

Alphonsus Services Limited

Kathleen House Flat

Inspection report

Canal Wharf
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Netherton
West Midlands
DY2 9PQ

Tel: 0138470187

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 15 and 16 March 2016 and was unannounced. At our last inspection in February 2014 the service was meeting the regulations of the Health and Social Care Act 2008.

Kathleen house flat is registered to provide accommodation for persons who require personal care for up to two people on a 'respite basis'. Respite means that people are supported in a care environment rather than by family or friends for short periods of time. People use the service for varied amounts of time. Some people use it a few times a year; others regularly for evening and overnight support, and some people use the service whilst their main carer went on holiday. The remainder of the time people live with their families in the community. The service is provided in a ground floor flat which has two bedrooms. People who use the service have a range of needs which include learning disabilities, physical disabilities and autistic spectrum disorder. The provider has another residential care home that provides respite and the staff work at both locations.

At the time of our inspection there was one person due to use the flat at the weekend. However this person then cancelled their visit. We were told that the flat would not be used for several weeks. Therefore we were unable to meet people using the service, but we did speak to family members of people who had used the service recently in order to gain feedback about their experiences.

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.

Staff had an understanding of potential abuse and knew how to protect people from the risk of harm. Risk assessments were in place to maintain the safety of the people who used the service.

Staff had been trained to administer medication and systems were in place to assist people to have their medication as prescribed.

Recruitment procedures were in place to ensure suitable staff were employed. We found that gaps in staff members' employment were being addressed.

Staff had a good knowledge of people's needs and preferences. Relatives described the staff as kind and caring.

The staff had received the training they required to equip them with the skills they needed to support the people who used the service.

The registered manager understood the requirements of the Mental Capacity Act (MCA) and was currently

completing the required documentation to ensure people received care in line with their best interests.

People were encouraged to make decisions about their care. If they were unable to, their relatives were involved in how their care was planned and delivered.

The staff supported people with their nutrition and dietary needs to maintain their health.

People were offered and enabled to engage in recreational activities that they enjoyed and met their preferred needs.

Complaints systems were in place for people and their relatives to raise their concerns or complaints.

Relatives were satisfied with the service provided. Feedback was being sought from relatives about the service provided to their family member.

Improvements were required to ensure audits were undertaken to monitor the service provided and to see if any changes or improvements were needed.

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.

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

Recruitment procedures ensured only suitable people were employed.

Systems were in place to ensure people received their medicines safely.

Is the service effective?

Good ●

The service was effective

Staff had completed training to enable them to have the skills and knowledge to support people.

Staff told us they always ensured they gained people's consent before they provided support.

Staff had the knowledge they needed to meet people's needs in the way that they preferred.

Is the service caring?

Good ●

The service was caring.

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

Staff told us how they maintained people's dignity, privacy and independence.

Is the service responsive?

Good ●

The service was responsive

Relatives felt that the service provided met their family member's needs.

People's needs and preferences were assessed to ensure that they would be met in their preferred way.

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

Is the service well-led?

The service was not always well-led.

The registered manager had not undertaken audits to determine if any shortfalls were occurring or to see if changes or improvements were needed.

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

Requires Improvement ●

Kathleen House Flat

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 15 and 16 March 2016 and was unannounced. The inspection was carried out by one inspector.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager told us they had a problem with opening the document we sent, and therefore she did not complete the PIR and return it back to us. The registered manager did not contact us to make us aware of this issue.

Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with 2 staff, and the registered manager. We spoke with 2 relatives on the telephone following our inspection to gain feedback about the care people received. We were unable to speak with people that used the service due to their complex needs. We looked at the care records for 2 people. We looked at the systems in place to support people with their medication. We reviewed two staff files for training and recruitment, and records related to the quality monitoring systems.

Is the service safe?

Our findings

Relatives told us people were safe. They had no concerns about the care that was provided during the time their relative was using the 'respite service'. One relative said, "My family member is always happy to go to this service and we have had no cause for concern". Another relative told us, "I have no concerns about my family member using this service; I think they are safe there".

The staff we spoke with told us they had completed training in relation to safeguarding people from abuse. The records we looked at confirmed this. The staff were aware of their responsibilities for protecting people and were able to tell us the procedures for reporting any incidents they had witnessed. One staff member told us, "I would report any concerns to my manager or I would go to the Local Authority or the Care Quality Commission (CQC). I would always take action to make sure people are safeguarded". Another staff member said, "I have had training and I would report any concerns I had to management or to the external agencies".

We saw that assessments had been undertaken to determine the risks people had in respect of their health and support needs. This included information relating to protocols that should be adhered to when supporting people with behaviours that challenge. Staff we spoke with were aware of the risks associated with supporting people that used this service. For example some people were at risk of choking when eating meals and some people had mobility difficulties.

We had not heard about any incidents or accidents that had occurred at the service and the registered manager told us that there had not been any. Staff we spoke with knew they had to record any incidents or accidents that occurred in the service and report these to the registered manager. We saw that staff were aware of the procedures to follow in case of emergencies that included the evacuation of the building if there was a fire. Staff we spoke with told us they worked on their own with people, but systems were in place if they needed help or support. One staff member told us, "If there are any issues then we would ring staff at the other residential home and someone would be sent down to assist us. I have not had to do this but that is the procedure if we need support". The provider has another respite service that the staff work at. Staff advised us that the same consistent group of staff work at this service when it is used by people to ensure consistency of care. Relatives told us they were satisfied with the staffing levels provided.

One staff member told us, "Before I was able to start work I had to provide references and a police check to ensure I was suitable for the job". We looked at the recruitment files and 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 people. We saw for one staff member there was a gap in employment which had not been explored prior to the staff member being employed. The registered manager agreed to address this with the staff member to ensure a full employment history was provided.

Staff we spoke with and records we looked at confirmed that staff had received medication training which included an observation of their competency to ensure they practiced in a safe manner. We saw that secure storage was in place at the service to keep people's medicines safe and prevent it being accessed by any

unauthorized person.

Is the service effective?

Our findings

All of the relatives we spoke with were happy with the support their family member received. One relative told us, "My family member enjoys using this service and it gives us a break. We are happy with the service that is provided". Another relative told us, "We think the staff look after our family member well as they know their needs well, and they seem to enjoy their time at this service."

The staff we spoke with confirmed they had received the training they needed to undertake their role. One staff member told us, "I had all the induction training when I started and since then I have had many updates to ensure my knowledge is up to date". Another staff member told us, "I had a good induction and I have completed training in many different areas. I am due refresher training and I think the registered manager is sorting this out". Staff members confirmed they felt supported in their role and had supervision with a senior member of staff. We saw from the staff files that staff had completed training in core areas. There were a few gaps in the training record we saw where some staff had not completed refresher training and the registered manager advised us that she was currently sourcing a new training provider for these. The registered manager confirmed that the Care Certificate has been introduced and that new staff would be working towards this. 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and the staff we spoke with had knowledge of the principles of the MCA. We saw that the registered manager had made applications for some of the people who used this service to the supervisory body.

In discussions with staff they explained to us how they sought people's consent before providing any support to them. One staff member told us, "I always ask the person before I provide support and I always give them choices about what food they would like or what time they want to get up or go to bed". We saw that capacity assessments were in the process of being completed by the registered manager.

Relatives we spoke with told us that their family member "always" seems to be happy to use the service. One relative told us, "My family member is happy to use the service and I would know if they did not like it. I have confidence that the staff always ask my family member's permission before they provide any care. I know my family member makes their needs and choices known so I have no concerns about this".

Relatives told us that the staff support their family member to eat and drink the food and drink that they preferred. We looked at people's care records and saw that people's preferences in relation to food and drink were recorded. Staff we spoke with were aware of people's preferences. One staff member told us,

"One person we support has to have their food cut up into small pieces to enable them to eat their meal independently. This is recorded in their care plan and I always ensure this is done or the person may be at risk of choking". Staff we spoke with told us that people were offered choices at each meal time and food was prepared based on their preferences.

People only used this service for a short period of time and therefore their healthcare needs are met by their relatives or guardian. Staff we spoke with explained to us how they would seek medical attention if this was required. For example if a person had an accident or if they fell ill whilst they were using the service. A relative we spoke with said, "I know if my family member needed any medical attention the staff would arrange this. They would contact us and let us know what has happened. This has never happened but I am confident that the staff would respond to incidents in my family member's best interest". We found that health action plans were in place for people.

Is the service caring?

Our findings

The relatives we spoke with described the staff as kind and caring. One relative told us, "The staff are always friendly and helpful and I think they have a caring nature". Another relative said, "I have confidence in the staff they seem kind and caring, my family member is always happy following their return from this service".

Staff we spoke with explained to us how they ensured they promoted people's privacy and dignity. They told us that people who stayed overnight with them were provided with a bedroom that they could use as their 'own' whilst they were there. They told us that they would never enter the bedroom without knocking the door and waiting for a response. They told us that they encouraged people to undertake their own personal care with some prompts and by enabling this, the person's dignity was maintained.

Staff we spoke with were aware of the confidentiality policy that was in place and were aware of their responsibilities in relation to this. One staff member told us, "I would never discuss people's needs or issues with anyone else". We saw that people's care records were held securely at the other residential home when people were not using the service. These records are then taken to the service for staff to refer to and stored in a lockable cupboard.

Staff we spoke with had a good knowledge about people's preferences and they explained to us about people's needs. This included about how people liked to dress, and what routines people followed. A relative we spoke with said, "Staff know my family member very well and their preferences. My family member always returns home dressed clean and smart". Staff explained to us how they encourage people to retain their independence and encourage people to do as much for themselves during their stay at this service. Staff told us about how they communicated with people. Some people were able to communicate verbally and some people used gestures or their own form of sign language. Staff told us that people had their own unique way of ensuring staff knew when they wanted something.

The registered manager had information relating to the local contact details for Advocacy services, but told us that no person required an advocate at the present time. Advocacy is about enabling people who may have difficulty speaking out, or who need support to make their own, informed, independent choices about decisions that affect their lives.

Is the service responsive?

Our findings

Relatives we spoke with confirmed they were involved in, and provided information for the assessment and care plan for their family member before they started using the respite service. Relatives also confirmed that this was undertaken with people who used the service, contributing where possible. Relatives confirmed that they had been involved in the on-going reviews of people's care. One relative said, "I was asked lots of questions about my family member so that a care plan could be completed about their support needs. We are also consulted and attend the reviews that take place. Everything seems to be up to date and staff are responsive to anything we say". We looked at people's care records and saw that personalised plans were in place for people which detailed their preferences, methods of communication and any areas of risks associated with their support needs. For example some people communicated by using gestures and their own form of sign language.

The flat can be used by a maximum of two people at any time. We heard from relatives that people have been using the service for some considerable time. We saw from the care records that information relating to people's compatibility with other people was not routinely assessed. This is to ensure that people who use the service benefit and enjoy their stay especially when they are sharing the accommodation with someone else. Staff we spoke with told us that 'people generally get on' and if there was any issues this would be escalated to the registered manager.

The relatives we spoke with told us that their family members do not attend religious services, but staff would accommodate this if they wanted to. Staff we spoke with also confirmed this. Relatives we spoke with told us that their family members were supported to participate in activities they enjoyed during the time they stayed at the service. Staff we spoke with explained to us some of the activities undertaken which included listening to people's favourite music, watching films, and people were supported on outings in the local community. A staff member said, "One person enjoys dancing to their favourite music so we often dance around the lounge which they enjoy, and we look at people's favourite books and magazines or go out to places they like and enjoy".

Relatives told us that they knew how to raise a complaint about the service. A relative said, "I would speak with the registered manager if I was not happy about something". Another relative said, "If I had any concerns at all I would be happy to raise them with the registered manager and I have confidence it would be dealt with but I have nothing to complain about". We saw that a written and pictorial complaints procedure was available for people and their families to access if needed. Staff we spoke with told us they would know if people were unhappy by changes in their behaviours and body language. Staff members told us they would report any concerns. The registered manager confirmed that they had not received any complaints about this service. Systems were in place to investigate any issues received.

Is the service well-led?

Our findings

The registered manager told us that they visited the service to monitor the provision provided but they did not keep records of these visits. The registered manager told us that questionnaires had recently been sent out to relatives to gain feedback about the quality of the service. Feedback had not been requested from relatives last year and therefore we were unable to look at the results of this. The registered manager confirmed they had received feedback about the service during reviews that had been held.

When we visited the service we did not see any records relating to how the service was monitored. The registered manager advised that the records were kept at the residential home that the service was linked with. The registered manager advised that separate monitoring systems were not in place for this service but incorporated within the systems in place for the residential home. Therefore we were unable to see records of audits that had been undertaken specifically for this service. We were advised by the registered manager that recent checks had not been undertaken to ensure all electrical appliances were safe to use but this would be addressed immediately. They also told us that a recent Health and safety audit had not been undertaken and that this would be undertaken as soon as possible.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager informed us that they had received this but had difficulties in opening the document and therefore they did not complete this. The registered manager did not contact CQC to inform us about the issues they had with the form.

The relatives we spoke with told us they were satisfied with the way the service was managed. One relative said, "I do not have any issues with this service, everything is as it should be and my family member enjoys it so I am happy with everything". Relatives we spoke with all knew who the registered manager was, and felt confident to speak to her if they had any issues to discuss.

Staff we spoke with told us they felt supported in their role, and that they felt confident to raise issues with a member of the management team. Staff had a communication book which was used to record any information the next member of staff on duty needed to be aware of. Staff told us communication at this service was good, and before each shift staff received a handover from the previous staff member about the well-being of the people that were using the service.

Staff we spoke with knew about the whistleblowing policy, and were confident to raise concerns. Whistleblowing is the process for raising concerns about poor practice. Staff told us, "I would raise any issues I had with the management or if necessary with other agencies".

The Registered manager was aware that they had a legal duty to inform us of any untoward events that may occur that could include accidents and injuries. They confirmed that no events had occurred to date that required a notification.