Alphonsus Services Limited

Natalie House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We last inspected Natalie House on 04 September 2015. At that inspection we found that the provider was meeting all the regulations but needed to make some improvements. This included ensuring that the local authority were informed of all allegations of abuse and ensuring that systems used to drive improvements and the management of risk were effective. We rated the service as Requires Improvement. At this inspection we found that the provider had not made all the improvements needed and had not demonstrated that they had effective systems in place to monitor the service and drive up improvements.

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

A registered manager was in post. 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.

Systems in place to monitor and improve the service had not been effective in making the required improvements. Systems in place for record keeping were not robust and could not demonstrate safe requirement practices and risk management. You can see what action we told the provider to take at the back of the full version of the report.

Staff had not received sufficient training and supervision to ensure they had up to date knowledge and skills to provide safe care.

The staffing arrangements did not ensure that safe levels of staffing were provided at all times of the day.

People were protected from the risk of abuse because the provider ensured that staff had received the training they needed so that they could recognise and respond to the risk of abuse.

People were supported by staff that were kind and caring and who took the time to get to know people. People were cared for by staff that protected their privacy and dignity and respected them as individuals.

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.

People's dietary needs were assessed and monitored to identify any risks associated with their food and fluid.

People were supported to maintain good health because staff worked closely with other health and social

care professionals when necessary.

People were supported to receive their medication as prescribed because the provider had systems in place.

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.

Arrangements in place did not ensure that risks were well managed. Although staff understood people's needs well.

Staffing levels were not sufficient to meet people's needs at all times.

People were protected from the risk of abuse and avoidable harm because staff were aware of the processes they needed to follow.

People received their prescribed medicines as required.

Is the service effective?

Requires Improvement

The service was not consistently effective

Staff had not received all the training updates they needed to maintain their knowledge and skills and ensure safe care was provided.

People received care with their consent, where possible and in the least restrictive ways, in order to keep them safe.

People's dietary needs were assessed and monitored to identify any risks associated with their food and fluids and they had food they enjoyed.

People were supported to maintain good health because they had access to other health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring.

People received the care from staff who understood their

personal preferences and dislikes.

People were cared for by staff who protected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who communicated with them in ways they could understand.

People were supported to engage in group and individual activities that were meaningful to them.

Arrangements were in place to ensure that concerns and complaints would be listened to and dealt with.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The systems in place to quality assure, manage risks and drive improvement were not always effective.

There was a registered manager in place. We saw that the registered manager was open and relatives told us that the registered manager was approachable.

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 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 09 August 2016 and was unannounced. The inspection team comprised of one inspector.

We looked at the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. Notifications are information the provider has to send us by law.

During our inspection we met with all of the people that lived at Natalie House. People living at the home have a learning disability and additional complex's needs. People had limited verbal communication and were not able to tell us if they liked living at the home. We observed how staff supported people throughout the inspection to help us understand their experience of living at the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We spoke with the registered manager, three care staff, the provider's representative, one professional visitor and three relatives. We looked at the care records of two people, the medicine management processes and at records maintained by the home about recruitment, staffing, training and the quality of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we found that some concerns about people's care that had not been shared with the local authority. At this inspection we found that staff had received training in protecting people from abuse and had an understanding about the types of potential abuse. Staff recognised that changes in people's behaviour or mood could indicate that people may be being harmed or unhappy. The provider had procedures in place so that staff had the information they needed to be able to respond and report concerns about people's safety. The information we hold showed that the provider had reported incidents of suspected abuse appropriately.

At our last inspection some staff told us that it was difficult when only two staff were on duty. At this inspection we saw during the day that there were sufficient staff on duty to meet people's needs and people did not have to wait for staff support. However, during the evening staffing levels were reduced to two staff after 5 pm. We saw that staff were responsible for all cooking and domestic tasks as well as ensuring people received safe care and support. We saw during the evening period of our inspection that there were demands on staffs time and attention to ensure people's safety. The registered manager was available during the evening period on the day we inspected to assist staff with supporting people. However, they confirmed to us that they were not available to provide this support as a regular occurrence. Staff told us and care records indicated that one person needed the support from two staff for some personal care tasks. Staff also told us that some people's care needs had increased due to changes in people's health care needs. The staffing arrangements meant that people would not be able to take part in evening activities outside of the house after 5pm. We asked the registered manager what system was in place to ensure that staffing levels across the day and night were regularly assessed and monitored to ensure that they were sufficient to meet people's individual needs and keep them safe. They told us that there was no systems in place for doing this. However, they told us if a person was unwell that there was some flexibility to put an extra staff member on shift.

Staff that we spoke with told us that a range of checks had been completed before they started work, including references and checks made through the Disclosure and Barring Service (DBS). We looked at the records for three staff members to ensure that safe recruitment practices had been followed as legally required. We saw that for one staff member there was no recruitment file although a DBS check was available for us to see. There was no evidence of references and other checks that had been made including identity checks and there were no induction records for two staff. The registered manager assured us that the checks had been done and told us that the records had been misplaced. We contacted the service several days after our inspection and they told us that the records had still not been located. These records would provide evidence that robust checks on staff had taken place prior to their employment to ensure that only suitable staff that were safe to take up the role were employed.

People using the service had limited verbal communication skills and were unable to tell us if they were concerned about their safety 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 and sought staff out to be in their company. We saw that staff acted in an appropriate manner to keep people safe. For example,

supporting people to eat and drink safely. Relatives of people who lived in the home told us that they had no concerns for people's wellbeing and safety. A relative told us, "The staff look after [person's name] really well and I know they are safe".

Staff spoken with was knowledgeable about the risk to people from activities of daily living. We saw that people were supported in accordance with their risk management plans. For example, we saw that staff supported people to safely move around the home. Care records showed that risk assessments had been carried out and management plans were in place for most risk's However, some risk assessments lacked some detailed information for example guidance on what safe staffing levels should be when people were supported to go out and some risks did not have plans in place, for example the risk of sore skin developing. The lack of guidance meant that staff may not be aware of how to provide the consistent support needed to keep people safe.

We looked at the systems in place for the safe handling of medicines. We saw that whilst staff gave people their medicines they explained to people what they were doing. We saw that people's medication was stored safely. Staff told us that only staff that had received training gave people their medicines. Medicine administration records had been completed to confirm that people had received their medicines as prescribed. Some people required medication on a 'when required' basis. 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.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. We checked whether the service was working within the principles of the MCA. We saw that staff asked for people's consent and explained to people what they were doing. Throughout the inspection we saw staff cared for people in a way that involved them making choices and decisions about their care. We saw that staff went to great lengths to use visual prompts to help people make decisions. Staff responded well to people's nonverbal methods or body language to communicate their wishes. This included decisions about what people wanted to do, where they wanted to go and what they wanted to eat and drink.

The Deprivation of Liberty Safeguards (DoLS) requires providers to identify people who they are caring for who may lack the mental capacity to consent to care and treatment. The registered manager had an understanding of DoLS. They told us that they believed that all of the people that they provided a service to was deprived of their liberty in their best interest to keep them safe and that applications had been made for all five people. They told us that the local authority was in the process of approving application and one person's application had been approved. Staff we spoke with were unsure about who applications had been made for and if any had been approved and had not received training on MCA and DoLS.

Staff told us that they had received an induction when they were first employed. They told us that this included working alongside more experienced member of staff. Staff told us and records showed that staff had received some training in subjects relevant to their role. For example, One staff member told us, "I have done medicine management training and it was good and I feel confident now when supporting people to take their medicines". At our last inspection we were informed that staff were due refresher training in moving and handling and that this would be scheduled to take place at the provider's head office where suitable equipment was available for staff to use for training purposes. However, staff confirmed to us that this training had not taken place. The registered manager told us that the need for this training had been raised by staff and would be arranged soon. We saw from looking at training records that staff were due for refresher training in other areas to ensure that they maintained the skills and knowledge needed to support and care for people safely and effectively. However, there was no training plan in place to show that the training needed had been scheduled.

The registered manager told us that the frequency of staff supervision had fallen behind and this was due to some changes in the management arrangements for the service. She told us that she had recently implemented a new staff supervision structure and schedule and supervisions were planned in so that staff would receive the support they needed to carry out their role. One staff member told us that they had recently received a supervision session with a senior member of staff and this enabled them to talk about their role and their own development. Staff that we spoke with told us that they felt supported in their role and that the registered manager was approachable.

Staff we spoke with were aware of each person's individual eating and drinking needs and preferences.

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. Staff had a good understanding of the guidelines. We saw that where people needed support to eat this was given in a respectful manner. We saw that there was a good choice of food and drinks and staff told us they tried to cook food that was nutritious and health. Food prepared on the day of our inspection had been freshly prepared and included a choice of food including different vegetables. People indicated that they enjoyed their food. One person smiled when we asked if they had enjoyed the meal. We saw that people were offered a choice of drinks throughout the inspection so people' hydration needs were met.

We saw that people looked well cared for. 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. They spoke about how they supported people to maintain good health and also how they supported people with their changing healthcare needs and the challenges this brought. People had Health Action Plans (HAP) in place. HAP tells you about what you can do to stay healthy and the help you can get. Records looked at showed that people were supported to access a range of medical and social care professionals and that any health care concerns were followed up in a timely manner with referrals to the relevant services.

Good

Is the service caring?

Our findings

We observed that the interaction between people using the service and staff showed that they had a good relationship. Conversations were warm, caring, respectful and inclusive. We saw that staff frequently engaged with people and included people in their conversations.

Staff we spoke with had a good understanding of people's needs and we found that people received their care and support from staff that took the time to get to know and understand their history, likes, preferences and needs. We saw that staff engaged with people in a way that demonstrated that they knew people's preferred method of communication and that they were listening to people. We saw that staff were attentive to people and showed they could interpret people's gestures and facial expressions. For example, we saw staff respond to a person who was unwell and took the appropriate action to get the support the person needed. We also saw staff involve people with day- to- day decisions about involvement in activities and about how people spent their time and when people needed support with personal care. Records we looked at showed that people had care plans in place that included information about their communication needs and likes and dislikes.

People's privacy and dignity was promoted. People had their own bedroom so that they could spend time in private if they chose. We saw that staff spoke with people respectfully and personal care was delivered in private. We saw that people's bedrooms were comfortable and a welcoming personal space that reflected the character and likes of the individual. For example, staff told us that one person liked to listen to music and liked motor bikes. We saw that the person had a music system in their room and pictures of motor bikes were displayed in their room.

People were supported to be as independent as possible and develop their self-help skills. For example, people were supported to return cups and plates to the kitchen after meal times, and go shopping for food and personal toiletries. Staff told us that they recognised the importance of encouraging people to do things for themselves and that this was promoted when possible.

Relatives told us that staff were kind and caring. A relative told us, "I am very impressed with [person's name] care. They are always relaxed and happy when we visit". Another relative told us, "I am very happy with the home and [Person's name] is looked after well". All the relatives we spoke with told us that they were made to feel welcome by staff when they visited their family members.

People were dressed in individual styles that reflected their age, gender and personality. This showed that staff recognised the importance of how people looked to people's wellbeing and self-esteem.

Good

Is the service responsive?

Our findings

People used a range of different methods to communicate and staff we spoke with understood that each person had a unique way of communicating and understood that behaviour was a way of communicating. Staff were able to tell us how they would know if a person was happy, in pain and the things that people enjoyed doing. We saw that information about people's communication needs had been recorded in their care plan to ensure all staff had access to this information.

We saw that staff knew people well. Staff were able to tell us people's likes and preferences. The registered manager told us that she was in the process of re-establishing the role of the key worker. A key worker is a member of staff that works with and in agreement with the person they are assigned to. The key worker has a responsibility to ensure that the person they work with has maximum control over aspects of their life. Relatives told us that they were consulted about people's care needs to ensure that known needs and preferences were met. A relative told us, "The staff are very approachable and they keep us fully informed about [person's name] care, and any changes". Another relative explained to us how they knew how contented their family member was living at the home because when they visited they were settled, calm and relaxed in their home.

During our visit we saw that people were supported to do things that they enjoyed. Some people went out shopping to a local shopping centre and for lunch. Some people were supported at home on an individual basis. Staff told us and records showed that people were supported to attend regular hydrotherapy sessions, access local shops and parks and day trips. The service had its own vehicle and we were told that it was used on a regular basis. On the day of our inspection some people had used a taxi to access a community activity. The staff reported back to the registered manager how much people had enjoyed doing this.

The registered manager told us that the service does not currently have service user meetings. However they told us that they had built up an understanding of people's likes and dislikes and continued to explore how they involved people on a day to day basis in the running of the home. They told us that they had worked with each person and where appropriate with other people who were important to them, to find out what the person liked to do and their interests. We saw that person centred plans had been developed for people. These are a way of putting an individual at the centre of what they want to do. These were in an easy read style so they were more meaningful to people.

People were supported to stay in touch with their family and people important to them. Relatives that we spoke with told us that they were made to feel welcome when they visited. We spoke with three relatives who told us that communication from the registered manager was good. They told us they were kept informed about their family member and any changes in the person's well- being. This support helped people to maintain relationships with people that were important to them.

Staff told us that they were confident that if there were any complaints the registered manager would respond to them appropriately. Relatives told us that they knew how to raise concerns if they needed to. In

the event of any complaints being raised, there was a system in place to identify, capture and investigate complaints.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection of the service we identified that improvements were needed to ensure care records were accurate, that effective audits of records took place and that systems were embedded to ensure that legally required records were available in the service. At this inspection we could not see that these improvements had been made. The systems in place for assessing the quality of the service were not robust. Although some audits had been completed by the registered manager and the providers representative to assess the quality of the service these had not been effective in identifying where improvements were needed. The systems in place had failed to ensure that records were accurately maintained. The systems in place had failed to identify that staff training updates were needed and action taken to plan this training. The systems in place to ensure that records were maintained to show that staff had been appointed and inducted to their role had failed to identify that the required records were not created and stored in accordance with current legislation and guidance. Many of the risk assessments that we looked at did not show that these were reviewed following an incident or accident. An analysis of incidents and accidents had been introduced following our last inspection but this had not been kept up to date so that themes and trends could be identified and action taken to manage risks to people. There was no system in place to identify that the numbers of staff available were sufficient to support the needs of the people using the service. The provider had failed to continually evaluate and seek to improve their governance and auditing practice. This is a breach in Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

A new manager for the service was appointed in April 2016 and was registered with us. Organisations registered with CQC have a legal obligation to notify us about certain events, so that we can take any follow up action that is needed. We had not been legally notified about the management changes by the provider. However, this was dealt with on the day of our inspection and an up dated statement of purpose was sent to us. We had been notified of incidents in the service and this meant that the registered manager had fulfilled their legal responsibility.

We saw that the registered manager was visible in the home and knew people's needs very well. We saw throughout our inspection that the registered manager led by example guiding and supporting staff and modelling a positive response to people's needs. Staff responded well to the registered manager's guidance and this ensured an open and inclusive culture. All the relatives that we spoke with were positive about the care of their family members and told us that the registered manager and service manager were approachable.

Staff told us that they enjoyed their work and worked well as a team and felt valued. A staff member told us the registered manager was approachable and they were confident that any concerns brought to their attention would be dealt with. Staff spoken with were aware of the whistle blowing procedures and told us that these would be followed if they needed to. However, they told us they had no concerns about the running of the home.

There were occasional staff meetings and the records we saw showed that staff could contribute to the agenda. Staff all told us that they felt listened to and were able to contribute their views at these meetings.

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 had failed to continually evaluate and seek to improve their governance and auditing practice.