Alphonsus Services Limited

Natalie House

Inspection report

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Date of inspection visit: 4 September 2015
Date of publication: 05/11/2015

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

Overall summary

We last inspected Natalie House in June 2014. At that inspection we found the provider was meeting all the regulations.

Natalie House is registered to provide accommodation and support for up to five people with a learning disability. There were five people living at the home when we inspected.

Natalie House is required to have a registered manager. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post.

Staff had received training in how to safeguard people against the risks of abuse. They were able to describe with confidence what constitutes abuse and the reporting procedure they would follow to raise their concerns. Whilst the provider took action to protect

Summary of findings

people from abuse they had not informed the local authority of all allegations as required. People's relatives and staff said the registered manager was approachable and available to speak with if they had any concerns.

Not all care plans and risk assessments for keeping people safe were accurate and up to date. These risks were reduced because staff knew people well. We reviewed the systems for the management of medicines and found that people received their medicines safely.

We received some mixed opinions from staff about the staffing arrangements in the home. Whilst staff did not raise any concerns about people's safety in relation to staffing levels some staff told us that it was difficult to provide the level of care needed when only two staff were on duty.

We saw that people who used the service were treated individually and that staff were considerate towards them. Most staff had worked at Natalie House for a long time and told us they enjoyed caring for the people who lived there. There was evidence that staff training was provided and including specific training relevant for the needs of the people who lived at the home.

People had been supported to stay healthy and to access support and advice from healthcare professionals when this was required.

Some records required for the effective running of the service were not available or up to date. Systems used to quality assure services, manage risks and drive improvement were not as effective as they could have been.

Summary of findings

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.

Not all risk assessments were current and detailed how risk would be managed.

Systems were in place to protect people from abuse but the provider had not informed the local authority of all allegations as required.

Staffing levels were inconsistent and may not ensure there are always staff available to meet people's individual needs to the level of care needed.

Appropriate systems were in place for the management and administration of medicines.

Requires improvement

Is the service effective?
The service was effective.

Staff received appropriate training to be able to meet people's needs.

The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

People were supported to attend medical appointments and to eat and drink in ways which maintained their health.

Good

Is the service caring?
The service was caring.

Staff had positive caring relationships with people using the service. Staff knew people well and knew what was important in their lives.

People's privacy and dignity was respected.

People were supported to maintain relationships with their families.

Good

Is the service responsive?
The service was responsive.

People were supported to take part in activities they enjoyed and to access the local community.

The home had an appropriate complaints procedure in place. People and their relatives felt able to raise concerns with the staff and manager if they needed to.

Good

Is the service well-led?
The service was not consistently well led.

Requires improvement

Summary of findings

Systems used to quality assure services, manage risks and drive improvement were not always effective .

The service had a registered manager who they kept themselves up to date with new developments and requirements in the care sector.

People's relatives and staff said the registered manager was approachable and available to speak with if they had any concerns.

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 4 September 2015 and was unannounced. The inspection team comprised of one inspector.

Before the inspection we looked at the information we already had about this 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 safeguarding matters. These help us to plan our inspection. We asked for information about the home from the Local Authority who are responsible for monitoring the quality and funding the placements at the home.

During our inspection we met with all of the people living at Natalie House. People's needs meant that they were unable to verbally tell us how they found living at the home. We observed how staff supported people throughout the inspection. 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 and four care staff. We looked at the care records of two people, the medicine management processes and at records maintained by the home about staffing, training and the quality of the service.

Following our inspection we spoke with the relatives of three people. We also spoke with two health and social care professionals who had recent contact with people at the home. The registered manager sent us further information which was used to support our judgment.

Requires improvement

Is the service safe?

Our findings

People's relatives told us that they had no concerns about their safety. We observed staff interacting with people who used the service. We saw that staff acted in an appropriate manner and that people who used the service were comfortable with staff.

At the time of our inspection we were aware there had been a safeguarding issue that was still under investigation. This was under investigation by the provider who had agreed to report back their findings to the local authority. However we were made aware by the registered manager that some additional concerns had come to light during the investigation. Whilst action had been taken to protect people from harm, these new concerns had not been shared with the local authority as required under safeguarding procedures.

We asked staff how people at the home were kept safe and protected from abuse. Staff on duty were able to tell us what abuse was and the signs to look for. Staff we spoke with told us they had attended training and could give a good account of different types of abuse and how they would recognise and report concerns. One care staff told us, "The main priority is people's well-being. I'm confident any issues would be dealt with."

Staff new to the home had received information about protecting people from abuse as part of their induction. Information was displayed so that staff and visitors had information to be able to report their concerns appropriately. The registered manager told us she had recently been made aware this information was not up to date and intended to update this.

In both sets of care records looked at we saw that risks had been identified in the person's care assessment and they had individual risk assessments in place. Staff that we spoke with demonstrated their understanding of how to reduce the risks of harm to people. However, some risk assessments lacked some detailed information. For example, one person's assessment indicated they may refuse to evacuate the building in an emergency but did not guide staff as to the action they needed to take should this occur. Another assessment recorded that the person needed adequate staffing levels when going out as part of a group but gave no guidance on what these levels should be. This lack of guidance meant that staff may not have been aware of agreed consistent support needed to keep people safe.

People's relatives told us that they thought there were usually enough staff on duty to meet their family member's needs. On the day of our inspection we saw that people did not have to wait for support from staff. We were informed that there were always a minimum of two staff on duty but that there were usually three staff during the day so that people could participate in activities and trips out in the community.

Whilst staff did not raise any concerns about people's safety in relation to staff some staff told us that it was difficult when only two staff were on duty. One care staff told us it was difficult as one person at the home needed the support of two staff for some personal care tasks. The rota showed that there sometimes two staff on duty during the day at weekends, however one person's care plans and risk assessments indicated that they needed the support from two care staff for some personal care tasks and also the support from two staff to access to access the home's vehicle. This indicated that there may not always be sufficient numbers of staff on duty to meet people's needs effectively.

Staff confirmed that they had been subject to a range of checks before they started work, including references and checks made through the Disclosure and Barring Service (DBS) and the records confirmed this. One new member of staff had their initial DBS check but was awaiting the return of their full check. The registered manager and staff member told us that until this was received the new starter was working under supervision, usually with their named mentor, and did not undertake personal care with people.

We looked at the systems in place for managing medicines in the home and found overall there were appropriate arrangements for the safe handling of medicines. We saw that the medication was stored safely. Staff told us that they had received training to administer people's medicines to them. We were told that only staff who had been trained administered medication. We saw staff giving some people their medication during our visit. This was done safely.

Administration records had been completed to confirm that people had received their medicines as prescribed.

Requires improvement

Is the service safe?

Some people had hand written administration records. These had not been signed by the staff transcribing the medication directions. It is considered good practice for two staff to sign any handwritten medication directions. The registered manager acknowledged this and told us that discussions were already underway with the pharmacist to make sure printed medication records were supplied to the home to reduce the risk of errors occurring.

Some people required medication on a 'when required' basis. Guidance on when to give this medication was available and the registered manager provided evidence that the guidelines were in the process of being reviewed to make sure they were up to date.

Good

Is the service effective?

Our findings

We asked staff about their training and development to see whether staff had the appropriate skills to meet the needs of people who used the service. Staff who were new to the home told us they had received an induction and also had the opportunity to work 'shadow shifts' alongside a more experienced member of staff. One member staff told us, "The induction was good."

Staff told us and records showed, they received training in subjects which ensured they had the skills needed to meet people's needs. A care staff told us, "We can ask for anything we think we need training on. For example we have all just done some training about diabetes." Some staff had recently completed training via a local college in areas that included health and safety, safeguarding, first aid, duty of care and supporting people with a learning disability. Training records showed that staff were due refresher training in moving and handling. The registered manager told us this was being scheduled to take place at the provider's head office where suitable equipment was available for staff to use for training purposes.

The majority of staff told us that they received regular supervision but one staff had not received this for some months however all staff told us they felt supported working at Natalie House. The registered manager acknowledged that the frequency of staff supervision could be improved but told us that in addition to formal supervisions she held informal discussions with all staff on a regular basis.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. Staff spoken to understood their responsibilities in relation to the Mental Capacity Act (MCA) including Deprivation of Liberty Safeguards, (DoLS).

Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authorisation to deprive someone of their liberty in order to keep them safe. The registered manager informed us that DoLS applications had been submitted in the past year to the local authority for authorisation and they were waiting for the local authority to come and assess these applications.

We saw staff asking people what they would like to drink or eat, advising people it was time for their medication and asking them whether it was okay to support them to their room. We saw that people expressed their views through non-verbal methods or body language to communicate their wishes. We saw that staff used visual prompts to help people to make informed decisions. We observed that people's responses were listened to and accepted. Staff gave examples of how some people refused to give their consent. They gave an example of how one person would indicate they did not wish to go out on activities by refusing to put on their shoes and coat. The registered manager informed us that for one person there was currently an issue related to obtaining consent to dental care. They told us that any decisions taken on behalf of the person would be considered in their best interest and would involve relevant health professionals. People were involved in decisions about their care or decisions made were considered in their best interests.

We looked at the arrangements in place to meet people's nutrition and hydration needs. One person smiled and gave us a thumbs up sign when we asked if they liked the food. People's relatives did not raise any concerns with us about the meals on offer. One relative told us, [person's name] is well fed." Another relative told us, "The food is nicely prepared."

We saw that there were sufficient stocks of food, including fresh fruit and that drinks and snacks were offered to people regularly throughout our inspection. This included hot and cold drinks of their choice. This showed that people's hydration needs were met.

We observed people were supported with their lunch time and evening meal and were given a choice of when and where they eat their meals. We saw that people were happy and some were smiling whilst eating and most people ate well indicating that the food was to their liking. We saw that people at risk of choking were provided with a soft diet and we observed staff providing drinks that were thickened to the consistency advised by the dietician. This meant that people were supported to eat and drink sufficient amounts to meet their needs and ensure their wellbeing.

Good

Is the service effective?

We saw that other health and social care professionals were involved regularly so that changes in health or circumstances could be addressed. We saw in the health action plans that advice and treatment was sought from health care professionals as needed. There was evidence of regular GP, dental and ophthalmic visits. We spoke with a health professional about how staff ensured people's healthcare needs were met. They told us that they had a good working relationship with staff at the home and that they were prompt in seeking medical attention when needed. They told us that staff were proactive rather than reactive and people had annual health checks. A second health and social care professional confirmed they had a good working relationship with the staff at Natalie House and that they acted on any advice given.

Relevant information about people's medical conditions and treatment was contained in care records which meant that staff were able to support people effectively. Staff were able, when asked, to tell us about people's care needs. For example staff were able to describe a person's health condition, how it affected the person and what they did if the person's existing health condition made them unwell.

Good

Is the service caring?

Our findings

We asked one person if they liked living at Natalie House and if staff were good to them. The person smiled and gave us a thumbs up sign. Relatives of people living at the home and health care professionals told us that the staff were kind and caring in their approach to people.

We spent some time in the communal areas and observed the care provided to people and their interactions with staff. People living in this home had limited abilities to communicate verbally but the staff demonstrated their skills in interpreting people's gestures and body language. We saw that staff communicated well with people and seemed to have good relationships with people. We observed a friendly and relaxed atmosphere in the home throughout the time of our inspection and we observed and heard staff working with people in a way that was kind and compassionate. Most staff had worked at Natalie House for a long time and told us they enjoyed caring for the people who lived there. One care staff commented , "How can you be a carer without becoming attached to people?"

Each person had a single occupancy room so that they had their own private space. Staff told us that they always treated people with respect and maintained a person's dignity. Staff told us and we saw that bedroom and bathroom doors were knocked on before entering. One care staff told us that they always protected a person's dignity by using towels when assisting the person to undress and shower. During our visit we saw that people were asked if they needed support with personal care in a discreet manner by the staff supporting them. When we talked to staff individually about people's care they spoke with respect about the people they were supporting.

Staff paid attention to people's appearance. People's relative's told us that people usually looked well groomed. All of the people who lived in the home required support with their personal care and people looked well cared for when we visited. For example people were wearing clothing that matched and had their personal hygiene needs, such as nail care, hair and shaving needs met. Staff demonstrated an understanding of the importance of supporting people to feel good to maintain their dignity.

Relatives told us that they were made to feel welcome by staff when visiting their family member and there were no restrictions. Staff told us that some people had regular visits from their relatives. Staff told us that they supported these visits and recognised the importance of people's relationships with their family.

Good

Is the service responsive?

Our findings

Relatives of people who lived at the home told us they were consulted about people's care needs to ensure that known needs and preferences were met. One relative told us they had attended a recent meeting with the registered manager to discuss their family member's care needs. Staff were able to tell us about people's individual needs, interests and how they supported people. Our observations showed that staff were alert to people's potential care needs and worked well together to support people.

For one person their care plan recorded that their food needed to be blended and served in separate portions. Staff practice we observed did not follow this and staff told us that the person preferred to have their foods blended together. We observed the person being involved in the blending of the meals and this supported staff views about the persons preferences. We discussed this with the registered manager and they told us that they would take action to add the further care plan detail needed.

On the day of our inspection we saw that people were occupied and supported on an individual basis to do things such as colouring and drawing. Some people spent time with chosen objects and equipment that gave them pleasure whilst others watched the television. We were told that some people would have usually attended hydrotherapy but that the pool was currently closed. People were offered an alternative outing to a local shopping centre and to have a meal out.

The home had its own vehicle and was used by the people that lived there on a daily basis, enabling them to access various community activities or to go shopping. For one person their care records did not show that they went out of the home frequently. Staff we spoke with told us that the person did not like to go out often. Care records did not show when opportunities to go out had been offered and refused and care plans were not specifically detailed about how staff should try and support the person to be part of the community where they lived. A member of staff told us, "When [Person's name] first moved in they would not go out at all. They have had to learn to trust us." We spoke with a health care professional about the support the individual received from staff at the home to access the community. They told us that staff at the home had worked wonders with this person as they would not go out at all before they moved to Natalie House.

Relatives we spoke with told us that they had not had to make any formal complaints about the care people received. They were in regular contact with the home and felt able to talk to the registered manager and knew how to complain if needed. One relative told us, "I would feel confident in raising any concerns I had." Information on how to make a complaint was available in the home. The registered manager told us she was in the process of reviewing this information to make sure the content was up to date. We were informed that once this had been completed a copy of the new procedure would be sent to people's relatives to make sure they knew how to make a complaint. Staff told us that they were confident the manager would respond to people's complaints and concerns appropriately.

The registered manager advised us that there had been one formal complaint received this year and that this was being investigated by a manager external to the home to give a degree of impartiality to the investigation.

Requires improvement

Is the service well-led?

Our findings

The registered manager was involved and interested in the individual care of people; we saw they were present around the home and they interacted with people. One person's relative commented to us, "Nova [the manager] is a very caring person." Staff felt there was adequate support available from the registered manager. All staff we spoke with felt able to access and discuss any concerns they had with the registered manager. Staff meetings were arranged on a regular basis so that the registered manager could feedback any issues to staff to help improve the service people received. It was also an opportunity for staff to share their views and opinions. One care staff told us they had raised an issue with the registered manager and that action had been taken to resolve this. Another care staff told us, If I make any suggestions they do listen."

Our discussions with the registered manager showed they were aware of the new requirement to introduce the Care Certificate for staff new to the care sector and were aware of the new regulation regarding the duty of candour. This showed they kept themselves up to date with new developments and requirements in the care sector.

We asked to see what systems were in place to monitor the service and identify areas for improvement. At our last inspection in June 2014 we saw that quality assurance questionnaires had been sent to seek the views of people's relatives and saw that comments about the staff and the home were complimentary. The registered manager told us that questionnaires had not been sent out since then but were due to be distributed soon.

We saw that a quality audit had been completed by the provider in August 2014, and this covered areas such as: medication, accidents, the environment and care records. The registered manager told us that the service was now due another annual quality audit that would be completed based on the Commissions new key lines of enquiry. Following our visit to the home we spoke with the provider who informed us they had carried out several visits to the service since August 2014 but that the registered manager had not shown us the correct book where these visits were recorded. This indicated that the registered manager may not be fully aware of all audits undertaken and is acting on the findings of audits.

The registered manager told us that she checked all records of accidents and incident to try and identify and patterns or trends but that she did not keep a log or detailed analysis of all incidents and accidents so that she could monitor how many had occurred from one month to the next for each person.

While both our observations and conversations with staff members showed us that they had knowledge of people's needs, we found that in some of the care records there were discrepancies between the care needs that were identified in people's care plans and the way that care was being provided.. Some records we requested could not be located, for example a copy of the minutes of the most recent staff meeting. Evidence of DoLS applications to the local authority were also not available and we were told that these were at the provider's headquarters. There was no evidence that an effective audit of records had be undertaken to ensure that the records required for the effective running of the home were available and up to date.

We looked at how the service checked that each person had received their correct medication in order to keep them well and we saw that regular audits were carried out by senior staff. Checks were carried out regarding the safety of the environment. The checks included testing of hot water temperatures. the fire alarm systems and fire-fighting equipment. One person had a call bell in their room and there had previously been an issue with this not working. Checks were not completed on a regular basis to make sure it was working correctly. The registered manager told us she would implement these checks immediately.

Following our inspection visit we spoke with the provider. They told us about the new quality assurance system that was soon to be introduced at the home. This included a full audit in line with the five key questions asked by CQC.