Alphonsus Services Limited

Eve House

Inspection report

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Tel: 01384482728

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 the 18 January 2017 and was unannounced. At our last inspection in November 2015 we found that the provider was meeting the regulations of the Health and Social Care Act 2008. However some improvements were needed and we found most of these improvements had been made at this inspection but further improvements were required.

Eve House is registered to provide accommodation with personal care to five people with a learning disability, and autistic spectrum disorder. At the time of our inspection five people were using the service.

There was a 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.

Relatives told us they felt confident that the service provided to people was safe and protected them from harm. People were supported by sufficient numbers of staff that been provided with training and were knowledgeable about how to protect people from harm. People received their medicines when they needed them.

Staff had received training which enabled them to meet people's needs. Staff applied the principles of the Mental Capacity Act when supporting people. However they needed further knowledge about the Deprivation of Liberty Safeguards and working in the least restrictive way to ensure people's human rights were respected.

Relatives described staff as caring and kind and we saw people were supported with dignity. Staff were responsive to people's healthcare needs and alerted health care professionals if they had any concerns. Staff supported people to eat and drink in accordance with their preferences and dietary requirements.

Relatives knew how to raise any concerns and they had confidence that any issues would be addressed. The staff and the registered manager were aware of the signs to look out for which may indicate people were unhappy.

Although the registered manager had made improvements since our last inspection we found further improvements were required. We found that the registered manager had not informed us about a safeguarding incident and ensured staff were aware of the conditions on people's deprivation of liberty authorisations. The provider had not consistently visited the service to monitor the standards in place and there has been a delay in providing updated training in a timely manner.

Relatives told us they were satisfied with the service provided to people, and described the manager as approachable, kind and caring. Systems were in place to gain feedback from relatives, staff and

professionals so that improvements could be made.

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 had received training to protect people from harm and keep them safe.

There were sufficient staff to meet people's needs.

People received their medicines when they needed them.

Is the service effective?

Requires Improvement

The service was not always effective

Staff were not fully aware of how to support people appropriately in line with the deprivation of liberty safeguards that were in place.

Staff had received training to enable them to fulfil their role.

People's healthcare needs were monitored by staff. People were supported to have sufficient food and drink.

Is the service caring?

Good

The service was caring.

Relatives described the staff as kind, and caring, and we saw staff treat people with respect and dignity.

People were supported to maintain relationships with their family and friends.

Is the service responsive?

Good

The service was responsive.

Relatives were involved in the way support was provided to their family member.

Staff had information on how to support people and meet their needs.

People were supported to follow their own recreational interests.

Relatives were aware of how to use the complaints procedure.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had not complied with their legal responsibilities, to notify us about certain incidents. The manager had not ensured staff were aware of the conditions on people's deprivation of liberty authorisations.

Staff felt supported by the management team.

Systems were in place to gain feedback about the service.

Eve House

Detailed findings

Background to this inspection

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 18 January 2017 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the service. 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 met all five people who lived at the home. People were not able to share their experiences with us due to their complex needs. 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 observed the way people were supported at different periods during the day to help us understand their experience of living at the home. We spoke with four relatives on the telephone, two support staff, the deputy manager and the registered manager.

Good

Is the service safe?

Our findings

At our last inspection we found that the service required improvement due to the staffing levels not being sufficient to meet people's needs. We found the recruitment procedures were not robust, and we saw that cleaning materials were stored in an unlocked cupboard in the bathroom. We also found that handwritten medications instructions had not been checked and signed by two people to confirm they were correct. On this inspection we found that improvements had been made in these areas.

On our arrival we were advised that some staff had called in sick. The deputy manager stepped in and provided cover and then arrangements were made to cover the shortage by using a bank member of staff. Since our last inspection another person had moved into the home and the staffing levels had been increased in response to this. A relative we spoke with told us, "There is always enough staff on duty when I visit and I have no concerns about this". Another relative told us, "I think there is enough staff on duty to meet [person's name] needs. All of the staff we spoke with told us the staffing levels were sufficient to meet people's needs. One staff member said, "I think there are enough of us to meet people's needs. I get to spend quality time with people and we get to take them out". Another staff member told us, "Yes there is enough staff we are not rushed. Today was a bad day due to staff phoning in sick but action was taken to get cover, and the manager's step in when needed like they have today". We saw that sufficient staffing was provided to meet people's needs. The registered manager advised that she aimed to have at least four staff on duty at least once or twice a week to enable people to go out. The registered manager told us that staff shortages were covered by existing staff and bank staff. She advised us that she was recruiting additional bank staff to ensure cover would be provided when needed.

Staff we spoke with told us they had provided recruitment information before they had started work. One staff member said, "I had to provide references and I had a police check done before I started working here". We reviewed the files for three staff that had recently been recruited. We found that all of the required recruitment checks had been completed before staff had commenced employment to ensure staff were suitable for their role. A system was also in place to check staff member's suitability to continue to work with people on an annual basis.

We saw that the environment was free of any hazards to enable people to move safely around the home. We did see that a shelf had been temporary placed in the bathroom area which was immediately removed by the registered manager when she saw this. All cleaning materials were stored appropriately in a locked cupboard. A relative we spoke with told us, "The home is safe for [person's name] to walk about in I have never come across anything that would place them at risk of harm".

Relatives we spoke with told us their family member received their medicines when they needed them. One relative told us, "As far as I am aware [person's name] has their medicines when they need them. I go to the medicines reviews with staff and [person's name] and there have never been any issues raised". Another relative said, "Yes they [person] have their medicines as far as I know the staff have not told me otherwise". Records we reviewed showed that people had received their medicines as prescribed. All handwritten medicine instructions had been countersigned by two people to validate the instructions. We checked the

balance of medicines for two people. This was to ensure that the amount balanced with the record of what medicines had been administered. We found all of these to be correct. Staff we spoke with were aware of the medicines people took 'as required' and they knew when people may need this medicine. Records showed that guidelines were in place for staff to follow. Staff confirmed they had received medicine training which included being observed to ensure they followed safe practices and were competent. Where this training had expired, refresher training had been planned.

Relatives we spoke with told us they did not have any concerns about the safety of their family member. One relative said, "I have never seen or heard anything that has made me concerned I think [person's name] is safe". Another relative said, "I think [person's name] is supported safely. A few years ago I saw a bruise on them and I asked how they had got this and I was provided with an explanation and it was all written down. So I would raise any concerns if I had them".

We saw that people appeared relaxed and comfortable in staff member's presence. Discussions with staff demonstrated their knowledge about the different forms of abuse and the action to take if they had any concerns about people's safety. One staff member said, "I would not hesitate to report any concerns, it makes me sad to think anyone could hurt vulnerable people. I would definitely take action". Another staff member told us, "I have completed safeguarding training and I would always report any concerns I had to the manager. I have confidence she would take the required action. If she didn't I would report it to the provider, local authority or CQC". Records confirmed staff had completed training. Some staff were due refresher training in this subject and the registered manager had a DVD which staff were due to watch.

Records showed that any accidents and incidents in the service were recorded and analysed to ascertain if action could be taken to reduce the risk of these reoccurring. When we reviewed these records we found details of an incident which should have been raised as a safeguarding. The registered manager took action following our visit and reported this to the Local Authority who were happy with the action that had been taken to prevent the incident from happening again. The registered manager dealt with the incident as an accident and acknowledged that she should have sought advice from the Local Authority and CQC. A review of our records showed we were kept informed of all other issues that had been raised.

We saw risk assessments were in place in accordance with the needs of people. For example we saw risk assessments in relation to people's medical conditions, accessing activities, using equipment and various other assessments applicable to people's needs. The risk assessments included the action to be taken to minimise the risk. Staff we spoke with were aware of the risk assessments and how to work in line with the guidance provided. They described the actions they would take to enable people to be as independent as possible but to protect people from harm. For example, staff explained to us about how they kept people safe in the community, and how they supported people who were at risk of choking. We saw these records had been kept under review and were updated annually or when people's needs or circumstances changed. Staff confirmed they were informed of any changes in a timely manner.

Some people living at the home could at times demonstrate behaviour that could be difficult for staff to manage. Records showed that clear protocols were in place which staff should follow to reduce the risk of behaviours that might cause harm. Staff we spoke with told us about the signs people presented of increased anxiety and self-harming behaviours and how they managed these. Staff told us they had received training and how they used the agreed strategies to divert people whose behaviour was escalating. Some staff were due refresher training in this subject which had been planned.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we found the service required improvement as the registered manager had not informed us that an authorisation to deprive a person of their liberty had been agreed. Staff had not received training in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were not sure which people had a DoLS in place and why. Staff training had expired and the registered manager was unaware that new staff should complete the Care Certificate induction. We also found that staff were not following recommendations from a speech and language therapist when providing a person with their meals. On this inspection we found that some improvements had been made but further improvements were still required.

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). 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 were being met. We saw that DoLS authorisations were in place for some people and applications had been made as required to the supervisory body. One person had conditions on their authorisation which we found were being met.

Staff we spoke with had an understanding of the requirements of The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and they confirmed they had received some awareness training. Staff knew which people had an authorisation in place and the reasons for this. However staff were still unsure if there were any conditions on people's authorisations. This meant that staff would not be aware of what actions they needed to take to reduce the impact of the deprivation so that people's care was delivered in the least restrictive way possible. We discussed this with the registered manager who acknowledged that action to address staff member's knowledge about this had not been sufficient following our previous inspection. She told us that further work was needed to improve staff awareness in this area. The registered manager intended to do this by discussing MCA and DoLS authorisations and conditions in team meetings and supervisions. The registered manager confirmed that further training was due to be provided but she was still waiting for the provider to provide the workbooks.

We saw that some restrictions to people's movement were in place. For example a person had a strap around them when they used a comfy chair to stop them from leaning forward and falling out of the chair. It also prevented the person from getting up from the chair if they wanted to. We saw records were in place detailing the rationale for this. However following a discussion about if it was the least restrictive practice the registered manager reviewed the risk assessment and removed the strap to assess if it was still required since there had not been any recent reports that the person had attempted to lean forward. We also saw that some people had sensors fitted to their bedroom door. There were records in place of the best interests

meetings that had been undertaken to discuss the rationale for this.

We heard staff asking people's consent before providing support and explaining their actions about the tasks that were to be completed. Staff explained to us the importance of ensuring they gained people's consent. One staff member said, "It is about respecting people and making sure they are happy with me providing them with support. I always ask permission and explain the support I would like to provide". Another staff member told us, "Some people cannot tell me it is okay so I look at their facial expressions and body language as an indication that it is okay".

The staff we spoke with told us they had received training to enable them to have the skills and knowledge for their role. One staff member said, "I have completed an induction about the service and key training and we are now starting to have refresher training. I feel confident in my role". Another staff member said, "I received an induction and went to college. I think I have the required skills for my role". We found that a new member of staff that had commenced employment last year had completed an induction which included training relevant to their role, 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 she had been waiting for these workbooks to be provided from the provider and these had now been received. The staff member was provided with a Care Certificate workbook during our inspection.

Relatives told us they thought the staff were knowledgeable and had the required skills to meet people's needs. Comments we received included, "I am happy with the support that is provided the staff seem to know what they are doing", and "The staff look after [person's name] very well".

Staff we spoke with told us they felt supported in their role. One staff member told us, "I am well supported the management are approachable and as a staff team we all work well together". Another staff member said, "I feel supported and I have regular supervision to discuss my role". Records showed that staff received regular supervision to discuss their role and an annual appraisal. An appraisal is where staff members overall performance is discussed and personal development plans are devised.

Most of the relatives we spoke with told us they had no concerns about the way people were supported to eat and drink. One relative said, "I have no concerns [person's name] eats and drinks very well". Another relative told us "My family member has lost some weight and I am sure they are okay but they do look different now". We reviewed the person's records on our inspection and we saw their weight was being monitored. Discussions had been held with a dietician who had no concerns about the person's weight which was within the required range. Staff understood people's dietary needs, and preferences. They confirmed they had received specialist training to support people with swallowing difficulties and people who received food and fluid through a tube.
Recommendations from the dietician and speech and language therapist were included in people's care records, and we found that staff followed these to ensure people had their meals and drinks in a way they could manage.

Relatives we spoke with told us their family member's healthcare needs were met. One relative said, "The staff normally arrange these and I do attend some appointments. If I don't the staff tell me the outcome afterwards". Another relative told us, "The staff support [person's name] to attend all routine appointments and reviews with healthcare professionals". Records showed that a variety of healthcare professionals were involved with people's health needs and referrals were completed when needed. Staff had a good knowledge of people's healthcare needs and could describe how they supported people with these.

Good

Is the service caring?

Our findings

Relatives we spoke with told us they thought the staff were kind and caring. One relative said, "The staff are very good and caring towards [person's name]. They are respectful and have a good relationship with them". Another relative said, "The staff are kind and provide good care to my family member. They have some nice banter with them which is good to see".

We observed that staff cared for people in a kind and compassionate way and responded well when people became upset or distressed. For example a person appeared anxious and staff supported the person by holding their hand and stroking their head. Staff also noted when a person wanted their own space by the way the person was vocalising. The staff responded appropriately and supported the person to their room. The staff checked on the person at regular intervals to ensure they were okay. Staff also acted spontaneously to take opportunities to engage positively with people. For example lying on the floor with people and singing and dancing with people. We saw that people appeared comfortable in staff member's presence as they smiled and engaged with staff using their body language or gestures. We saw that some people were tactile with staff and held their hands or stroked their face. We saw that people were responsive to staff and knew the staff that were supporting them.

The staff we spoke with told us they enjoyed spending time with people and valued the relationships they had developed. Staff referred to people in a caring, and respectful way and showed kindness and compassion in their interactions with people. Staff understood people's preferences about how their care should be delivered and put this into practice. People's cultural needs were also catered for. For example staff used certain skin care products when supporting people with personal care.

We observed staff encouraging people to be independent. For example encouraging people to eat their meals and to have drinks independently. Staff we spoke with told us how they encouraged people to be self-managing. One staff member said, "I encourage people to do as much for themselves as possible, like getting dressed and washing themselves". Another staff member said, "If [person's name] wants a shower they will indicate this to us by taking us into their room. So I turn the shower on but then stand back so they can have time by themselves but I am nearby to ensure they are safe".

We saw that people had their own specific ways of communicating. For example one person used noises which staff were familiar with so they were able to understand what the person wanted. Some people gestured to objects or took the staff to what they wanted. For example to the kitchen door which indicated they wanted a drink or something to eat. We saw that people had communication passports in place which gave staff the information about how people communicated. We saw that staff knew how to communicate with each person and this was in accordance with the information provided in people's care records. We also saw that people had hospital passports and health action plans in place which contained information about the person and how they communicated to enable healthcare professionals to beware of important information about the person.

Our observations supported that people's privacy and dignity was maintained. For example a person's

clothing was stained following their meal and the staff supported the person to change this. Some people were supported to wear clothes protectors and the staff removed these following their meal maintaining people's dignity. Staff supported people with personal care in their rooms. Staff told us how they maintained people's privacy and dignity. One staff member said, "I always make sure I knock doors before entering and keep doors closed if I am providing personal care".

Relatives told us they visited the home when they wanted to and were always welcomed. One relative said, "The staff are always very friendly and I visit when I want to. They always make me a nice drink when I visit". Another relative said, "There are no restrictions on when I can visit, and I get a welcoming smile. The staff also keep me up to date about [person's] well-being in between these visits". We saw that a keyworker system was in place. This is where a member of staff is linked to a person and has the responsibility to review their needs on a monthly basis and to maintain contact and provide updated information to the relatives.

We saw that information about advocacy services was available in the home. The registered manager confirmed that no-one was currently using the service. Advocacy is about enabling people who may have difficulty speaking out, or who need support to make their own, informed decisions that affect their lives.

Good

Is the service responsive?

Our findings

At our last inspection we found the service required improvement as support plans were not reflective of people's needs and did not provide staff with sufficient information to meet those needs in a positive way. We found that improvements had been made and detailed support plans were in place. These provided staff with information about people's complex needs and conditions, and provided staff with guidance and direction on how to support people. Discussions with staff demonstrated they were aware of people's needs and the techniques and approaches to use when people became anxious or displayed behaviours that could be difficult to manage. The records contained information about people's routines and preferences and we saw that staff worked in accordance with these. For example we saw that certain people liked to sleep in late and this was respected by staff.

Relatives we spoke with told us they had been consulted about their family members' needs and preferences before and after they moved into the home. One relative said, "We have been consulted and we have provided information about what [person's name] needs, likes and their routines. They [staff] used this to develop their care plan. We have regular updates to see if there have been any changes needed to their care plan". Another relative told us, "I was involved in the assessment when they first moved into the home. I have regular meetings with the manager and healthcare professionals to review [person name] needs and to see if any changes are required to their support plan. I think their needs are met by the staff who do their best".

We saw systems were in place to obtain feedback from people's relatives, professionals and staff. We reviewed the feedback provided from the last survey which had been analysed. We saw that positive comments had been received and where improvements had been identified action had been recorded to address these. For example a professional had raised an issue about a person's wheelchair and the registered manager addressed this by working with healthcare professionals to ensure the person had a wheelchair provided that best suited their needs

We observed that staff were attentive and responsive to people's need. When people indicated they wanted a drink the staff supported them into the kitchen to make them a drink. When a person's behaviour changed and they vocalised in a certain way the staff knew this was an indication that the person was in pain or not feeling well and the staff provided pain relief and sought medical attention. Our observations confirmed that staff knew people well and provided people with the support and care they needed.

Relatives told us people were supported to engage in activities in accordance with their needs and preferences. One relative said, "They are always taking [person's name] out. They have a better social life than me. They are aware what places they like to visit and where not to take them. The staff also take [person's name] away on holidays every year". Another relative told us, "The staff engage with [person's name] and support them to do activities both in the home and they take them out regularly. I have seen the activities records and pictures of this. I am happy with what support they receive".

During our inspection we saw that staff asked people and gave choices about what activities they wanted to

undertake. Staff engaged with people and supported them to undertake activities such as drawing, throwing their favourite objects, listening to music, watching their favourite films, and massages to their hand and feet. In addition each person was supported to go out to various places such as the shops, park and for a walk. Each person had a weekly planner in place with suggested activities listed to guide the staff on what activities to offer. We saw that these were varied and in accordance with people's preferences.

Relatives we spoke with all knew about the complaints procedure and told us what action they would take if they had any concerns. One relative said, "Any concerns and I would speak with the manager who I am confident would address any issues". Another relative told us, "There is a procedure in place and if I have any concerns I would speak to the staff or the manager. They have addressed any issues I have raised in the past". The registered manager advised that no complaints had been received since our last inspection.

The complaints procedure was available in a format suited to people's needs. Some people would be unlikely to use this due to their level of understanding. Both the staff and the registered manager were aware of the signs to look for if people were expressing they were unhappy about something and told us they would address this. Information about how people communicated they were unhappy was available in their care plans and people had family or representatives to advocate for them.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found the service required improvement as the audits that were in place were not effective and did not identify the shortfalls we found on our inspection. Although we had found that improvements have been made since our previous inspection we had identified that further improvements were required. For example, staff knowledge of the conditions on people's deprivation of liberty authorisations. When using restraint to keep people safe to ensure that the least restrictive method was used for the minimal period of time possible. Not consulting CQC and the Local Authority about a safeguarding incident. The registered manager has taken action and a notification has been sent into CQC. The registered manager had notified us of all other incidents of concern and safeguarding alerts as is required within the law.

We saw that some improvements had been made with the provision of refresher training and the registered manager had sourced external training whilst waiting for dates from the provider. The registered manager was able to provide evidence that she had requested both refresher training and additional training from the provider. The training records we reviewed showed that many staff were waiting for updates in accordance with the provider's internal training standards. The registered manager told us that there had been a delay in the provider releasing dates for certain refresher training but training was now planned for Fire, First aid and moving and handling.

We saw that quality audits had been undertaken on a monthly basis, and these covered a variety of areas including care records, finances and the environment. We reviewed the Fire risk assessment which had been reviewed recently. We saw that the provider had visited the service and undertook an audit and review of the service in October and November 2016. These were the only visits undertaken by the provider that year. This meant the provider had not routinely visited the service to check and monitor standards of care and provide support to the registered manager. We were advised by the registered manager that the provider aimed to improve upon this and a schedule of visits had been planned for 2017. The registered manager confirmed that the identified actions from the provider audit had been completed and we saw evidence of this. We found that systems were in place to monitor accidents and incidents, which were analysed to identify any patterns or trends.

We received positive comments from relatives about the registered manager and the service. One relative said, "The manager is friendly and approachable and I have no concerns about the way the service is managed. My family member's needs are met". Another relative told us, "The manager is good and I think my family member is getting the best care they can have".

We observed the registered manager supporting people throughout the day and we saw that people appeared comfortable in her presence. The registered manager knew how to communicate with each person and had a good knowledge of their specific needs.

Staff told us the registered manager supported them in their work and provided advice and direction when this was needed. A staff member told us, "The manager and deputy manager are very supportive everyone

here is. The manager is open and I would not hesitate to raise any issues with her or to go to her if I had made a mistake". Another staff member said, "The manager is good, friendly and easy to talk to and she cares about the people here we all do. I think the service is managed well". We saw the registered manager worked alongside staff and provided guidance and support. This promoted an open and inclusive culture within the home.

Discussions with staff demonstrated their awareness of the whistleblowing policy and the action to take if they were to witness any poor care practices. Staff also confirmed that regular meetings were provided. One staff member said, "Yes we have meetings where we discuss people's needs, the service and anything really. I feel able to raise ideas and feel valued here". Records we saw confirmed that regular meetings were held.

At our last inspection in November 2015 we rated the service as Requires Improvement. The provider was required to display this rating of their overall performance. This should be both on their website and a sign should be displayed conspicuously in a place which is accessible to people who live at the home. We were able to see the rating displayed at the home and on the provider's website.