

Alphonsus Services Limited

Eve House

Inspection report

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Tel: 01384482728

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Improvement action plan issued following the previous inspection

Where we asked the provider to complete an improvement action plan following the last inspection, include the text below, adapting where necessary:

'Following the last inspection, <we met with the provider to confirm /asked the provider to complete an action plan to show> what they would do and by when to improve the key question(s) <insert relevant key question(s)> to at least good.' Then describe at a high level what you found, adding detail in the detailed findings section for the relevant key question(s).

Focused inspection

'We undertook an announced / unannounced focused inspection of <location> on <date>. This inspection was done to check that improvements to meet legal requirements planned by the provider after our <comprehensive inspection date> inspection had been made. The team inspected the service against <number> of the five questions we ask about services: is the service well led, <key question>, <key question> (more as needed)? This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection'

Comprehensive or focused inspection

Where breach topic has moved to a different key question in Next Phase

When we completed our previous inspection on DD/MM/YYYY we found concerns relating to <provide brief details>. At this time this/these topic area(s) was/were included under the key question of <insert KQ name>. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework this/these topic area(s) are included under the key question of <insert KQ name>. Therefore, for this inspection, we have inspected this key question and also the previous key question of <insert previous KQ name> to make sure all areas are inspected to validate the ratings.

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

Service Types and descriptions <choose relevant type and description, amending as appropriate>

Care at Home services

Domiciliary care agency

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community [and specialist housing]. It provides a service to [older adults], [younger disabled adults], [children].

Provider of care to people living in specialist housing

Location providing care to people housed under supported living arrangements

This service provides care and support to people living in [a] [insert number of] 'supported living' setting[s], so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Location providing care to people living in extra care housing

This service provides care [and support] to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is [bought] [or] [rented], and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service.

Describe the specialist housing setting[s] people live in, there are some examples below:

People using the service lived in...

[number] ordinary flats and bedsits across [town/city/area]

a single 'house in multiple occupation' shared by [number] people

[number] of [bedsits], [flats], [houses], [and] ['houses in multiple occupation'] across [town/city/area]

a large gated community on the outskirts of [city]

Where the service supports people living in houses in multiple occupation (HMOs), add:

Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities.

Give a summary description of the houses, the facilities that are shared, and either the number or the range of numbers who share them. Include information about any office or sleep in arrangements. Give less detail and more summarised information where larger numbers of HMOs are supported.

Do not provide a detailed, estate agent style description of the premises lived in by people using the service; only an outline summary able to broadly explain the context in which it provides regulated activity

All Care at Home services

Where needed, explain that not everyone using the service receives personal care, for example:

Not everyone using [service name] receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Residential care home

[Care home name] is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Describe the care home's premises, for example:

(The care home) accommodates xx people in one adapted building.

(The care home) accommodates xx people across three separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia.

Do not provide a detailed, estate agent style description of the premises; only an outline, broad summary.

Services for people with learning disabilities and autism

'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.' Registering the Right Support CQC policy

You will need to reflect where a service does not conform to Building the Right Support and Registering the Right Support guidance. It is very difficult for large services for people with autism to meet the standards.

Complex or multiple service location

If you are inspecting a complex, multiple service type location you will need to adapt and edit the above paragraphs as needed, probably substantially.

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from harm because staff knew the risks to people and how to report concerns.

There were enough staff to meet people's needs.

People received their medicines as prescribed and people were protected from the risk of infection.

Is the service effective?

Good ●

The service was effective.

Staff delivered care and support in line with the Mental Capacity Act 2005.

People's consent was gained before staff provided support and were supported by staff who had the skills and knowledge to meet their needs.

People received support with their meals and drinks and had access to health professionals when required.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff who knew them well.

People were supported to make choices about everyday life.

People's privacy and dignity was respected by staff

Is the service responsive?

Good ●

The service was responsive.

People had personalised care plans in place and were able to access the wider community.

The service responded and investigated any complaints so that relevant action could be taken.

Is the service well-led?

The service was well led.

The registered manager promoted a positive and professional culture.

Staff felt confident approaching the registered manager and felt supported in their roles.

The registered manager carried out thorough audits to ensure standards of practice were maintained.

Good ●

Eve 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 29 August 2018 and was unannounced. The membership of the inspection team comprised of two inspectors.

When planning our inspection, we looked at information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the provider completed 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. We also contacted the local authority and commissioners of people's care who purchase the care on behalf of people to ask them for information about the service.

During our inspection we met with all of the people living at Eve House. People living at Eve House have learning and physical disabilities with additional complex health needs. People were not able to tell us what they thought of living at the home, therefore we used different methods to gather experiences of what it was like to live at the home. We saw how staff supported people throughout the inspection to help us understand peoples' experiences of living at the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We spoke with the registered manager and five staff. We spoke with three relatives of people and two healthcare professionals by telephone. We looked at a range of records. This included three people's care plans, two people's medicine records, two staff recruitment records and quality assurance systems that were in place.

Is the service safe?

Our findings

During our inspection we saw that there were systems in place to keep people safe. Records showed us that checks on equipment such as hoists and fire extinguishers were carried out on a regular basis to ensure they were in good working order. One relative told us, "I know that [Person's name] are alright here – I'm not worried about anything." One member of staff told us, "The people are safe here – they could not get more safe."

Staff we spoke to had a good working knowledge of how to protect people from abuse and were clear about who they would speak to if they had concerns. One member of staff told us, "I would pass on any concerns to my senior or the manager; I could also speak to the owner too if I had concerns." Records showed that referrals had been made to Safeguarding agencies where appropriate and there were systems in place to record incidents and accidents, so that trends and patterns could be identified and appropriate action taken.

We saw that risks to people were assessed and steps taken to minimise these risks. Care files we looked at contained a range of risk assessments that had been reviewed when people's needs had changed. Risk assessments were supported by clear guidance for staff on how to manage the risk; for example, one care file contained photographs of how to position one person in bed to minimise the risk of pressure sores. Staff were able to tell us about the individual risks to people and how they managed these. For example one member of staff told us, "I know that [Person's name] has an individual sleep system to keep him safe – we have to position him carefully and night staff have to turn him regularly."

We saw that there was enough staff on duty to meet people's needs. The deputy manager told us that bank staff were used to cover training, annual leave and absence. During the inspection, one member of staff was attending training off site and the registered manager had arranged for a member of bank staff to cover the shift so that there was no impact on people. A relative told us, "There are enough staff – there are five or six staff around most days." One member of staff told us, "There is always enough staff on duty to meet people's needs".

The provider ensured that staff working at the home were suitable for the role. We looked at two staff files which contained pre-employment checks such as references which had been obtained before the member of staff had started work. We saw that the provider had taken steps to check any gaps in staff's employment history and this was recorded in their file.

People received the correct medication at the right time. MAR (medicine administration records) were completed and showed that doses were not missed and people were receiving the medication that had been prescribed for them. Staff always gave medication in pairs to minimise the risk of error and staff's competence was assessed before they gave medication to people. One member of staff told us, "We get assessed by the deputy manager before we can give medication."

Some of the people living at Eve House required medication to be given "as and when." Records showed

that staff checked with people on a regular basis whether these medicines were needed and there were clear protocols for staff to use to assess whether these were required. Medication was stored safely in a locked cabinet in the staff office and was clearly labelled to reduce the risk of errors. Creams were marked with an "opened on" date to ensure they were not out of date.

We saw that staff took steps to ensure people were protected from the risk of infection. There were supplies of PPE (personal protective equipment) in every bedroom and bathroom and staff were aware of the need to use these. One member of staff told us, "There are always gloves, pads and aprons in every room." The house was clean and tidy and odour free. The kitchen was equipped with the relevant equipment such as coloured chopping boards and opened food was clearly labelled in the fridge to minimise the risk of food going off.

We saw that incident and accident records were completed and action taken to reduce the risk of injury or harm to people. One incident had been fully investigated following concerns expressed by member of public. The investigation identified that one person did not like busy crowds so their care plan had been changed and they were only taken out at quieter times of the day to reduce the risk of absconding. A healthcare professional told us about how staff had responded to their concerns concerning the consistency of a person's diet. They told us, "I did see [Person's name] being given some inappropriate food but I spoke to the registered manager about this and it was rectified straight away."

Is the service effective?

Our findings

At the last inspection in January 2017, we rated the provider as 'requires improvement' in this key question. This was because staff were not always following healthcare professionals' recommendations and were unsure about the Mental Capacity Act 2005. We had also found that some new staff had not completed induction training. At this inspection, we found improvements had been made and the rating for this key question is now 'good.'

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service support this practice. People's consent was obtained before care and support was given. We saw staff involved people where possible in making some decisions and choices about everyday life, such as where they wanted to sit, whether they wanted to go out and food and drink choices. Where people lacked capacity to make a specific decision, staff had consulted with others to make a decision that was in the best interests of the person. For example, a number of people had received the flu jab following consultation with relatives and GPs.

The registered manager told us and records showed that all of the people currently living in the home had a DoLS granted. One DoLS had expired but a new application had been submitted. Staff we spoke with demonstrated a good understanding of the MCA and were aware that some people had conditions attached to their DoLS. One member of staff told us, "Everyone has a DoLS here – [Person's name] is being reviewed and [Person's name] has got a condition on theirs. They have to have time out of their wheelchair to get pressure relief."

Records showed that people were seen regularly by their Relevant Person's Representative (RPR). A RPR is appointed to support a person who is deprived of their liberty under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (MCA DoLS).

People were supported by staff who had received relevant and up to date training. Staff files contained evidence of training, including the completion of the Care Certificate for new starters and completion rates were high. The Care Certificate is an identified set of induction standards to equip staff with the knowledge

they need to provide safe and effective care. One member of staff told us about completing level three Health and Social Care qualification whilst working in the home and another member of staff told us, "I can't think of any training I don't get."

We saw that people were given sufficient support to eat and drink to maintain their health. We observed lunchtime and saw that people were given choices and options; one person was offered three different things before staff found something they wanted to eat. People were given a choice of where they wanted to eat and we saw staff be patient with people who were reluctant to eat and drink.

One care file had a risk assessment relating to the risk of swallowing and recommended the person should be given soft food with lots of gravy. We saw staff prepare food in line with these guidelines at lunchtime. Another care file had a dietician's assessment with dietary requirements and weight monitoring recommendations. We looked at this person's care records which showed that staff were following this guidance and the person was maintaining a healthy weight.

We saw that other care files had recommendations from external healthcare professionals and we saw that these were being followed by staff. One person had been recommended to wear hand splints by the orthotics team and the splint was in place with clear guidance for staff in the care plan. One healthcare professional told us, "I had no concerns at the last review; the staff always phone me straight away if there are any problems." Another healthcare professional told us, "The staff have been very proactive in reporting changing cholesterol levels to me."

People were supported to access health services on a regular basis to support their well-being. One relative told us, "The home is quite good at accessing health services." The care files we looked at had comprehensive health action plans with details of appointments with dentists, opticians, physiotherapy, podiatry and dieticians.

People's needs were met by the layout of the building. Facilities included a communal bathroom so people could choose to have a bath and individualised bedrooms, all of which had an ensuite toilet and shower. We saw the garden being used by one person during the inspection; staff explained that this person likes to walk around and therefore benefitted from having a safe and accessible outdoor space to use. We spoke with maintenance team who told us they are given a list of jobs for the time they spend at Eve House. They were undertaking preventative maintenance on the day of inspection to prevent further cost and reduce the risk of impact on people in the months to come.

Is the service caring?

Our findings

People living at the home were treated with kindness and respect by the staff. We observed staff spending time with people and using familiar objects to encourage and stimulate interactions. We also saw staff using physical reassurance and touch to communicate with people. One relative told us, "I think the care is very good actually; when I take [Person's name] back after a trip out, [Person's name] always gives me a look that is happy to come back there." One member of staff told us, "I would be happy to bring a family member to live here." Another member of staff told us, "The service users have a really good life here; they are well looked after."

People living in the home could not verbally communicate their wishes so staff used touch and body language to support people to make decisions. One member of staff told us, "We try to give people as much choice as possible; we encourage them to choose their clothes, where they would like to go and what they want to eat." Another member of staff, "[Person's name] is always offered food and if he pushes this away, we know he does not want it. We will then make something else." We observed one person being offered the opportunity to go out to a local café in the morning. Staff were patient and allowed this person time to make their mind up by leaving the room and coming back on a number of occasions. We observed another person being allowed to stay in bed until midday; we were told this was their preference which was respected by staff.

We saw that staff promoted and respected people's dignity and privacy when supporting them. One member of staff told us, "We always take people to their bedrooms for personal care and close the doors and curtains." Throughout our inspection, we saw that staff asked a person's permission before supporting them and that staff recognised the importance of not intruding into people's private space.

Is the service responsive?

Our findings

People's relatives were involved in reviews of people's care. One relative told us, "We normally review [Person's name] every six weeks; they arrange this around my work commitments and staff and other health professionals attend." Another relative told us, "I attend meetings about their care – this is one of the best things about the place. I love the fact the place is so close; if there is any problems, the staff always give me a call and I can pop down. People were supported by staff who knew them well and could respond to their needs. One member of staff told us about one person who was living with dementia; they told us, "[Person's name] has good and bad days; it's best just to be patient and talk calmly." Staff kept up to date with care plan changes through staff meetings and communication book. Staff told us, "Any changes to care plans are recorded in the communication book. I always have a look in here to see what is going on."

Staff we spoke with knew how to prevent discrimination and promoted equality and diversity at the home. Staff were aware of the individual wishes of people living at the home that related to their culture and faith. One person's file referred to a preference for a specific religion and staff told us that family and friends visited this person on a regular basis to share in religious activities. Staff respected people's individuality and diversity and understood how people's past experiences could affect their responses now.

People had lots of opportunities to access the local and wider community. The provider had created day care packs which recorded activities and days out and contained photographs of people enjoying themselves. We saw evidence that staff had organised summer holidays for all and a range of day visits had taken place in recent months which had promoted the values of inclusion and independence as outlined in Registering the Right Support.

The provider had a complaints policy in place which included an easy read version; both versions included contact details for CQC and the provider. Complaints that had been received had been recorded and thoroughly investigated. Records showed that appropriate action had been taken, including in some circumstances, staff disciplinary action. One relative told us, "I have no complaints about the place; it is much better than other places [person's name] has lived." Another relative told us, "I have only had one complaint – the chiropodist always seems to cancel their appointments and I have to cut [Person's name] toe nails myself. I have spoken to the manager about this and they have spoken with them to sort it."

No-one living at Eve House was currently receiving end of life care. We looked at one care file and saw that end of life care planning was being looked at and being written in partnership with relatives.

Is the service well-led?

Our findings

At the last inspection in January 2017, we rated the provider as 'requires improvement' in this key question. This was because training records showed that staff were waiting for updates in accordance with the provider's internal training standards and staff did not know about the conditions on people's DoLS. We also found that the provider had not routinely visited the service to check and monitor standards of care and provide support to the registered manager. At this inspection, we found that these improvements had been made and the rating for this key question is now 'good'

During the inspection, we saw that the registered manager and other senior staff were very visible and on the floor, helping staff and engaging with people. We observed the registered manager promoting and demonstrating positive interactions with people. One member of staff told us, "The manager is great – she likes to get involved." Another told us, "The manager is fine – you can talk to her about anything you need and I can trust her to speak to her about anything." One relative told us, "I am quite happy with the current manager; she communicates regularly with everything."

Staff told us and records showed that staff have had monthly supervision and annual appraisals with senior staff. There were regular staff meetings which were used to share information and policy updates.

We saw records that showed the provider had completed two audits in January and May 2018. The PIR stated that four audits had been completed in the last 12 months. These audits could have been completed in more detail as some sections were not completed or were very brief. However, all of these audits identified some areas for improvement which were acted upon by the registered manager. The registered manager told us they got good support from the provider.

The provider is required to display the rating of their last CQC inspection. This should be both on their website and a sign should be displayed in a place which is accessible to people who live at the home. We were able to see the rating displayed at the home and on the provider's website. The provider had met the legal requirements for notifying us about events that they are required to do by law.

The registered manager had engaged with both relatives and visiting professionals to obtain their views on the service. We looked at the questionnaires that had been returned and they were universally positive with no actions required or suggestions for improvement made.

The provider had introduced a new audit system for the registered manager and deputy manager to complete; these were introduced back in March 2018 and had been completed on a monthly basis since. These audits had been completed in detail and they covered all aspects of the home including spot checks on records, care plans, health and safety checks and finances.

The registered manager told us they get the chance to visit other homes owned by the provider to see and share best practice. Senior staff have also attended external events and training sessions to keep themselves up to date; for example, the registered manager had recently attended an End of Life Care event at a local

hospice.