

Alphonsus Services Limited

Natalie House

Inspection report

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Date of inspection visit:
14 November 2018

Date of publication:
19 December 2018

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

This unannounced inspection took place on 14 November 2018. At the last inspection on 23 August and 08 September 2017 there was a breach of Regulation 17. This was because the provider did not have effective systems in place to manage risks relating to the health, safety and welfare of people using the service. During this inspection, we found the provider had made some improvements, however they had not been completely effective or consistent therefore the service has remained in breach of Regulation 17.

Natalie House is a care home registered to accommodate up to five people who have a learning disability. The home is not purpose built or modified. At the time of our inspection four people were living at the home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post at the time of the 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 2008 and associated Regulations about how the service is run.

There was some further improvement required to the systems and processes in place to monitor the safety and quality of the service provided. We found the provider was not meeting the regulations around the overall governance of the service. You can see what action we told the provider to take at the back of the full version of the report.

Relatives were involved, alongside healthcare professionals, to ensure that any decisions made in respect of their care and support needs, were done so within their best interests and in accordance with the Mental Capacity Act 2005. However, this was not always practiced consistently by the service and required some improvement.

People were protected from the risk of abuse and avoidable harm because staff knew what action to take and the provider had safeguarding systems and processes in place to keep people safe. People were supported by sufficient numbers of staff who were kind and respectful and had the knowledge they required to care for people safely.

People were also protected against risks associated with their health and care needs because risk assessments and associated care plans were in place and had been reviewed within the last 12 months.

People received support from staff to take their prescribed medicines. Systems and processes were in place to ensure medicines were managed safely. People received their medicines from staff who had undergone training and were permitted to administer medicines.

Where people were assessed to lack the capacity to consent to the support they received, the provider followed key processes to ensure the care being provided was in the least restrictive way possible. Applications had been made to safeguard people against the unlawful deprivation of their liberty, where necessary. People's privacy, dignity and independence were respected.

People were supported to maintain a healthy diet with choices of different foods available and all their health needs were met with the support from staff and healthcare professionals. Staff knew people very well. There was a complaints process in place although there had been no complaints since the last inspection. People engaged in interests in an environment that was suitable for people living with learning disabilities. Relatives were complimentary about the management and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe:

There was still improvement required to the provider's recruitment processes to ensure that suitable staff were employed to work with people.

People were supported by sufficient numbers of staff. People were protected from infection and cross contamination because staff members were provided with sufficient personal protective equipment. People were supported by staff to take their medicines safely and as prescribed by the GP.

People were safe with the staff that provided them with support. Staff recognised signs of abuse. Systems were in place to protect people from the risk of harm and staff knew how to report any suspicions of abuse. People were safeguarded from the risk of harm because risk assessments were in place to protect them.

Requires Improvement 

Is the service effective?

The service was not consistently effective:

Decisions made in people's best interests did not consistently apply the best interests process and required improvement.

People received care and support with their consent, where possible and people's rights were protected because key processes had been followed to ensure that people were not unlawfully restricted.

People received care from staff that had the knowledge they required to do their job. People's nutritional needs were assessed and they had food that they enjoyed.

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

Requires Improvement 

Is the service caring?

The service was caring:

Good 

People were supported by staff that was caring, kind and respectful.

People's independence was promoted as much as possible and staff supported people to make some decisions about the care they received.

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

Is the service responsive?

Good ●

The service was responsive:

People were offered opportunities to engage in activities and outings that interested them.

The provider had a system in place to manage complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led:

Although the provider had systems and processes in place to monitor the safety and quality of the service, there was further improvement required to ensure the service operated consistently and effectively.

Relatives spoken with were complimentary about the management team and staff members.

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.

The inspection took place on the 14 November 2018 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection process we looked at information we already held 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 and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority commissioners have concerns about the service they purchase on behalf of people. We also reviewed the Healthwatch website, which provides information on health and social care providers. This helped us to plan the inspection.

We spoke with two relatives to gather their views on the service being delivered. People living at the home were not able to speak with us due to their communication needs. We spent time in communal areas observing how support was delivered to help us understand the experience of people who could not talk with us. We also spoke with the registered manager and three care staff. We used this information to form part of our judgement.

We sampled four people's care records to see how their care and treatment was planned and delivered. Other records looked at included two staff recruitment files to check suitable staff members were recruited. The provider's training records were looked at to check staff members were appropriately trained and supported to deliver care that met people's individual needs. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

Is the service safe?

Our findings

At our inspection in August and September 2017, we rated the service under the key question is the service safe as 'requires improvement'. At this inspection although we found there had been some improvement, further improvement was required.

At the last inspection we found there was some improvement to be made with the provider's recruitment processes. We found at this inspection, there was still improvement required. We looked at two recruitment records and found one record had two references from the same former employer. This had not been identified by the registered manager and checks had not been made with the staff member's most recent employer. Their application form was not clear about the length of time they had spent in their past positions and there was no evidence to support this had been discussed with the staff member at their interview. The registered manager explained they had requested more substantive information about their employment history but this had not been forthcoming; but gave their reassurances it would be discussed again with the staff member at their supervision. We found Disclosure and Barring checks (DBS) had been completed for new members of staff. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.

At the last inspection, risks associated with people's needs had not been fully assessed and there were some inconsistencies with staff practice when managing these risks to keep people safe. At this inspection, we found there had been an improvement. For example, one person at high risk of falls was consistently supported to walk around the home by all staff that were on duty. We saw the person was wearing correctly fitted shoes, which had been reflected within the risk assessment. The person's risk assessment had also been updated to following recent changes to their support needs. Risks to people had been assessed and was reflected in staff practice. There were also measures in place to keep people safe in the event of an emergency. For example, if a person was to have an epileptic seizure, there was clear guidance what staff needed to do to ensure the person was kept safe and when to administer their medicine.

We found on the day we visited, there were sufficient care staff on duty supported by a senior and the registered manager. One relative told us, "There's more than enough staff, [person's name] has always had one to one support when they need it." However, not all the staff we spoke with thought the current number of two care staff on duty was enough to ensure people's needs were met. One staff member told us, "Although there are two carers, the senior and registered manager, it's really only the care staff that support people, this can make it difficult because they [people living at the home] all need one to one support and there should always be someone in the lounge with people and this doesn't always happen." Our observations confirmed at least two people required one to one support when mobilising. For example, one person's needs had changed significantly that meant, according to their care plan, they were to be observed 'at all times' when walking around. We saw on three separate occasions the person had got up from their chair and walked unobserved because staff were elsewhere in the home. The registered manager explained they did not have a dependency tool for staff to person ratio and that they used care plans, risk assessments and funding to determine the number of staff required. They confirmed three staff were on duty in the home and one to one staff was always planned when people went out into the community. The provider did not

use agency staff and planned and unplanned absences were covered by existing staff members.

People received their prescribed medicines. An audit showed the medicines in stock balanced with the records and there was a process in place to ensure medicines stocks were kept secure. On checking medicine administration records (MAR) we found they were completed accurately. Medicines that were administered on an 'as required' basis had plans in place that gave staff the information they needed on how and when these medicines should be appropriately administered to people.

We could see from people's faces, their gestures and body language they felt comfortable in the presence of staff. A relative said, "Safe, oh yes very much so." The provider had systems in place to protect and safeguard people from the risk of abuse and staff knew what action they needed to take to keep people safe. A staff member told us, "We always keep an eye on people because sometimes [person's name] could pull someone over they don't mean any harm by it, they don't understand they could knock someone over so by always watching them, it keeps everyone safe." Another staff member said, "I've never seen anyone harmed here but if I did I'd report it to the senior or manager." The provider had correctly notified us of reportable incidents, they had worked with the investigating authorities and appropriate action had been taken.

The environment was homely, clean and fresh. Staff had access to the appropriate equipment to protect people from the risk of cross contamination.

At the last inspection improvement was required in the audit process for auditing people's finances regarding expenditure. At this inspection, we checked two people's records and found there was a clear audit trail relating to their expenditure and the amounts correctly balanced.

Is the service effective?

Our findings

At our inspection in August and September 2017, we rated the service under the key question is the service effective as 'good.' At this inspection, there were some concerns about the consistent application of a best interest's process that meant the service was now rated as 'requires improvement' under this question. 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. We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA)

All the people living at Natalie House were unable to make complex decisions about their care which meant the service should apply the MCA and follow a best interest's process. We found there had been some inconsistency when applying this process. For example, there had been changes to one person's health that required urgent attention and we found there had been consultation with the appropriate agencies and professionals to discuss what action should be taken in the person's best interests.

However, this was not consistently practiced. We were told by the registered manager a decision had been agreed by a health professional at the request of a family member. There was no evidence to demonstrate this decision was made in the person's best interests. The registered manager had not checked if there was a Power of Attorney (POA) in place for the family member to legally make that decision on the person's behalf. A POA is a legal document that allows someone to make decisions for a person, or act on their behalf, if they are no longer able to make their own decisions. Nor had an independent advocate been appointed to speak on behalf of the person. The registered manager confirmed there were no POA for any of the people living at the home. This meant any life changing treatment or decisions that could impact on people's wellbeing would need to be made following the best interests process.

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 found appropriate applications to protect people's Human Rights had been submitted in accordance with the law. Staff sought consent before supporting people with their care needs. People were given choices as much as practicably possible and staff respected those choices.

We reviewed people's weight records and noted they were stable. Appropriate referrals had been made to healthcare professionals. However, the provider's October audits had identified there was some concern for one person whose weight had not been checked since July 2018. The registered manager explained it was not always possible to weigh the person because they became anxious and upset. Although the action to be taken was to find an alternative way to weigh the person, this had not been completed at the time of our inspection. A staff member explained they had tried to contact other agencies asking if there was an alternative weighing machine but was unsuccessful. This meant the person, who had lost weight over a short period of time, had not been reviewed for four months. The registered manager said they would

consider introducing the 'cuff method' to estimate the person's weight. This is a non-invasive method to measure body and weight changes.

At the last inspection we found that staff had not received training to use a hoist to safely assist people if they had fallen. At this inspection we found there had been some improvement but further improvement was required. Most of the staff we spoke with told us they have received the 'hoist' training since our last inspection. The registered manager confirmed there would be another training session arranged for the staff members that had missed the original training date. One staff member told us, "The training is ok." Another staff member confirmed they were in the process of completing the Care Certificate. The Care Certificate is a set of standards staff are expected to reach to ensure people receive good support and care. We checked the provider's training records and found the registered manager's training for fire safety and safeguarding had not been reviewed since August 2010 and September 2007 respectively. We also noted the safeguarding training for three senior staff had not been reviewed since September 2007 and May 2010. It is good practice to ensure all staff are aware of current working practices and legislation through regular refresher training.

People were supported to eat healthily and had access to drinks and snacks. We saw three people were encouraged to try and eat independently with support when it was required. A relative told us, "[Person's name] eats very well." We asked staff how they offered people meal time choices. The registered manager explained two meals were prepared and shown to people. We saw one person looked at both meals and with their fork they took food from their preferred choice. One staff member told us, "They [people living at the home] are all pretty good with their food but if they don't like something you can tell because they will push it away or turn their head away and if they don't like it, we'll try something else until they do." We reviewed the menu available for people and noted main meals were culturally appropriate and prepared by staff on site at the home.

Staff spoken with explained how people's needs were assessed. A relative told us, "The staff are very quick to contact me if [person's name] needs anything or there are any changes in their health." We sampled four care files and found the content was written in a person-centred way that reflected people's individual care and support. Staff we spoke with gave us examples of how they supported people and how they managed their behaviours. One staff member explained what techniques they would use to distract people if they were becoming upset or presenting with behaviours that challenge. We also saw care plans contained information about people's medical needs. For example, sight loss, how to support the person to walk safely around the home and to ensure they had a specific type of spoon to promote their independence to eat with minimum assistance. People were also well supported with their health care needs and records we looked at demonstrated people had access to local health care services. For example, the GP, dentist and community nurses.

Is the service caring?

Our findings

At our inspection in August and September 2017, we rated the service under the key question is the service caring as 'requires improvement'. This was because staff had not taken action to protect one person's dignity and staff had spoken to another person in a dis-respectful manner. At this inspection we found there had been sufficient improvement to rate this question as 'good'.

We could see people were supported by staff that knew them well and genuinely cared for their wellbeing. A relative told us, "I have no worries, everyone is brilliant how they look after [person's name], I never wake up worrying is [person's name] alright because I know they are." Our observations of the staff showed them to be patient and polite, talking kindly to people and offering encouragement. None of the people living at Natalie House could tell us about their needs and wishes. Staff explained to us the different ways people communicated with them, for example, with gestures, movements and noises people used to express themselves.

At the last inspection we found there had been an occasion when a staff member had spoken disrespectfully to one person. At this inspection, we did not hear any disrespectful comments made to people. There was plenty of good, positive interactions with people. Staff asked people if they were looking forward to going out for lunch and encouraged one person to put their coat on to get ready. We could see from the person's gestures, facial expressions and body language they were excited to be going out. The staff member explained to people where they were going and what was going to be available for lunch. One staff member explained, "They [people] love going to the carvery, they really look forward to it."

We asked staff how they encouraged people to be as independent as much as possible. We were told that over a period of time people's physical abilities had reduced and some were not as able as they once were. However, we saw that staff did encourage those that could, to feed themselves with limited support. People were offered choices and encouraged to make their own decisions. One staff member said, "We do try but it's difficult for most of them to do things for themselves now."

Staff we spoke with described how they promoted and maintained people's dignity. Staff were discreet when people required personal care and people were supported to make sure they were appropriately dressed and that their clothing was arranged to maintain their dignity. We saw that people were comfortable in the presence of staff that were friendly and had a clear affection for people. One staff member told us, "I love it here, I love the people and I love taking them out just to see how happy they are makes it worthwhile coming to work."

Staff we spoke with were aware of the individual wishes of people living at the home that related to their culture. The meals offered to people were culturally appropriate. People could be confident their individual preferences and choices relating to their culture, faith and gender would be respected by staff.

Is the service responsive?

Our findings

At our inspection In August and September 2017, we rated the service under the key question is the service responsive as 'requires improvement'. This was because people were not always given opportunities to engage in activities that would be of interest to them. At this inspection, we found there had been sufficient improvement to now rate the service as 'good'.

At the last inspection we had raised some concerns about the lack of personalised support for people to access the local community. A staff member told us, "They [people] do go out a lot more now, they go out at least three or four times a week which is great, I love taking them out, but there could be more indoor activities for them to do." A relative told us, "[Person's name] has a more active life than I do, they are always going out to the pictures, pub lunches, swimming, there's a lot going on." Whilst we were on site, we did not see any in-house interests, hobbies or activities take place other than the television (in the lounge) and the radio (in the dining area). The registered manager explained in response to feedback from people's family members they had introduced an activity board where relatives could see what people had been doing through pictures. They also confirmed more in-house activities had also been introduced. Although at the time of our visit, we did not see any in-house activities take place. However, on reviewing daily notes, we could see there had been some improvements made for people to enjoy different interests. People were encouraged and supported to access the local community.

We were told by the registered manager that all the people living at Natalie House would not be able to fully participate in reviewing their care and support needs. A relative we spoke with said, "I'm invited to most meetings and asked for my input." We saw that care plans were detailed and personalised and there had been input from family members and, where appropriate, healthcare professionals.

At the last inspection, there was some improvement required to the information 'how to make a complaint.' There was a copy of the complaints process on display in the entrance to the home and we reviewed the complaints/compliments and noted there had been no complaints since the last inspection. We received feedback from two professionals that spoke highly of the service. One professional told us, "We have always found the staff to be very efficient and treated people with respect, staff are quick to bring any issues to our attention and when we visit, the home environment is always very calm and settled." A relative said, "I have absolutely no concerns whatsoever, I had to raise one concern a while back but it was dealt with immediately and it's been brilliant since." Although there had been no complaints, we saw there was a complaints process in place that recorded and monitored the types of complaint and the outcome.

People were supported to maintain positive relationships with their family members. Relatives we spoke with told us that they were always made to feel welcome and staff would update them on their family member's wellbeing.

At the time of our inspection, no-one living at the home was receiving end of life care. The provider had a process in place to review people's end of life wishes that involved their family members to discuss arrangements to ensure the choices, decisions and preferences of the person could be put in place.

Is the service well-led?

Our findings

At our inspection in August and September 2017, we rated the service under the key question is the service well-led as 'requires improvement' and was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because systems to monitor the service had not identified improvements were required to medicine audits and recruitment processes. The provider had not notified us of events in a timely manner and some confidential records had not been securely stored away. We asked the provider to complete an action plan to show what they would do and by when to improve the key question of well-led to at least good and to meet this breach. At this inspection, we found there had been some improvement but further improvement was required which meant the service has remained 'requires improvement' under this question.

There had been improvement made to some of the areas identified as requiring improvement at the last inspection. For example, records were securely and confidentially stored. The provider had been compliant with their registration by way of submitting statutory notifications in a timely way. However, further improvement was required to ensure the recruitment processes for checking references were more robust. The audits completed by the senior care staff and registered manager had not identified the medicine stock rotation was not working effectively. Our audit identified there was medicine contained within incorrect packaging and medicines that were out of date had not been returned to the pharmacist to be destroyed. The provider's audits had not identified people had not received their regular, monthly key worker meetings. Audits of training records had not identified the registered manager, seniors and care staff training was overdue in some cases by eight years. As two of the areas identified at the last inspection had continued to require improvement, there had not been sufficient improvement to meet the conditions of the breach. Therefore, the provider has remained in breach of Regulation 17, good governance.

The provider had met their registration conditions because there was a registered manager in post at the time of our inspection. However, we did discuss with the registered manager their limited understanding around the best interest's process. We noted they last received training in the Mental Capacity Act in January 2014. There have been changes to the MCA and DoLs since this date and we suggested they might want to review and update their knowledge with training.

There was a clear leadership structure within the service and relatives we spoke with were positive about the management of the home. A relative told us, "I think it is a well-managed service, everyone knows what they are doing." We saw the registered manager had a good rapport with people living at the home and generally staff thought highly of them. One staff member told us, "[Registered manager's name] is very approachable and [deputy manager's name] is brilliant."

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing and there was a whistle-blowing policy in place. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, a person's safety), wrongdoing or illegality. The whistle-blowing policy supports people to raise their concern(s) within the organisation without fear of reprisal or to external agencies, such as CQC if they do not feel confident that

the management structure within their organisation will deal with their concern properly.

We saw the provider had tried to obtain feedback from relatives of people who lived at the home and visiting professionals about the quality of the service. Some of the feedback received included comments, 'a lovely home where [person's name] is very well cared for', we are very happy that [person's name] is looked after very well and that there are no concerns at all about their well-being.'

It is a legal requirement that the overall rating from our last inspection is displayed within the home. We found the provider had displayed their rating.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager explained how they worked in an open and transparent way. We were told by a relative how accommodating they had found the registered manager and was always happy to contact them if they had any concerns or issues.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure that systems and processes to audit the service had operated consistently and effectively to assess, monitor and improve the quality of the service for people.</p>

The enforcement action we took:

We have issued the provider with a warning notice with an instruction to become compliant with Regulation 17(1)(2)(a-c), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 20 February 2019.