

Alphonsus Services Limited

Charles House

Inspection report

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Tel: 01213314972

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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 ●
Is the service ?	Good ●

Summary of findings

Overall summary

About the service

Charles House is a residential care home providing personal care for five people aged 65 and over at the time of the inspection. The service is registered to support up to 10 people.

People using the service lived in a large house, split over three floors, 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, there was some inconsistency with the recording of audits of medicines.

People were safe using the service. 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 suitably recruited staff on duty to meet people's needs and to keep people safe. People were supported by staff who knew their needs well. Staff supported people with their medicines and this was done safely. Staff understood how to prevent and control the spread of infection.

People had been assessed before being accepted to the service to ensure the provider could meet their needs. Assessments addressed people's physical and health needs, their cultural and language needs, and what was important to them. Staff received training which helped them to deliver personalised care. Our observations showed people looked happy and a choice of food was available and where appropriate, people received additional support with their dietary needs. The provider worked with external health and social care professionals and people were supported to access these services when they needed them to ensure their health was maintained.

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.

Staff were knowledgeable about people's care and support needs. People and relatives told us how caring the staff were. Staff enjoyed their work and got on well with the people they supported. Staff encouraged people's independence, protected their privacy and treated them with dignity.

Most of the people using the service at the time of the inspection could not tell us about their experiences. Whilst on site, we saw positive interactions between people and staff and people looked comfortable with the way they were being supported. Relatives we spoke with gave us positive feedback on the service and the way the staff supported their family members to remain safe. Staff provided responsive care to people in line with their preferences and choices. Where people communicated non-verbally staff knew how to engage with them.

People were supported by staff who knew their preferences. Complaints made since the last inspection had been investigated and relatives knew who to contact if they had any concerns. Relatives and staff 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 11 December 2018).

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Is the service ?

Good ●

The service was responsive.

Details are in our responsive findings below.

Charles 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

Charles 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

This inspection was unannounced.

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 four members of staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could

not talk with us.

We 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.

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 and relatives told us they felt the home was a safe place to be. One relative said, "Yes [person] is safe, I have no problems whatsoever, I feel better about where [person] is and I can relax."
- 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, "Any concerns I'd report to the senior or manager or I'd let CQC know."
- 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. One relative said, "[Person] is prone to falls and there is always a member of staff with them to make sure they don't fall."
- Discussions with staff showed they had a good understanding of the risks to people and we saw they took care to keep people safe.
- Changes in people's needs were referred to the appropriate healthcare professionals to ensure people's support needs would continue to be met.

Staffing and recruitment

- We saw where people required support, this was being provided in a timely way.
- The provider had a recruitment process in place to prevent unsuitable staff working with vulnerable adults. This included 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

- Medicines were managed safely. We saw medicines had been stored safely and records indicated people had received their medicine as required.
- Staff were seen to support people to take their medicine in a safe way.

Preventing and controlling infection

- There were systems in place to prevent and control infection. We saw that the home was clean, tidy and odourless. Staff were seen to wear personal protective equipment where needed.
- No concerns were raised by people, relatives or staff about the provider's infection control arrangements.

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 now improved to good. 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. 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 service 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

- Staff we spoke with told us they were satisfied with the training they had received. One staff member told us, "The training is good."
- Relatives we spoke with told us they were confident staff had the right level of experience and knowledge to support their family members effectively and safely. One relative said, "They (staff) support [person] very well, they know how [person] communicates and [person] is happy there."
- We discussed with the registered manager how people were supported with their oral health care. The registered manager showed us the policy on oral care they were in the process of reviewing. One person told us they had been to see the dentist recently. We were told monitoring checks were completed on people's toiletries such as toothpaste, toothbrushes and mouth wash to make sure people had enough supplies.
- Staff 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

- Where people required support to eat, this was provided in an encouraging way by staff.
- People's dietary needs were being met.
- Staff explained how they offered people meal choices to those who were unable to verbally express their choices. One staff member said, "If [person] doesn't like or want something they will push it away and we will offer them something else."

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

- Relatives spoken with confirmed there was access to healthcare professionals when needed to maintain and improve people's health. One relative told us, "[Person] has been visited by the chiropodist."

- Staff knew what to do if they had concerns about a person's health or if there was a medical emergency. They told us they would liaise with family members, the management team and others, including health and social care professionals, and seek urgent medical help for the person if necessary.

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

- At the last inspection, improvement was required to the building design of the home to ensure it met people's needs. At this inspection we found there had been several improvements made around the home. For example, a new living area had been developed on the first floor used by people that wanted time to themselves. The registered manager explained how they were going to introduce more sensory equipment for people to enjoy. One relative told us, "The environment is perfect for [person], we've been to a lot of homes and this one is the best we've seen."
- We were invited into bedrooms and they had all been redecorated and new bedroom furniture provided.
- An area of the home had also been developed into a 'safe' space for one person that spent time in this area of the home. We saw it had been individualised with items of importance to the person and reflecting their cultural background.
- There was an outdoor space available if people wished to use this.
- One person we spoke with told us they liked to spend time in the new living area on the first floor and liked their bedroom.
- There were still some minor repairs around the home; they had been identified and recorded in the repairs book for the maintenance team to complete. The registered manager and deputy manager had made improvements within the home environment. This was reflected in the faces of people because they looked comfortable and relaxed in their surroundings.

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.

- Where people did not have the mental capacity to make some decisions, the service had ensured decisions were taken in people's best interests in line with the MCA.
- Staff had received training to aid their understanding of the MCA. Staff knew how to seek consent from people and knew decisions were made in people's best interests.
- 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. For example, asking people what they wanted to eat and drink.

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.
- People and the relatives we spoke with told us they were happy with the way care and support was delivered. A relative said, "The staff are a credit to the home, they are so welcoming and kind, they are brilliant."
- Staff told us how much they enjoyed working with people and how they wanted to make sure people were well looked after.
- People's equality and diversity was respected.

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

- We saw people were given opportunities and asked to make choices about everyday life in the home such as what drink and food they wanted and where they wanted to sit.

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 requires improvement. At this inspection this key question has improved to 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

- At the last inspection improvement was required to demonstrate how people had been involved in the planning of their care. We saw people being asked if they wanted to do certain activities or interests and staff understood the person's body language and what the gestures meant.
- We saw care plans had been reviewed and recorded the person's body language or reactions as an example of how staff had tried to involve the person in their reviews.
- Relatives we spoke with confirmed they were involved in reviews and planning their family members support needs. One relative said, "The care plan details all that they [staff] need to know, they show [the care plan to the person] and [person] can say yes or no."

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.
- The registered manager explained they would obtain further information for example, information in other language formats, should the need arise in the future.

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

- At the last inspection some improvement was required to personalise interests and activities for three people. Our observations showed people were comfortable in their surroundings. The registered manager and deputy manager had implemented changes to the home environment to support one person who liked to walk around the home. Another person had an individual toy they were seen to enjoy and it was clear from their reaction this toy was very important to them. A third person showed us their personal objects and it was clear from the expression on their face they enjoyed time spent with staff during these activities.
- There were opportunities for outings to the local public amenities for lunch and a weekly event to a local day centre.
- We saw one person was listening to their music and a separate area had been set up for them to sit and relax. The area had been personalised to reflect their interest in music.

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 no complaints since the last inspection, although the provider did have a process in place to investigate and monitor the service 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 improvement was required to the overall monitoring and audit processes to ensure Charles House was a safe environment for people to live in. There had been an improvement, the registered manager and deputy manager had completed monthly audits of the service. We found where issues had been identified, they had been addressed.
- The provider completed their own audits of the home, however, records we looked at showed the provider had not completed their checks since May 2019. This meant the provider oversight was not as regular as it had previously been. The registered manager explained monthly management meetings were held where any concerns or issues could be discussed.
- There was room for some improvement concerning the consistency of recording the balance of medicines in stock. For example, although checks showed the amounts of medicines balanced with medicines dispensed; there was some inconsistency with carrying forward balances from previous months. It was not easy to check the balance of medicines in stock without searching through previous months records.
- Medicines were stored safely although the temperature of the storage cabinet was not being monitored to make sure it did not exceed safe levels. This issue was addressed on the day of inspection.
- 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.
- Assessments had been completed for two people where one person required their medicine disguised in their food. There was evidence to demonstrate the GP had been consulted but there was no evidence to show a pharmacist had been contacted to check which foodstuffs the medicines could be added to safely.
- Staff had been given opportunities to gain qualifications through the completion of NVQs.
- 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 views on the management of the home. One relative told us, "I don't think Charles House would be Charles House without [registered manager and deputy manager]

and the staff, I can't praise the place enough."

- Staff we spoke with told us they thought the management team had improved and were particularly supportive of the deputy manager and the work undertaken by them to improve the service.
- Staff we spoke with demonstrated they were motivated and shared an enthusiasm to provide good quality care. One staff member said, "I love caring for people I enjoy it (working) here."
- Changes to how the service operated and if there were any changes in people's health were discussed at staff meetings and handovers to keep staff up to date with daily events.
- The registered manager understood their responsibility to ensure compliance with the requirements of the duty of candour. 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

- People and relatives were supported to have their say in the day to day care, support and management of the home. We saw the service held regular key worker meetings to review people's support needs and to check if those needs had changed.
- Relatives told us staff kept in regular contact with them concerning any changes in people's health.
- The provider had begun to seek feedback from relatives although to date no responses had been received. However, conversations we had with relatives did not raise any concerns.

Continuous learning and improving care. Working in partnership with others

- Charles House had worked in partnership with other health care organisations for people's benefit.
- The registered manager had tried to keep up to date with developments within the social care industry and shared their ideas with us about how they wanted to ensure the continued improvement of Charles House.
- The registered manager, the deputy manager and staff displayed a commitment to providing good quality care and support.

Is the service ?

Our findings

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

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