Alphonsus Services Limited

Beatrice House

Inspection report

25 Bell Street
Brierley Hill
West Midlands
DY5 4HG

Tel: 01384482963

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Our inspection was unannounced and took place on 12 January 2016.

The provider is registered to accommodate and deliver personal care to three people. At the time of our inspection three people lived at the home. People lived with complex needs relating to their learning disability and/or autistic spectrum disorder. All three people had lived at the home for more than one year.

At our last inspection in August 2013 the provider was meeting the regulations that we assessed.

The manager was registered with us as is required by law. 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.

Although the registered manager and staff had received training on procedures they should follow to ensure the risk of harm and/or abuse was reduced they were not always following them. They had not notified us or the the local authority safeguarding team of an incident they had termed as 'neglect' as they should have done to ensure the person's safety.

The provider had not been proactive in addressing the excessively hot water temperature in the bathroom to prevent any risk of scalding.

The staff had been trained to manage medicines safely. Medicines were given to people as they had been prescribed.

Staff were provided in sufficient numbers to meet people's needs.

The recruitment processes the provider followed ensured that unsuitable staff was not employed.

Staff received induction training and the day to day support and guidance they needed to ensure they met people's needs and kept them safe.

Staff had received or were receiving the training they needed to equip them with the knowledge to support the people in their care safely.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This ensured that people received care in line with their best interests and would not be unlawfully restricted.

People were encouraged to make decisions about their care. If they were unable to their relatives were

involved in how their care was planned and delivered.

Staff supported people with their nutrition and dietary needs to prevent malnutrition and dehydration.

People received assessments and/or treatment when it was needed from a range of health care and social care professionals which helped to prevent deterioration regarding their health and well-being.

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

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

The relative we spoke with and staff felt that the quality of service was good.

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.

The provider had not followed safeguarding processes. They had not reported an incident that they had termed as neglect to the local authority safeguarding team to ensure the person's safety.

The water provided from the tap in the bathroom was excessively hot which increased a risk of scalding.

Medicines were given to people as they had been prescribed.

There were adequate numbers of staff to meet people's needs.

Recruitment systems helped to minimise the risk of unsuitable staff being employed to work at the home.

Is the service effective?

Good

The service was effective.

A relative and staff felt that the service was effective and met people's needs.

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

Staff understanding and knowledge regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS) meant that people were supported appropriately and were not unlawfully restricted.

Staff supported people with their nutrition and dietary needs to prevent malnutrition and dehydration.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring.

People's dignity, privacy and independence were promoted and

maintained.

Relatives could visit when they wanted to and were made to feel welcome.

Is the service responsive?

Good

The service was responsive.

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

People were offered recreational activities that they enjoyed.

Complaints procedures were in place for people and relatives to voice their concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider was not meeting all legal requirements as they had not notified us of one incident that they had termed as 'neglect'.

The provider had not been proactive in addressing the excessively hot water temperature in the bathroom which would prevent any risk of scalding.

There was a leadership structure in place that staff understood. There was a registered manager in post who was supported by a deputy manager. Staff felt adequately supported by the management team.

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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.

Our inspection was unannounced and took place on 12 January 2016. The inspection was carried out by one inspector.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed and returned so we were able to take information into account when we planned our inspection. 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 asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

We met two of the people who lived at the home and briefly saw the third person when they returned from their day centre. We spoke with three care staff, a senior care staff, the deputy manager, and the registered manager. We also spoke with one relative and a visiting healthcare professional. We looked at the care files for two people, medicine records for two people, recruitment records for two staff, supervision records for two staff, training records and complaints, safeguarding, quality monitoring processes and completed provider feedback forms.

Requires Improvement

Is the service safe?

Our findings

The relative we spoke with told us that they did not have any concerns regarding abuse. They said, "I am not aware of issues [safeguarding] like that". Staff we spoke with told us that they had received training in how to safeguard people from abuse and records confirmed this and would report their concerns to their manager. A staff member said, "Any abuse I would report it straight away".

The provider's safeguarding policy detailed some types of abuse which included neglect. A record that we viewed detailed an incident that staff had termed as neglect. The registered manager told us they had not informed the local authority safeguarding team. They told us that incidents of that kind are investigated and dealt with internally. This highlighted that whilst the registered manager and staff were able to describe to us the different types of abuse this showed that they did not recognise that neglect was a type of abuse that needed to be reported to the local authority safeguarding team. Following our inspection the registered manager reported the incident to the local authority safeguarding team in retrospect. This showed that the registered manager realised that reporting procedures had not been followed as they should have been but had taken action to address this.

We checked the records and money held in safe keeping for two people. For both people the records and money balanced correctly. However, records of transactions were not signed by two staff who would witness the transaction to confirm that it was correct.

We saw from records that from October 2015 the water flowing from the bath tap exceeded the required upper temperature to keep people safe. Staff told us that the people who lived there would not generally go in the bathroom alone. However, the people who lived at the home would not have had an understanding of the risk if they did. The registered manager told us that they had raised this with the provider but as yet it had not been rectified to prevent a potential risk of scalding.

The relative and staff we spoke with told us that the people who lived there were safe. A relative said, "I am not concerned about their [person's name] safety". All staff we spoke with told us that in their view all of the people who lived at the home were safe. Staff told us and records that we looked at highlighted that people could mobilise independently. A staff member said, "Risk assessments have been undertaken. One person walks a bit unsteady so we have handrails in hall way". We saw that hand rails were available in the hallway to promote the person's safety.

Staff and the relatives we spoke with told us that enough staff were provided. The relative said, "There are enough staff when I visit". Staff we spoke with told us that there were always enough staff to supervise people, provide support, and take them out into the community whenever they wanted to. We observed staff were available during the day to supervise people, keep them safe and support them to go out into the community. The registered manager told us that staff covered each other during holiday time and that there was a staff cover rota. If staff phoned in sick the deputy and senior care staff would have to step in. This was confirmed by the staff we spoke with. These actions would ensure that people would be supported at all times by staff who were familiar to them and knew their needs.

A staff member said, "All of the checks were done before I could start work". All staff we spoke with told us that checks had been undertaken before any staff were allowed to start work. This was confirmed by the registered manager. We checked two staff recruitment records and saw that pre-employment checks had been carried out. These included the obtaining of references and a check with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults. These actions decreased the risk of unsuitable staff being employed.

The registered manager and staff we spoke with told us that only staff who had been trained and deemed as competent to do so, were allowed to manage and administer medicine. This was confirmed by records we looked at. During the day the medicine provider came and delivered a medicine training session for staff. A staff member told us, "That was really good. Useful and interesting".

The two people's Medication Administration Records (MAR) that we looked at highlighted that they had been prescribed medicine on an 'as required' basis. We saw that there were protocols in place to instruct the staff when the medicine should be given. Staff we spoke with knew of the protocols and told us that they followed them. This prevented staff not giving people their medicine when it was needed, or giving people the medicine when it was not needed.

We found that medicines left over from the previous month or months had been carried over onto the current records. This meant that there was always a record of the exact amount of medicine available and an audit trail for staff to follow if a medicine error occurred. We counted two people's medicines to confirm if the number of tablets available balanced correctly against the MAR and found that they did.

We saw that medicines were stored safely in locked cupboards this prevented unauthorised people accessing the medicines. We also saw that processes were used for ordering and returning unused medicine to the pharmacy. This meant that an excess stock of unwanted medicine would not build up, and that people's medicine would be available for them to take as they had been prescribed. Staff we spoke with and records confirmed that medicine audits were undertaken regularly. The undertaking of the audits had ensured that medicine systems were safe and that people were being given their medicine as they had been prescribed.

Good

Is the service effective?

Our findings

The relative we spoke with told us that the service was good. They said, "I am happy with the care provided". A visiting healthcare professional told us, "It is a good service". All staff we spoke with told us that in their view the service provided was effective. A staff member said, "We look after the people here well".

A new staff member told us, "I had induction training when I started. I looked at the procedures and was introduced to the people here. I worked with other staff before I was allowed to work alone. It was good and helped me get to know what I needed to do". Staff files that we looked at held documentary evidence to demonstrate that induction training had taken place. The registered manager confirmed that the provider had introduced the new 'Care Certificate' and that new staff would be working towards this. The care certificate is an identified set of standards that care staff should follow to when carrying out their work.

All staff we spoke with told us that they felt supported on a day to day basis. A staff member said, "Either the manager, the deputy, or senior care staff are always available to give us help and support". A staff member told us, "I have supervision sessions with the manager and these are useful". Other staff we spoke with also told us that they had supervision sessions. Records that we looked at confirmed this. We saw where problems had been identified with a staff member's performance these were discussed with staff during their supervision and appropriate actions were taken.

The relative we spoke with felt that staff supported their family member well. They said, "I feel that the staff has the knowledge they need. I have not seen any staff member that does not seem capable". Staff we spoke with told us that they had the training they needed to enable them to do their job and it effective. A staff member said, "I can do my job fully". Staff files that we looked at confirmed that staff had received mandatory and specialist training for their role which would ensure they could meet people's individual needs. The registered manager told us that new training had been introduced this included autism awareness training.

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 staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. The registered manager told us and records that we looked at confirmed that an application for each person had been made for a DoLS assessment. We saw that these DoLS had been approved. Staff we spoke with were all aware of MCA and DoLS. The staff knew the reason for the current DoLS approval and knew that people should not be restricted for reasons other than what had been approved. All of the staff we spoke with were

clear that they should ask people's permission before they provided support. A staff member said, "We ask people what they would like rather than just do". We heard staff talking with a person about going out and asking them if they wanted to go. We heard staff saying to people. "Do you want a bath" and, "Shall we go and get changed before you go out. We saw that staff waited for people to respond either by nodding or going to the bathroom which showed they were willing to do what the staff had suggested.

A staff member said, "People are given choices at every mealtime". Staff ensured that people were offered the food and drink that they liked. We heard staff giving people food and drink options. We looked at people's care plans and saw that their food and drink likes and dislikes had been documented. A staff member told us, "We know what each person likes to eat and drink. They would soon let us know if they did not want something". At breakfast and lunchtime we observed that one person was offered cereals and other food options. They ate all of what was given to them. The other two people were out in the community at lunch time. We looked at the food stocks and saw that they were varied to ensure that people would be offered the food and drink that they liked. We observed that mealtimes were flexible to meet people's needs and preferences. One person did not get up until midmorning and had their breakfast shortly after they got up.

Staff told us and records that we looked at confirmed that people's risks and health needs had been determined concerning each person's food and drink. Staff and records also confirmed that where risks were identified people were referred to Speech and Language Therapy (SALT) and the dietician. Records highlighted that some people could be at risk of choking. Staff we spoke with had a good knowledge of these risks and what they should do to prevent the risks. At breakfast and lunchtime we saw that staff were available to support people when they were eating and drinking. A staff member said, "We try to encourage healthy foods. One person has lost nearly half a stone in weight which is good because they needed to for their health and mobility".

The relative we spoke with told us that their family member received the healthcare services that they required. They said, "The staff always take care of their [person's name] health needs". Staff we spoke with told us that they supported people to access health and social care appointments that included people seeing the dentist and optician. Records we looked at confirmed that where staff had a concern they referred people to their doctor and a wide range of external health professionals which included specialist hospital consultants. A visiting healthcare professional told us, "The staff never delay in contacting me if there is a problem. They follow what I tell them to do". This showed that staff accessed the health attention people needed to prevent poor health.

Good

Is the service caring?

Our findings

The relative we spoke with told us that the staff were caring. They said, "The staff are friendly and helpful. I had an incident last week and they rang me to see if I was alright. That was kind". A staff member told us, "We [the staff] all care about the people here". We saw that staff were helpful towards people. We heard staff asking people if they were alright and they showed an interest in them. We found that the atmosphere was happy and welcoming. Throughout the day we saw that people were communicating with staff and engaging with them. We saw that people smiled and laughed.

The relative we spoke with told us that the staff were polite and respectful. A visiting healthcare professional told us, "The staff are helpful and polite". Staff we spoke with knew the importance of promoting people's privacy and dignity. They told that they gave people personal time and space if they wanted to be alone in their bedrooms. They also told us that when they provided personal care they made sure that doors and curtains were closed. Records highlighted that staff had determined the preferred way people liked to be addressed. We heard that staff used this name when speaking to them. This highlighted that staff promoted privacy dignity and showed people respect.

A staff member told us, "We must not discuss anything about the people here outside of work or to other relatives". We saw the provider's confidentiality policy. Staff we spoke with told us that they read this when they started to work at the home and followed it. Records highlighted that an issue of a lack of confidentiality had been identified and dealt with. The registered manager told us, "The issue has been addressed and dealt with. All staff were reminded that they must work within the remits of confidentiality at all times. Staff meeting minutes that we looked at confirmed this.

A staff member said, "People have varied understanding of what we say. Their verbal communication is also limited. So we use words, hand signals and facial expression. We saw that 'communication passports' were in use. Communication passports highlight how people communicate and give staff valuable information so that they can communicate effectivley. The communication passports highlighted how individual people would show that they were sad, happy or in pain. We saw staff communicating with people in different ways using words and hand signs. We saw that people understood and responded by communicating back to staff by nodding and smiling.

Staff told us that they knew that it was important that people dressed in the way that they preferred. A staff member told us, "All staff ensure that people wear what they want to. We show people different items of clothing to give them a choice". We saw that people wore clothes that were appropriate for the weather [warm clothing as it was a cold day] and reflected their individual tastes.

A member of staff told us, "We encourage people do what they can independently. It may be small things like taking their plate to the kitchen, or going shopping with us, but they are being independent. We heard staff encourage one person to clear their dish away when they had finished their breakfast. This showed that staff knew the importance of encouraging people to be independent as independent as possible.

A relative said, "Visiting times are open. Families can visit when they want to". Staff told us and records we looked at confirmed that people liked to see their families. One person went to see their family twice a week. Staff dropped them at their family house and fetched them back later in the day. This happened on the day of our inspection.

We saw that information was available that gave contact details for advocacy services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. The registered manager told us and records confirmed that they referred people to advocacy services when there was a need.

Good

Is the service responsive?

Our findings

The relative we spoke with felt that the staff had the information about their family member that they needed and knew their needs well. They said, "The staff pick up on things like a mother would do. I am so grateful to them". A member of staff said, "We all [the staff] know the people who live here well". The care plans that we looked at captured people's needs. We asked staff about the three people and they told us their risks and how they needed to be supported.

The relative we spoke with told us that they were involved in reviews and assessment of needs. They said, "I am involved in planning their [person's name] care and involved in reviews. I discussed with the staff the need for some new casual shoes so that they could put them on themselves. They looked into this and purchased some shoes". Reviews of people's circumstances help the staff to decide if they need to make changes to the care and support that they provide.

The staff were responsive to an issue we raised. Specific documents called 'body maps' help to show staff where certain creams should be applied to make sure that it is the correct place. They put these into use immediately.

People could be supported to attend religious services if they wanted to. Records that we looked at confirmed that staff had identified people's preferred faith and if they wanted to follow this. Staff we spoke with confirmed the people who wanted to follow their faith were supported to do so.

The relative we spoke with told us that their family member attended a day centre five days a week and enjoyed this. The other two people did not attend a day centre or educational facility. The staff however, had a vehicle that they could use to take people out. This was available all of the time. We saw that staff supported and transported one person to visit their family during the day. The person looked pleased about this. Staff told us and records that we looked at highlighted that people had the opportunity to access the community when they wanted to. The registered manager told us, "Many of the staff are drivers so the car can be used every day". All three people had been on holiday during 2015. The relative said, "They [person's name] went on holiday and enjoyed it". When at home people liked to do different things. Records highlighted that one person liked to go in the garden. Staff said, "They like to go in the garden in all weathers and do".

The relative we spoke with told us, "I do feel listened to". They also confirmed that they had been asked to complete a provider feedback form. We saw that feedback forms had been completed by other relatives and external health care professionals. The comments made were mostly positive and described improvements that had taken place over the last year or so.

The relative told us that they knew how to complain. They said, "If I had any concerns at all I would be happy to raise them". We saw that the complaints procedure was available within the home. It had been produced in words and some pictures that could make it easier for people to understand. We looked at the few complaints that had been logged and found that they had been responded to. We found from reading staff

meeting minutes that where needed issues had been raised for staff to take action on or make changes to practice.

Requires Improvement

Is the service well-led?

Our findings

We found by viewing records that an incident had occurred that the staff had termed 'neglect'. Our data base did not highlight that this incident had been reported to us. The registered manager confirmed that they had not informed us of the incident. That they had investigated it and dealt with it internally. This meant that the provider was not meeting legal requirements of notifying us about this issue as they should have done.

The provider had been informed in October 2015 that the water from the water from the tap to the bath was excessively but had not to date taken any action to address the issue. Whilst the water was of this temperature there was a potential risk of scalding.

A relative told us, "This manager is good. They are approachable and listen". The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by a deputy manager and senior care workers. A visiting healthcare professional told us how much the care and support to people had improved since this manager had been in post. Provider feedback forms that we looked at also confirmed this view.

We saw that the registered manager and deputy manager were visible within the home. During the day we saw them interact with the people who lived at the home. It was clear that the people who lived at the home knew both the registered manager and deputy manager well and were comfortable in their company. They were smiling and looked relaxed. Our conversations with the registered manager and deputy manager showed that they knew all of the people who lived at the home well.

A relative told us, "The staff work well. They are highly professional". We found that the present registered manager had improved the running of the home and the way staff worked. A visiting healthcare professional said, "The staff have improved greatly and work much better since this manager has been in post". A provider feedback form stated, 'I have been given inconsistent information but now feel more confident about the information that is passed on'. Another feedback form stated, 'Inconsistency in the past although this is undoubtedly improving'. Staff we spoke with were complimentary about the registered manager. A staff member said, "The manager is good. We have direction and support". Another staff member told us, "We have regular meetings and can raise any issues". Staff told us that there were on-call arrangements in place so that they could access advice and support outside of business hours. Staff told us that on the occasions they had used the on-call arrangements they had worked well.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They returned their PIR within the timescale we gave and it was completed to a reasonable standard.

Staff told us and records confirmed that regular audits and checks had been undertaken regarding medicine safety, the safekeeping of people's money and care records. One issue that had been raised was that staff had not been writing the daily account of the happenings of each person in a way that demonstrated that

the support provided was person led. Recent daily notes that we saw were being written in more of a person led way. They stated, 'I relaxed in my room', 'I chose to stay in bed' and 'I chose to have tea at 5.30pm'. This demonstrated that staff had changed the way they worked as they had been asked to.

All staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. One staff member said, "If I saw anything I was concerned about I would report it to the manager. If I was not happy with the way it was dealt with I would go to you". We saw that a whistle blowing procedure was in place for staff to follow.