

Alphonsus Services Limited

Natalie House

Inspection report

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Date of inspection visit:
23 August 2017
08 September 2017

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Ratings

Overall rating for this service

Requires Improvement 

| | |
|----------------------------|---|
| Is the service safe? | Requires Improvement  |
| Is the service effective? | Good  |
| Is the service caring? | Requires Improvement  |
| Is the service responsive? | Requires Improvement  |
| Is the service well-led? | Requires Improvement  |

Summary of findings

Overall summary

Natalie House is registered to provide accommodation and support for up to five people with a learning disability. On the two days of our inspection visit there were four people living at the home. This was an unannounced inspection.

At the last comprehensive inspection on 9 August 2016 the service was rated as requires improvement and we identified a breach in the legal regulations (Health and Social Care Act 2008). This related to there being ineffective quality monitoring systems in place to monitor the quality of the records, recruitment processes, and the training needs of staff. We also found that improvements had not been made in response to the previous inspection report. We undertook a focused inspection on 18 May 2017 to check that they had followed their action plan and found that the provider had met the legal requirements.

At the inspection on 23 August and 08 September 2017 there was a registered manager in place. 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 2008 and associated regulations about how the service is run.

Regular audits were completed by both the registered manager and a representative for the provider. However, these checks had not ensured that the service was meeting people's needs and all of the fundamental standards. You can see what action we told the provider to take at the back of the full version of the report.

At the time of our inspection two safeguarding concerns had been reported to the local authority. These included concerns about medicine practices, staff allegedly pulling and grabbing a person and poor pressure care. These were under investigation by the local authority and the provider.

Risks relating to people's healthcare needs and lifestyle had been assessed but the action needed to manage and reduce the risk had not always been identified or planned. Staff we spoke with gave different accounts of how they supported people and the support was not always consistent with good practice guidelines.

People required the support of staff to manage their medicines. Some improvements were needed to ensure people could be confident their medicines would be administered safely and as prescribed. The registered manager took some actions during the inspection visit to rectify issues we identified.

People were supported by sufficient numbers of staff to ensure their needs were met. Records were available to support the recruitment checks that had been undertaken on new staff members employed to work at the home. Improvements were required to ensure any gaps in staff employment would be identified and explored.

The staff we met knew people well, and were able to tell us about people including their needs, preferences and things and people who were important to them. In our discussions staff demonstrated that they cared about the people they supported and many of the interactions we observed supported this. However some of the care we observed did not always protect and promote the person's dignity.

Staff demonstrated that they knew about the signs of possible abuse and they knew the action they should take should they suspect abuse. At the time of our inspection two safeguarding incidents had been reported to the local authority and these were under investigation by the provider.

New staff received suitable induction training. Training was provided to ensure staff had the knowledge and skills needed to support people. Where gaps in training had been identified we were informed plans were in place to schedule this.

People received care and support with their consent where possible, and the staff ensured that people were supported in the least restrictive ways in order to keep them safe. When restrictions on people's liberty were necessary the registered manager had ensured the correct applications had been made to protect each person's legal rights.

People were supported to see a wide range of health professionals and people's dietary needs were assessed and monitored to identify any risks associated with their food.

People had been supported to maintain links with people that were important to them. There was little evidence of people being involved in the planning of their care; however relatives and staff that knew people well had been. The knowledge of the person's wishes and lifestyle was used to plan care that they felt was in the person's best interest and best fitted their known preferences and wishes.

People, relatives and staff we spoke with gave us positive feedback about the approachability of the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Risks people lived with had not been fully assessed to ensure that people received the support they needed to stay safe.

There were sufficient numbers of staff available to support people.

Some improvements were needed to ensure people could be confident their medicines would be administered safely and as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff received the training they needed to maintain their knowledge and skills.

Systems were in place to ensure deprivations to people's liberty were identified and that the appropriate applications made to the supervisory body.

People were supported to see a wide range of health professionals. People enjoyed the food and drinks that were prepared and served in the home.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Staff did not work consistently to ensure people could be confident that their dignity would be maintained.

People were supported by a consistent team of staff that they knew well.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People had the opportunity to undertake some activities and work was in progress to improve these.

Relatives reported feeling confident to approach the registered manager with any concerns or complaints.

Is the service well-led?

The service was not always well led.

The systems in place to ensure people consistently received a good and safe service had not been effective.

There was a registered manager in place and feedback from relatives and staff on their approachability was positive.

Requires Improvement 

Natalie 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 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.

This comprehensive inspection took place on 23 August and 08 September 2017 and was unannounced. The inspection was undertaken by one inspector over two days.

Before the inspection visit we reviewed all the information we held about the service, and contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. We reviewed the information from notifications to help us determine the areas we wanted to focus our inspection on.

We visited the home and met everyone currently living there with the exception of one person who was in hospital. People living at the home were not able to speak to us due to their health conditions and communication needs. We spent time in communal areas observing how care was delivered and 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.

During our inspection we spoke with four care staff, the registered manager and the provider. We also spoke with three relatives and one healthcare professional who provided support to one person at the home. We looked at parts of three people's care plans. We looked at the systems in place to check medicines were managed and administered safely. We looked at the recruitment records of one new staff member. We looked at the checks and audits undertaken by the registered manager and registered provider to ensure the service provided was meeting people's needs and the requirements of the law

Is the service safe?

Our findings

At our inspection in August 2016 we found that improvements were needed to the safety of the service. Arrangements in place did not ensure that risks were well managed and staffing levels were not sufficient to meet people's needs at all times. Our inspection in May 2017 found improvements had been made in these areas but that further improvement was needed to the recruitment process of new staff.

At this inspection, the staff we spoke with described some of the actions they took to ensure people remained safe. This included ensuring that people had food of the right consistency to reduce the risk of choking occurring. Risks associated with people's needs had not all been fully assessed and in some instances staff provided inconsistent information about how risks were managed. We saw that although a risk assessment had been completed for the use of bed rails this had not assessed all risks and the bed rail cover that was in use may not have been appropriate to the person's needs. On the second day of our inspection we saw that action had been taken to address this issue.

Some people at the service were at risk of falls. We saw records of incident and accident analysis which were completed monthly. We saw that following any falls action was taken to review the risk assessments in place. However staff were not consistent in the actions they told us they took to keep people safe. For example some people told us they waited outside the bathroom door in case a person sustained a fall, but other staff told us they did not do this but instead undertook regular checks on the person. Whilst advice had been obtained from health professionals to help reduce the risk of falls this had not been obtained for one person following a recent fall. The registered manager had directed staff to use a mat placed on the floor to help protect the person should they fall, but had not sought advice from the relevant health professional to ensure this was appropriate to the person. Following our inspection visit the registered manager told us they had requested an additional assessment from an occupational therapist.

The provider had obtained a hoist to assist people to stand should a fall occur. Currently staff relied on assistance from the emergency services should a person experience a fall. The registered manager told us the new hoist had not yet been used as staff were still undergoing training on its safe use and that assessments for the correct sling size for people still needed to be completed.

Relatives of people living at the home confirmed they had no concerns regarding people's safety. One relative told us, "It's quite safe, there are no problems." One relative told us that staff had responded well after their family member experienced a fall.

We were informed that people needed support with their finances and that the provider's area manager was currently the financial appointee for people at the home. We looked at the bank records for one person and saw that there was not a clear audit trail in place in regards to expenditure. We shared this information with the local authority.

We looked at the systems in place for the safe handling of medicines and found some improvements were needed. Worn labels on some items of medicines made it difficult to read the directions for administration,

however there was no evidence that people had not received their medication as a result. We brought this to the attention of the registered manager who stated they would approach the pharmacist for replacement labels. One person was prescribed a liquid medication on a variable dose. Medication records did not show the dose that the person had been given but staff spoken with knew when to give an increased dose. Whilst there was no evidence that the person had experienced any harm this did not ensure the person would have received the dose they needed to stay well. On the second day of our inspection we saw that the registered manager had taken some actions to rectify this but this had not yet resulted in consistent recording practice across the staff team. Records showed that other medicines had been given as prescribed.

Staff who administered medication had been trained and assessed as competent to do so. Staff knew when people would need their 'when required' medication and guidance on when to give this medication was available for staff to refer to. We saw checks were undertaken by a designated member of staff to ensure people had received their prescribed medicines

Staff confirmed that they had been subject to a range of checks before they started work, including references and checks made through the Disclosure and Barring Service (DBS) and the records confirmed this. Records we looked at showed that the provider's recruitment practices needed improvement in relation to staff employment history, to ensure staff employed were safe to support people.

People using the service had limited verbal communication skills and were unable to tell us if they felt safe living at the home and if they were protected from abuse and harm. Throughout the inspection we saw that people looked relaxed and comfortable in the presence of staff.

All of the staff we spoke with told us they had been trained in safeguarding and were aware of the provider's whistle blowing procedures. Whilst some staff had not received recent refresher training they demonstrated that they knew about the signs of possible abuse and they knew the action they should take should they suspect abuse. One member of staff told us, "I'm very hot on that. People are very vulnerable. We are not here to make friends, staff could be as nice as pie but abusing people so I am always vigilant." At the time of our inspection two safeguarding concerns had been reported to the local authority. These included concerns about medicine practices, staff allegedly pulling and grabbing a person and poor pressure care. These were under investigation by the local authority and the provider.

Our observations and discussions with staff and relatives showed there were sufficient numbers of staff on duty to meet people's personal care needs and help them with day to day life. A care staff member told us, "We are not short and we have cover for any emergencies." Any staffing shortfalls were covered by staff already working at the service to ensure people were supported by staff that were familiar with the service and people's needs. One relative told us, "Enough staff? Yes, I think so. They cope adequately." Another relative told us, "There are usually three staff on duty, they cope alright with that." A healthcare professional confirmed there were usually enough staff on duty to meet people's needs when they visited the service.

Records we looked at showed that the safety equipment in the home including the fire alarm, and the electrical and gas equipment had been serviced and inspected as is required. Staff we spoke with were able to confidently describe the procedure they would follow to keep people safe should a fire occur in the home.

Is the service effective?

Our findings

At our inspection in August 2016 we found that improvements were needed to ensure that people were receiving effective care and support as staff had not received all of the training updates that they needed. Our inspection in May 2017 found that improvements had been made and some additional training had taken place or was planned.

Many of the staff had worked at the home for several years. Relatives we spoke with were positive about staff who worked at the home and told us they knew people's needs. One healthcare professional told us that people seemed to be well cared for by staff.

We asked staff about their training and development to see whether staff had the appropriate skills to meet the needs of people who used the service. Staff who were new to the home received an induction and also had the opportunity to work 'shadow shifts' alongside a more experienced member of staff. One member of staff told us, "I had an induction from the manager and the senior. It was thorough and they were there to help me." Where needed, the provider had arrangements in place so that staff could undertake the Care Certificate. The Care Certificate is a nationally approved set of induction standards that ensure staff have the knowledge they need to provide good, safe care.

Staff told us that they had on-going training and regular supervision. One member of staff told us, "They put us on a lot of training." Discussions with the registered manager and staff showed that there had been recent training in moving and handling, epilepsy and medicine administration. Some staff were undertaking additional training in areas such as diabetes awareness. The registered manager told us that refresher training in safeguarding people from abuse was being planned but was not yet confirmed. Minutes of staff meetings showed that regular informal discussions on good safeguarding procedures took place. Recent staff discussions had taken place about providing staff with training in pressure care due to the a change in need of one person at the home

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 people 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 checked whether the service was working within the principles of the MCA. Throughout our inspection we heard and observed staff offering people some choices, for example meals and drinks. Where needed because of people's communication needs visual choices were given.

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 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). When restrictions on people's liberty had been identified as necessary to keep people safe, applications had been made by the registered manager to the supervisory body. Staff we spoke with were aware that DoLS applications had been made for people living at Natalie House. One member of staff

told us, "MCA and DoLS is all about people's rights. Who are we to say what people want." Staff and the registered manager were able to give examples of when best interest meetings may be needed for people who did not have capacity to make important decisions for themselves.

We observed people were supported with their lunch time meal and were given a choice of when and where they eat their meals. We saw people enjoying the food that had been provided. Staff told us they planned the menu taking into account what they knew about people's preferences. We saw staff offering people visual choices of what they wanted to eat or drink during our inspection visit. Some people required the texture of their food to be altered to enable them to swallow safely. We saw that specialist assessments and guidelines had been undertaken. People were supported to have sufficient to eat and drink and staff we spoke with were aware of people's individual needs and preferences.

People had been supported with their primary health care, and records showed that people had been supported to access the GP and dentist for example when they needed this. Some of the people whose care we looked at in detail had on-going healthcare needs. Relatives that we spoke with told us that they felt their family members were well cared for and that they were kept informed about the things they needed to know about. Staff were able to tell us about the healthcare needs of the people they supported. One person was not very well on one of the days of our inspection. Discussion with staff and records showed that staff had contacted the GP to seek advice. We saw that throughout our visit staff were ensuring the person had plenty of fluids to drink in line with advice from the GP. Some people at the home had or were at risk of developing sore skin and one person was receiving healthcare in relation to this from the district nursing team. Although staff had not yet received pressure care training, staff spoken with were consistent in the actions they told us they were taking to help maintain good skin care.

Is the service caring?

Our findings

Our inspection in August 2016 found that people were consistently receiving a caring service, and we rated this area as good. This inspection identified that staff cared about the people they supported and many of the interactions we observed supported this. Staff we spoke with described how they promoted and maintained people's dignity and showed respect. However some of the care we observed did not always protect and promote the people's dignity.

On the first day of our inspection visit we saw that one person was sitting in a chair on a disposable continence product. The continence product was clearly visible to everyone in the lounge. The person had many interactions with staff, none of whom took any action to ensure the continence product was moved out of sight to protect the person's dignity. During the lunch time meal we saw that a person was not treated in a respectful manner. They were assessed as needing support from staff to eat their meal but we saw that three different staff supported them during the meal, this meant they were interrupted three times and had to adapt to being supported by different staff. The person was not settled whilst they were eating and moved up and down in their seat. At one point, a member of staff told them that they were being 'naughty' and needed to stop. This was not respectful of the person. We raised this with the registered manager who gave assurances that this would be raised with staff to ensure it did not happen again.

We observed other occasions when staff worked in a caring and patient manner with people. For example, one person was unwell and staff were constantly checking on their well-being. Another person was sitting on the settee looking uncomfortable and a member of staff was alerted to this, offering to make the person comfortable with the aid of a cushion. Staff clearly cared about people. For example, one person was in hospital and staff spoke about this person with affection. Discussions and records showed that staff had been providing support to the person at the hospital.

People were supported by staff that they had got to know well. There were many staff who had worked with people for a number of years. Relatives told us that staff were kind and caring and this was also confirmed by a health care professional. When we talked to staff individually about people's care they spoke with respect about the people they were supporting.

We observed occasions when staff worked patiently with people, trying to understand what people wanted. We observed staff using their knowledge of the person, and their experience of what different words and gestures meant to help people make choices and express their wishes.

People had been supported to maintain relationships with people that were important to them. The relatives we spoke with were very complimentary about staff at the home, and told us they were made welcome by staff when they visited their family member. One relative told us, "I have a good relationship with staff and I am made welcome when I visit, totally."

There were some opportunities for people to take part in everyday living skills, for example shopping for personal items. We saw that staff sometimes prompted people to carry out tasks needed rather than to do

things for them. This helped to maintain people's independence.

Is the service responsive?

Our findings

Our inspection in August 2016 found that people were receiving a responsive service however this inspection identified that improvements were required.

We looked at the opportunities that people had to take part in activities and experiences of interest to them. On the first day of our inspection we did not see that people in the home were given the opportunity to participate in activities of interest to them. Relatives views were mixed in regards to the activities on offer. One relative told us that their family member participated in a wide range of activities. Another relative told us that their family member needed more interaction from staff at the home.

Records and discussions with staff showed that people's main activities were attendance at a hydrotherapy session and a 'snoozelum' (sensory) session. There were also occasional visits to the shops, the cinema, meals out and to an evening disco, however it was not evident that these took place frequently. Some people had been on holiday this year which staff told us they had enjoyed. One staff member told us that opportunities for people to engage in activities had reduced as some of the venues they had previously attended had closed and that staff were looking for alternative venues. The registered manager acknowledged that this was an area that needed improvement. We saw that a provider audit had identified that people needed to have new activity schedules in place. The registered manager told us these had been completed and were due to be implemented and would help to ensure people had increased opportunities to do things they enjoyed.

A new care planning system called, "All About Me" had been developed. This contained some very person centred and individual information about each person. The registered manager told us that some of the care plans and risk assessments were still in the process of being updated to the new system. There was no evidence that people themselves had been involved in developing or reviewing their care plan. The registered manager told us that people would be intolerant of the care planning process and so staff worked in partnership with the person's family. Family members informed us they were involved in their relative's care and that the home kept them up to date on any changes in care.

When we visited the service there was no information on display on how to make a complaint and the registered manager was unable to locate a current copy of the complaints procedure. Relatives we spoke with told us they did not have any complaints but if they did they would be confident to raise any concerns with the registered manager. One relative told us, "The manager resolves any concerns, 100% able to tell her if I have any." Another relative told us, "I have not had to raise any complaints but I would be confident to do so." The registered manager told us that there had been one recent complaint and this was currently under investigation by the area manager.

Is the service well-led?

Our findings

At the last comprehensive inspection on 9 August 2016 the service was rated as requires improvement and we identified a breach in the legal regulations (Health and Social Care Act 2008). This related to there being ineffective quality monitoring systems in place to monitor the quality of the service. We undertook a focused inspection on 18 May 2017 to check that they had followed their action plan and found that the provider had met the legal requirements.

This inspection found that further improvements were required to make sure the service was consistently well-led. The leadership was not driving forward improvements. The checks [governance] arrangements had not been effective at identifying all of the improvements that were needed to ensure people consistently received good care.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager understood the process for reporting incidents involving people who lived at the service and had usually submitted notifications to us. In regards to the latest safeguarding allegations they told us they would ensure a notification was submitted to us. There was a delay in this being submitted and the registered manager told us this was because they had been on annual leave. This meant there was not a satisfactory procedure in place to ensure notifications would be submitted without delay in the absence of the registered manager.

Throughout the inspection visit, the registered manager struggled to locate many of the records we requested to view. The office was very small and there was insufficient space to store all of the records. Some records were stored away from the office. We saw that some people's confidential records were not stored in a secure location. We brought this to the attention of the registered manager and the provider during our inspection visit.

Throughout our inspection we found that the registered manager was receptive to feedback and had taken some actions during our inspection to address concerns. However this was a reactive approach to issues that should have been identified and addressed through the provider's own quality monitoring processes. The registered provider had developed and completed a regular audit of the home. This had not been effective at ensuring the service being offered was meeting people's needs and was consistently safe. For example, audits had not identified issues with the recording of medication or identified issues with the storage of confidential records. The latest audit of the service indicated some improvements were needed, for example in relation to staff training and activities for people but we were not provided with the provider's development plan until several weeks after the inspection.

Failure to effectively assess, monitor and improve the quality, safety and risks of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There was a registered manager who had been in post since April 2016. 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 2008 and associated regulations about how the service is run. We received feedback from staff and relatives that indicated the registered manager was well liked and approachable. One member of staff told us, "The manager is really easy to talk to and helps you to understand things."

Meetings had been held with the whole staff team and the senior staff team responsible for the day to day running of the home. There were no systems in place to enable people using the service to provide feedback or contribute to the development of the service. We were informed that surveys had been sent to people's relatives to seek their views of the care provided. The registered manager could not locate these at the time of our inspection visit. Copies of these were sent to us 10 days after our inspection visit and indicated that relatives were satisfied with the care provided.

The registered provider is required under the regulations to display the most recent inspection rating to ensure transparency and so that people and their relatives are aware. There was a rating poster clearly on display in the service and on the provider's website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to manage risks relating to the health, safety and welfare of people using the service. Regulation 17(1)(2)(a)(b) |