staff on how they wanted to be supported.

Feedback was being sought from relatives and stakeholders as part of the provider's quality assurance system.

Quality assurance systems were not always effective and did not identify the shortfalls we found during this inspection.

Summary of findings

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 not always safe.

There was not always enough staff to provide the support people needed.

Recruitment procedures were not always robust to ensure people were safeguarded.

Staff understood their responsibilities to keep people safe and protect them from harm.

People received their medicines safely.

Requires improvement

Is the service effective?
The service was not always effective

Staff had not completed refresher training to ensure they continued to have the skills and knowledge to support people.

Where people lacked capacity the provider ensured that where people's human rights were being restricted the requirements within the Mental Capacity Act (2005) were being followed.

People's consent was being sought before support was given.

People were supported to access specialist healthcare professionals in a timely manner and in the environment that best suited their needs.

Requires improvement

Is the service caring?
The service was caring.

Relatives were complimentary about the staff and the care they received.

We observed staff knew people well and interacted with them in a kind and compassionate manner.

We observed that people's privacy and dignity was respected by the staff.

Good

Is the service responsive?
The service was not always responsive

People did not always have opportunities to engage in meaningful activities.

Not all of the people supported had a personalised plan of care in place to guide staff on how they wanted to be supported.

Relatives were actively involved in people's care.

Relatives knew how to raise any complaints or concerns and felt listened to.

Requires improvement

Summary of findings

Is the service well-led?

The service was not always well-led.

The quality assurance systems were not effective and did not identify the shortfalls we found during our inspection.

Staff understood their roles and responsibilities and were given support by the management team.

Requires improvement

Eve House

Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 30 November and 2 December 2015, and was unannounced. The inspection was carried out by one inspector.

We looked at the information we held about the service. This included the notifications that the provider had sent us about incidents at the service and information we had received from the public. We also contacted the local authority who monitor and commission services, for information they held about the service.

We spoke with one relative, four staff, two professionals who were visiting the service and the registered manager. We spoke with one relative and two staff on the telephone. We looked at the care records and medicine records for three people. We also looked at accident and incident records, complaints and compliments records, four staff files for training and recruitment, and records related to the quality monitoring systems. In addition 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. People were unable to speak with us due to their complex needs.

Requires improvement

Is the service safe?

Our findings

The staff we spoke with all raised concerns about the staffing levels at this home. On the days of the inspection two staff members were on duty. Two of the four people required two staff to support them with their personal care which involved using a hoist. This meant that when people required this support three people were not supervised at these times.

During the first day of our inspection we saw that one staff member supported a person to go out. This left one staff member to support three people, two of whom required equipment for personal care. Both the registered manager and deputy were on duty. We saw they were completing office work and were speaking with two professionals who had visited the service. We saw that both the deputy and the registered manager asked the staff member to see if any support was required at various times throughout the day. We saw that assistance was provided with personal care and support to people. However this still meant that the staff member was not able to facilitate meaningful activities with people as people required one to one staff support for this. We observed on both days that people spent the majority of the day time in the lounge in front of the television or those that were able to were walking around the home and not engaged in any activities. Staff had to complete the cooking, cleaning, medication and complete documentation, which meant they were not always able to fully engage with people.

We spoke with a visiting professional who as part of our discussions raised their concerns about the lack of stimulation for people due to the staffing levels. They confirmed that they had often observed people in the lounge watching the television. We spoke with two relatives and both said the staffing levels seemed to be okay. We had heard from staff that there had been staff shortages previously which included during the night. On these occasions a person who required two people for their moving and handling needs had to be supported to bed earlier than their preferred time due to the staff shortages. We were advised that this situation had not happened recently, and two staff worked at night to support people. The staffing rotas we looked at confirmed this.

We spoke to the registered manager about the current staffing levels. We were informed that the staffing levels were reduced two months ago from four staff to two staff. This was due to a reduction in the number of people living in the home. However these staffing levels had not been reassessed when another person had moved into the service. The registered manager confirmed that a dependency tool was not currently being used to determine what the appropriate staffing levels should be based on people's support needs.

All of the staff we spoke with told us they had provided the required recruitment information prior to commencing employment. When we looked at the recruitment files we saw that staff had references in place and had completed a Disclosure and Barring Service (DBS) check. This check is carried out to ensure staff were suitable to work with vulnerable people. However we saw in one staff member's file that they had commenced employment before their DBS had been received. A risk assessment had not been completed to demonstrate what measures had been put in place to safeguard people until the staff member's DBS had been received. The registered manager did tell us that the staff member worked under supervision with experienced staff but there was no evidence to support this, and we was unable to speak with the staff member.

We also saw in the files that when staff were interviewed an assessment had not been completed to assess their overall performance and suitability for their role. The registered manager was able to show us a new assessment process which she advised would be used when new staff were recruited. We saw that the provider had a system in place so staff could make an annual declaration as to their ongoing suitability to work with people.

On our arrival on the first day of our inspection we saw that the environment was not maintained to ensure it was safe. We saw that cleaning materials had been stored in the bathroom on the floor and in a cupboard that was not locked. This meant that people could access these hazardous substances. Action was taken to remove these items and cupboards were installed in the bathroom to store personal care items. A lock was fitted on the cupboard door during our inspection to ensure people could not access the cleaning products.

Staff we spoke with had an understanding about the risks to people and the actions to take to reduce risk. We saw that people had a variety of risk assessments in place which identified any risks due to their health and support needs. People had risk assessments in place for staff to follow when supporting them to go out into the

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Is the service safe?

community. Where people demonstrated behaviours that challenged, risk assessments were in place to guide staff on the action to take to reassure people and to de-escalate the situation.

Staff we spoke with had an understanding of their responsibilities to keep people safe, and they confirmed they had received training to ensure they were able to recognise when people may be at risk of harm of abuse. All of the staff we spoke with were aware of the procedures to follow if they felt someone was at risk, and this included contacting CQC. One staff member told us, "If I thought a person was at any kind of risk or if I had concerns I would report it straight away to a senior or the manager. I am confident that action would be taken to protect people from harm or abuse". A relative we spoke with told us, "I think my family member is safe here, if I had any concerns I would speak to the manager. The staff support my family member in a safe way and I have no concerns about the way they support them". Information provided to us, and the records we saw during our visit showed that the registered manager had reported concerns appropriately to the relevant people and had taken the appropriate actions to ensure people were kept safe.

We looked at the medicine administration records for people and saw that staff had signed to confirm people had their medicines. We saw that where medicine instructions were handwritten these were not always signed by two people in accordance with best practice. We checked the balances for some people's medicines and these were accurate with the record of what medicines had been administered. We found that all of the people who were prescribed 'as required' medicines (PRN) had supporting information in place to guide staff in the signs and symptoms which might indicate people needed their medicine. Discussions with staff demonstrated that they worked in accordance with these protocols. Staff we spoke with and records we looked at confirmed that staff had received medication training. Staff told us that part of this training included an observation of their competency to ensure they practiced in a safe manner. We asked to look at examples of these but we were advised by the registered manager that they were not available as they had been sent to the head office for assessing before a certificate was provided to staff.

We saw that information was provided to staff about how to support people to take their medicines for example by using a spoon. We saw that procedures had been put in place following a best interest meeting for a person who previously did not take their medicines. We were advised that this procedure was not being used at the present time as the person was taking their medicines. A relative we spoke with told us, "My family member is supported to take their medicines and I have no concerns about this. If there are any issues the staff would contact me". We observed two staff checking and administering medicines and saw that they did it in a safe way.

Requires improvement

Is the service effective?

Our findings

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 decision made on their behalf must be in their best interests and as least restrictive as possible. We found staff had not received training in the (MCA), but they had a basic knowledge about seeking people's consent before providing support. We observed staff explaining their actions and looking for gestures and signs from people to support their consent to the support being offered. We saw that best interest meetings had been undertaken and were planned to ensure decisions were made based on the health and safety needs of the person.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that the registered manager had made applications for three people to the supervisory body. We were informed that one application under DoLs had been authorised, and the registered manager and staff were complying with the conditions applied to the authorisation. The registered manager had not informed CQC about this authorisation when it had been agreed, however they did complete the required notification at the time of the inspection. We found that although staff were complying with the conditions applied to the person's authorisation, staff did not fully understand the general requirements of the Deprivation of Liberty Safeguards.

Staff told us they had received other training which equipped them with the knowledge to support them in their role. However when we looked at the training records we saw that although staff had previously completed essential training, the refresher training was not up to date. We saw on staff member's training passports that most of the core training such as medication, safeguarding, moving and handling, and fire should be refreshed every year. This is in accordance with the provider's internal standards. However several staff had not completed this, and training had not yet been planned to ensure staff had an opportunity to update their knowledge. We discussed this with the registered manager who advised that she would ensure refresher training was sourced and planned for these staff members. We saw that some training which was specific to the needs of the people staff supported had been planned for in relation to working with people with autism.

We saw that the most recently employed member of staff had completed an induction which included the essential training, and shadowing experienced members of staff. However the staff member had not commenced the Care Certificate induction. The Care Certificate is a set of standards designed to assist staff to gain the skills and knowledge they need to provide people's care. The registered manager advised that this training had been discussed in management meetings but it had not yet been implemented by the provider. The registered manager did access the Skills for Care website during our inspection and advised that she would implement this induction pack as soon as possible.

All of the staff we spoke with told us they had access to regular supervision with a senior member of staff, and an annual appraisal. One member of staff told us, "I have regular meetings with a senior and we discuss my role and any issues that I have, I feel supported". We saw that a plan was in place to ensure supervision was provided on a regular basis. We saw that staff member's performance was discussed as part of the supervision process. Where issues had been identified we saw that action was being taken to support staff members to improve their performance. Staff told us they were supported well by the management team and by each other. One member of staff said, "We can go to the manager or deputy at any time, we all support each other and work as a team".

A relative we spoke with told us they had no concerns about the way staff supported their family member. They said, "The staff seem to know what they are doing and they support my family member well. They know what their needs are and they ensure all of their needs are met". Discussions with staff and our observations supported that staff understood people's care needs and how these should be met.

We saw that staff were consistently checking whether people needed a drink, and these were offered regularly and appropriate support was provided. We saw that people had the required adapted cutlery and equipment to enable

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Is the service effective?

them to be independent when eating their meal. We saw that staff were completing monitoring records of people's food and fluid intake to ensure people had enough to eat and drink in accordance with their support plan.

We saw that staff had received training to ensure they had the skills and knowledge to support people with specific dietary requirements. For example supporting people with swallowing difficulties and people who received food and fluid through a tube. We saw that referrals had been made to the Speech and Language Therapist (SALT) service when concerns had been identified about someone being at risk of choking. We spoke with a SALT nurse who confirmed that staff were following their advice and guidance and supporting people appropriately. We saw from the records that we looked at that a person had previously been provided with a particular diet unnecessarily when they first moved into the home. This practice had ceased when a family member raised concerns about this. We spoke with the SALT nurse who also confirmed this. We spoke to the registered manager who was unsure why this had happened as the care plan in place stated the type of food the person was able to eat. The registered manager stated that she would look into this and take appropriate action.

Feedback from staff, relatives and health care professionals confirmed that people's healthcare needs were identified and met appropriately. We spoke with a visiting professional who told us, "The staff have followed all of my guidance in relation to monitoring people's skin. I am happy with the support they have provided. The staff have made referrals when they are required so people receive the support and intervention they need. I have no concerns". A relative we spoke with told us, "I know the staff ensure my family member attend all of the appointments they need to. The staff always provide feedback to me about this".

Records showed people were able to access a range of urgent and routine healthcare appointments including dentists and psychiatrists through visits to the service and attending appointments in community, whichever suited their needs best. We saw that people had Health action plans in place. This is an easy read document which is used to highlight people's health care needs and where people had specific health concerns these were identified with the action required. The person is able to take this document to all appointments to enable information to be recorded in one place.

Good

Is the service caring?

Our findings

A relative we spoke with told us, “The staff are caring and ensure my family member is looked after well. They know how to support them if they become upset. I have seen the staff support my family member and they are kind and patient and offer reassurance at all times”. Another relative said, “I am kept informed about my family member’s wellbeing, if there are any issues the staff generally call and tell me. I feel informed and I am happy with the care and support my family member receives”.

We observed staff interactions with people and saw they were attentive, relaxed and had a friendly approach towards them. We saw that people were supported and staff responded to them in a way that met their individual needs. Staff we spoke with knew people well and this was demonstrated through the interactions we observed. We saw staff provide support to relieve people’s distress and discomfort. For example we saw that staff comforted one person who became upset, the person clearly trusted and was at ease with the staff member. We saw a staff member stroke someone’s head that enjoyed this contact and they smiled and appeared relaxed.

We observed staff interaction with people and these were appropriate and were done in a way that supported people to understand and make decisions. Staff used verbal information and touch to assist them to communicate with people. We saw that staff were led by people when they wanted something. For example a person led a staff member to their bedroom and to the shower. This person was then provided with this support. Records that we looked at contained information about people’s preferences to assist staff when providing support. Discussions with staff and our observations demonstrated that staff followed these.

Staff we spoke with told us that where people lacked the capacity to verbally express their decisions they tried to give them choices. A staff member told us, “When we support people to get dressed we show people two choices of clothing so the person can choose which one they would like to wear”. We observed that staff made efforts to promote people’s involvement to make choices during our inspection.

People were encouraged by staff to remain as independent as possible, particularly in relation to the activities of daily living. A relative told us, “The staff are always patient with my family member and they do encourage them to do as much for themselves as they can”. We observed staff allowing people the level of freedom they sought in the home, whilst remaining close to ensure their safety and to assist them as necessary. We observed people’s dignity and privacy was respected when staff were assisting them, for example, curtains and doors were closed when supporting people with personal care and ensuring that people’s clothing was appropriately adjusted. We also observed that staff spoke to, and about people with respect.

Information about local advocacy services was not available in the home. The registered manager advised that if this was requested or if they felt someone needed an advocate they would use the local authority services.

Requires improvement

Is the service responsive?

Our findings

The staff we spoke with all knew how to support people and respond to their needs and behaviours. We looked at the care records for people and saw that the support plan for one person was brief, and in some areas the information was generic in detail as opposed to specific to the person's needs. We saw that the person had some behaviour's that could be challenging and information about how the staff should respond to this was not detailed to ensure staff were consistent in their approach.

We saw that each person had an allocated keyworker; who was also the staff member who supported the person most frequently and so understood their needs well. Keyworker meetings were held monthly in order to discuss people's needs and any changes that were required to their support plans. Discussions about any health issues and reporting on how their support plans was working were documented. A relative told us they were consulted and involved in their family member's care. They said, "We have regular meetings which ensure I am up to date with everything. We discuss how my family member has been over the period of time since our last meeting. I think the staff provide the required support to my family member as we have agreed in their care plan".

We saw that all other people had personalised care plans that addressed all aspects of their needs, and these were regularly reviewed by the person's keyworker. One staff member told us, "We go through the daily wellbeing logs and monitoring charts and if people's needs have changed we write a new care plan to reflect any changes to their support needs". We observed that for these people care was delivered in line with their care plans.

During our visit we saw that people were supported to go out. Care records contained some information about the activities and social interests people enjoyed. However for one person we heard that they had been supported to visit a place which we saw from their care plan was a place they did not like to visit. Whilst there was no impact on the person, this demonstrated that staff had not responded to providing an activity in accordance with the person's preferences or reassessed the information provided in the care plan. We discussed these inconsistences with the registered manager.

We saw that an activities programme was in place detailing the planned activities for each person. However we saw that these activities were not always provided. For example people did not receive the support to undertake the planned activities on both days of the inspection. We were told by staff that this was due to the staffing levels which meant in-house activities could not always be facilitated as people required one to one support. We also saw from the activities programme that one member of staff was scheduled to facilitate activities both inside the home and to support people to go out to a place they enjoyed. We were advised that this was a mistake, but this resulted in people not being supported to engage in meaningful activities for those days. We did observe staff trying to facilitate some activities with people, for example using musical instruments, and watching films. However this was for a short amount of time and not all of the people were supported to engage in an activity they enjoyed.

We saw that additional staffing was provided three days a week to enable people to go out to places they liked. We saw that people had 'day care' activity records detailing the places they visited. Photos were included showing people involved in a variety of trips and outings. These demonstrated that when staffing levels were sufficient people enjoyed one to one support and had an opportunity to the visit places they enjoyed.

We saw that people's rooms had been personalised and displayed items that were of sentimental value or of interest to them. The service encouraged people to maintain their links to family and friends. Visiting was open and flexible for relatives and friends. A relative told us, "I tend to visit at the same time each week and I am always welcomed into the home".

We saw that a complaints procedure was available in the service which was available in easy read to enable people to access this. Relatives told us they would in the first instance speak to the registered manager and they felt their concerns would be listened to and acted upon. One relative said, "I would speak to the manager and I am confident she would address any issues I have. I have no concerns at the moment". The service had not received any complaints from people or their relatives since our last inspection. We saw that a professional had raised some concerns about the care of a person and their routine, which was currently being investigated and was ongoing. The registered manager was working with the professional

Requires improvement

Is the service responsive?

and implementing the recommendations that had been advised. Discussions with staff demonstrated their understanding of the complaints procedure. One staff member told us, "I would know if people were not happy by changes to their behaviour's and from their facial expressions. I would then take action to try and find out what the problem was".

Requires improvement

Is the service well-led?

Our findings

We saw that there were systems in place to assess and monitor the quality of the service people received, but these were not always effective. The registered manager and the deputy carried out audits but these did not identify the shortfalls we found during our inspection. We saw that the provider undertook monthly visits and completed a report but these did not highlight the issues we had found. The registered manager was responsive to the issues we had raised and confirmed that progress would be made to improve the service people received. We saw that some audits were effective for example the checks undertaken on the medication and financial systems. Where shortfalls were identified action was taken, which included speaking to staff about their performance.

The registered manager understood their legal responsibilities for notifying us of deaths, incidents and injuries that occurred at the home or affected people that used the service. As a result of our inspection they were now aware of their duty to inform us about persons who were subject to a DoLs authorisation. The registered manager had systems in place to monitor accidents, and incidents, which could be analysed to identify any patterns or trends. We saw that there had not been any incidents or accidents recently, but the registered manager stated that action would be taken to reduce the risk of any reoccurrence.

A relative we spoke with told us they thought the service was managed well. They said, “The service is good and my family member’s needs are met. I think the service is managed well and I am happy with everything”. Another relative told us, “I am satisfied with the way the service is being managed”.

All of the staff we spoke with confirmed they felt supported by the management team. One staff member told us, “The managers are approachable and I know I would be listened to”. Staff we spoke with confirmed they had regular staff meetings and supervisions where they were able to discuss the service provided and people’s needs. Communication in the home was good with daily handovers to discuss people who used the service and their wellbeing.

Staff we spoke with told us that a whistleblowing policy, was in place, and they were fully aware of the circumstances in which they would use the policy. Staff told us they felt confident to raise any issues that affected the way the service was delivered.

We saw there were clear lines of accountability in the way the service was managed. The registered manager was supported by a deputy. There were team leaders who worked alongside the support staff. Tasks were delegated to monitor the service and staff support systems were in place. Staff demonstrated that they understood their roles and responsibilities.

The registered manager had sent out questionnaires to relatives and professionals to gain feedback about the quality of the service. We saw that one questionnaire had already been received from a professional. This provided positive feedback about the staff and the care people received. The registered manager advised that feedback had not been sought last year, but confirmed that a report would be completed of the results received this year.