## Key inspection report

### Care homes for older people

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<thead>
<tr>
<th>Name:</th>
<th>Allesley Hall Nursing Home</th>
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<td>Address:</td>
<td>Allesley Hall Drive</td>
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The quality rating for this care home is: two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a ‘key’ inspection.

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<th>Lead inspector:</th>
<th>Date:</th>
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<tr>
<td>Yvette Delaney</td>
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This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

- These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

  - This box tells you the outcomes that we will always inspect against when we do a key inspection.
  - This box tells you any additional outcomes that we may inspect against when we do a key inspection.

- This is what people staying in this care home experience:

  - Judgement:
    - This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

  - Evidence:
    - This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.
# Reader Information

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<td>Author</td>
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### Information about the care home

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<td>Email address:</td>
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<td>Provider web address:</td>
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<tr>
<th>Name of registered provider(s):</th>
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<tr>
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<tr>
<td>Number of places registered:</td>
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#### Conditions of registration:

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<th>Category(ies)</th>
<th>Number of places (if applicable):</th>
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<tr>
<td>old age, not falling within any other category</td>
<td>Under 65</td>
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### Additional conditions:

- The maximum number of service users who can be accommodated is: 45
- The registered person may provide the following category of service only: Care Home with Nursing (Code N); To service users of the following gender: Either; Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category (OP) 45

### Date of last inspection

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### Brief description of the care home

Allesley Hall is a large country manor house set well back from the main road providing nursing care for up to 45 residents. Accommodation is located over three floors. There are 43 single bedrooms and 1 shared bedrooms with 42 of the bedrooms having en suite facilities. The home has a total of seven lounges and a number of quiet rooms/areas, as well as a large main dining room.

A fully equipped hairdressing salon is located on the first floor. There are 2 shaft lifts for access to the upper floors providing wheelchair access to all parts of the home.

Large extensive landscaped gardens are provided to the front, back and side of the
Brief description of the care home

home with a patio area located in the back garden and a seating area is provided. Parking facilities for visitors are available to the side and rear of the building.

Information about the home is available in the homes Statement of Purpose and Service users Guide.

Current range of fees: 731 pounds to 932 pounds per week. The home has a block contract with social services for 25 beds. The home does not charge a top up fee for these residents. The residents have access to physiotherapist when required the cost of this service is paid for by the home. Additional charges are made for some activities, hairdressing and chiropody.
Summary
This is an overview of what we found during the inspection.

The quality rating for this care home is: two star good service

Our judgement for each outcome:

- Poor
- Adequate
- Good
- Excellent

How we did our inspection:
The quality rating for this service is 2 Star. This means that people who use the service experience good outcomes.

This was a Key unannounced inspection which addresses all essential aspects of operating a care home. This type of inspection seeks to establish evidence showing continued safety and positive outcomes for residents'.

The inspection focused on assessing the main Key Standards. As part of the inspection process we reviewed information about the home that is held on file by us, such as notifications of accidents, complaints, allegations and incidents. We posted some questionnaires out to residents and their relatives who use the services of Allesley Hall.
Questionnaires also went out to staff employed in the home and health and social care professionals who are involved in supporting the home to provide care services to residents. Responses and comments received from questionnaires returned to us have been used to inform this report.

We identified a number of residents whose care we could look at through the case tracking process. Case tracking involves looking at people's care plans and health records and checking how their needs are met in practice.

The inspection included meeting some of the people living at the home, including the three people whose care was being examined. Other people's files were also looked at in part to verify the healthcare support being provided at the home. Discussions took place with some of the people that live at the home in addition to care staff and managers for the service.

A number of records, such as care plans, complaints records, staff training records and fire safety and other health and safety records were also sampled for information as part of this inspection.
**What the care home does well:**

The home has a good manager and enthusiastic staff who are keen to do their best for people in their care.

A relative told us "All the staff take time to make each of the residents feel special and treated as individuals. The staff seem happy and enthusiastic and work well as a team."

The pre-admission assessment process assesses the care needs of a person based on looking at their daily living needs.

The home responds to compliments in a positive way which makes people confident that their concerns will be dealt with objectively. The outcome of complaints is used to improve practices in the home where appropriate.

Residents and relatives told us what they thought the home does well:

"Staff are mostly very caring and understands dads needs. They always talk to him as if he can respond even though he can't, which I appreciate and am grateful for."

"I have been in the home for 'X' months and I am really happy here."

"Meals, speech therapy, physio, activities, general caring, beautiful grounds."

"Everything is really nice you couldn't get a nicer home."

"Honestly it is hard to fault Allesley Hall-they looked after my father briefly in 2005 and were first choice for my mother when she too needed nursing care."

"Contact with family."

"Look after the whole family and very good at making you feel part of a wider family in the home."

**What has improved since the last inspection?**

A refurbishment plan for the home has been developed. Looking around the home shows that the refurbishment has helped to improve the living environment for residents and provides a comfortable place for people to live in.

The management team has introduced observation of staff practice as part of the supervision process. This will help to make sure that staff are providing safe practice to people in their care.

The manager and kitchen staff have made improvements to the daily menu based on the views of people living in the home. This will help residents to enjoy their food and receive the food they like to eat at mealtimes.

The employment of a new activities/volunteers coordinator has helped to improve
activities and entertainment provided in the home. Changes made are based on the views of residents and has helped to provide appropriate stimulation which meets the needs of people living in the home.

**What they could do better:**

We found at this inspection visit that the home could improve in the following areas:

Daily statements should be consistently written to show that residents care needs have been met and that their health, personal and well being have been assessed.

There should be sufficient skilled and qualified care staff working in the home to meet the needs of people living in the home on duty at all times. This will make sure that residents have their care provided safely and have all their care need met.

Communication between staff in the home should be reviewed. This will help to identify peoples concerns and where improvements can be made.

Residents records detailing their plans of care and personal details must be stored securely in the home at all times. This will help to make sure that information about people living in the home is kept confidential and does not put people at risk of harm.

Maintenance and servicing files should be reviewed and organised to make sure they contain current information and are easily accessible. This will help staff to access documentation easily and make sure that it is all up to date.

People living in the home and their family members told us what they thought the home could better. Some of their comments are as follows:

"On the whole they keep me fully informed but there have been occassions where dad has been sick and I've not been told until I go in the following day."

"Could benefit from an extra carer from 5pm to 8pm in the evening to enable suppers to be served and getting residents to their rooms and some to bed. This is a very busy time for the carers."

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.
Details of our findings

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Requirements and recommendations from this inspection
Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

- People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

- People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

**Judgement:**

- People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

- People who are considering moving into the home have up to date written information available to support them in making a decision about the home. The pre-admission assessment carried out helps to make sure that all the needs of people can be suitably assessed, discussed and met before they move into the home.

**Evidence:**

- Copies of the Statement of Purpose and Service User Guides were available in resident's bedrooms. These are stored in Perspex holders on the back of resident's bedroom doors. Both documents have been updated. This will make sure that residents have accurate and current information about the home, which allows them to make an informed decision about using the home.

- The care files of three residents admitted to the home since the last key inspection were examined to assess the pre-admission assessment process. The three residents...
Evidence:

were receiving varying levels of care. Two residents needed a lot of support from nurses and care staff the other resident was more independent. The manager told us that either her deputy or herself carry out the assessments in a person's own home, other care home's when peoples needs change or while they are in hospital. One of the care plans examined showed us that a resident had had their pre admission assessment carried out in hospital. Speaking to one of the residents' and their family we were told that they had been visited by the home manager while they were in hospital. The resident told us that they were asked a number of questions about their care and a member of their family had been present.

All files showed details of an assessment of each person's needs. The organisation has a standard pre admission assessment form titled 'Domiciliary Pre Assessment.' These cover activities of daily life, which include personal care, eating and drinking, Promoting Incontinence, socialising, communication and spirituality. There was evidence on files to show that information had been obtained from health and social care professionals before people moved into the home.

A family member told us in their returned questionnaire that they were allowed to stay with their relative when they first moved into the home to help them settle in better.
Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

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<tr>
<th>People’s health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People’s right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.</th>
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If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The healthcare needs and risk assessments are identified for residents. This means that staff should provide appropriate care at all times. Daily statements are not consistently written to demonstrate that the care people living in the home have received meets their individual care needs. Medication practices are carried out safely. People are treated with respect and have their spiritual needs considered.

Evidence:

People living in Allesley Hall have varied needs. There are people with different health conditions, which include Parkinson’s Disease, CVA (Stroke), and Diabetes, different degrees of dementia causing communication and memory problems and different levels of mobility. Some residents are able to provide some care for themselves with support. The remaining residents require complete support from nursing and care staff to meet their physical, health, personal and social care needs.

We looked at the care plans for the three residents who were followed through the case tracking process. Each person had a care plan, which identified the residents care
Evidence:

needs based on their activities of daily living. The plans of care are based on the initial pre admission assessment of peoples' needs and a further admission assessment is carried out when they are admitted to the home. These include for example personal care, eating and drinking, spiritual, socialising, mobility and health promotion.

Risk assessment tools available and completed for these residents include identifying the level of risk for people in relation to falls, nutrition, mobility and moving and handling. Risk assessments had also been completed related to the risk of residents developing skin wounds due to pressure area damage. Two of the residents we case tracked were assessed as being at high risk of developing pressure area damage. Both residents were being nursed in special nursing beds with pressure relieving mattresses. The beds would make it easier for nurses and care staff to provide care with ease to the residents and the mattresses help to relieve the pressure on their body while lying down. One of the resident's has a pressure sore. A care plan had been completed identifying the need for a specialist bed that would help to relieve pressure, the dressings staff should use to treat the pressure sores and how often the person should be turned. We visited both residents. Observation showed that staff had followed the guidance in the care plan. This resident was unable to communicate effectively due to poor health. Our observations showed that the person looked well cared for, their skin had a good colour and they looked well hydrated. This is evidence that staff had been supporting the resident to drink sufficient fluids and eat a nutritious diet as part of their care. Non verbal responses from the person and the smile on their face as we spoke to them showed us that they were happy and well.

The second resident had a family member present, who expressed that the care in the home and the support of the GP had helped their relative's condition to improve. A nutrition assessment had been carried out for this resident. Consideration had been given to the resident’s allergy to eggs and dairy foods by supplying a soya based liquid food supplement when first admitted to the home to be given through a (PEG) tube into their stomach. A PEG is usually placed into a person stomach and liquid nutritional feeds given due to the person having problems with swallowing, which could result in them choking. The PEG is maintained by giving the resident water through the tube overnight. This helps to prevent the tube from blocking and also makes sure the person has had sufficient fluids to keep them well hydrated. The residents care plan had been updated to show that they no longer had food supplements given through the tube in their stomach.

Care files showed that residents had access to other professionals such as a Dietician and Speech and Language therapist they are also regularly seen by a GP and Chiropodist. Residents also have access to the services of a physiotherapist, which is paid for by the home. A relative told us that residents get "Wonderful support with
Evidence:

speech and language." Documentation is maintained in care files on a separate sheet to record professional visits, professionals are encouraged to complete these themselves. Evidence is available to show that instructions from professionals are cross referenced into care plans. Two of the files showed that the resident's weights were recorded when first admitted to the home together with an initial record of their temperature, pulse and blood pressure. Recording these initial base line observations will provide evidence to compare a deterioration in a persons well being.

Care plans read lacked information to demonstrate that they were written to be person centered and reflect that the planned care had been discussed with the resident and his or her family if appropriate. We found that daily records to show what care people have received are not consistently maintained on a daily basis. Records of daily care were not easily accessible, which made it difficult to follow any care that the person may have received. Although this is a nursing home, information available showed that daily reports were mainly written by care staff. Writing daily statements should provide details of the care and support people living in the home have received to meet their health, personal and social care needs and so reflect a person's daily well being and quality of life. These records will then provide staff with the information they need to evaluate a person's care at least monthly and provide up to date information when reviewing the plan of care with the resident and or their relatives. In the care plans examined it was not clear that monthly evaluations and reviews of care had been completed. Making sure that the evaluation or review of a person's care is clearly demonstrated will also provide the information needed to update and monitor a person's individual care. These concerns were discussed with the manager, who demonstrated to us that she understood where care plans could be improved.

We examined the management of medicines in the home. Medication practices show that there are good systems in place for the ordering, receipt and storage of medicines. A monitored dosage ("blister packed") system is mainly used, there are some medicines dispensed in bottles or boxes. Medication is safely stored in locked trolleys, which are kept in a locked clinical room. The clinical room was tidy and organised. Staff are regularly recording the temperature of the medicines fridge this will ensure that those medicines requiring cold storage are kept at recommended temperatures. Only trained nurses are responsible for the administration of medication.

Medication is administered according to instructions on the Medication Administration Record (MAR). Photographs are kept with the MAR sheets to minimise the risk of residents receiving the wrong medicine. An audit of the medication prescribed for people involved in case tracking demonstrated that medicines had been accurately administered as prescribed and medicine administration records were accurately
Evidence:

Maintained. Records checked show that there were no omissions in the administration of medication, and reasons for non-administration are recorded. Controlled drugs are kept and stored correctly, and recorded in a register.

All of the residents we spoke to said that staff treated them well. People living in the home looked well cared for. While we sat in the lounges at different times of the day people told us through conversation that they were happy living in the home. Residents knew the nurses and carers by their first name and interaction between them was relaxed and positive. A relative told us that the home is "Very good at treating people with dignity and respect. Always treat people as individuals and get to know their background."

An annual remembrance service is held at the home each December. Evidence available shows that there is good attendance and on one occasion the service was attended by over 60 residents and relatives. Each family group place a bauble on the Christmas tree in memory of their loved one. A relative commented in their questionnaire that they are "Appreciative also of chaplaincy care which helps meets spiritual needs." Staff working in the home told us that spiritual support in the home is very good.
Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home provides varied social and recreational activities that provide interest and pleasure for the residents. Visitors are made welcome and help to keep people who live in the home informed about the wider community. Meals offered provide both choice and variety for residents.

Evidence:

People living in the home have the support of an activities coordinator to help arrange events and activities that they enjoy and which promotes their own individual personal interests. On the morning of our inspection visit a coffee morning was taking place. This event was attended by residents, relatives and staff.

Residents were observed to spend time in the privacy of their own room where their visitors could meet with them. Some bedrooms have a small kitchenette where residents if they are able or their visitors can make themselves a drink if they want one. Residents were also sitting in communal areas such as the lounge for company and joined others in the dining rooms for their meals.

Relatives told us that: "Family and friends always welcome. Able to make a cup of tea."
Evidence:

Overall well organised with excellent facilities."

"Staff on the whole are welcoming to visitors."

Records of activities that have taken place in the home are maintained. Two of the files contained information about the residents enduring interests, one file shows that family members have been involved in providing details of their relatives' life, past hobbies and interests. We saw evidence of events and activities that have taken place, on posters, in photographs, through discussions with the activities coordinator and conversations with relatives and residents. Photographs show activities and events that have taken place over previous months for example: Halloween was celebrated in October 2008. Relatives and children were invited and dressed in costumes and took part in 'trick or treat'. Residents were able to celebrate St. Patrick's day with a party complete with dancing, shamrock, hats and Guinness. The events that take place supports helping residents to remember recognised holidays and specific times of the year.

Relatives told us the home "Provides lots of social and entertainment events involving staff, residents and family." One family member told us that their relative had suffered a stroke and had dementia and they had not expected them to be able to participate in the home's many activities. "However they made the effort to include her in events and she has even been on trips out in the home's minibus to the Walsall illuminations and to Birmingham Botanical Gardens!" One of the areas where staff felt that the home does well is activities and that relatives are always encouraged to take part. Staff also told us that residents would benefit from more outdoor activities and events. This issue has been discussed in residents and relatives meetings and through responses in questionnaires carried out as part of the homes quality assurance system.

Breakfast in the home offers residents a choice of a light breakfast, cereals, toast/jam or a cooked breakfast. The midday meal was served between 12:30 and 13:00 hours in the dining rooms on the ground and first floor. Residents were seen to enjoy their lunch. The lunch menu offered residents the choice of baked plaice in mustard sauce, cottage pie, with leeks and potato topping, followed by sticky toffee pudding some residents had wine with their meal. Some residents spoken with were able to tell us what they were having for lunch. Practice observed at lunch time showed that care staff and nurses supported residents in a discreet and sensitive manner when helping residents to eat and enjoy their meal. Two family members were in the home helping their relative to eat their lunch. Both told us that they visit most days to support their relative with eating. Drinks are available throughout the day; these include tea, coffee and cold drinks. Cakes (afternoon) and biscuits Served with drinks. The menu and meals seen to be served showed that residents are offered nutritionally balanced
Evidence:

meals, which helps to increase their appetite.

We spoke with the Kitchen Assistant who is happy working in the kitchen and was able to demonstrate that she knows the residents and their personal likes and dislikes. We were told that most residents choose their meals the day before with the support of their family or carer. Records kept in the kitchen show that some residents have their week’s menu chosen with the support of a family member. Menu records provided evidence of residents choice from the menu and any alternative meal choice requested based on their likes and dislikes. Kitchen staff also have access to written information showing which residents have specially prepared meals such as soft or pureed meals. Relatives said that there is a good choice of food and the kitchen staff are very helpful "If food not suitable will find an alternative."

A Dietician and Speech and Language Therapist are used by the home to review and assess the nutritional needs and swallowing ability of people living in the home. Eating and drinking guidelines for these residents are reviewed weekly. Laminated cards have been developed by the Speech and Language Therapist to show staff examples of how minced, pureed and soft meals should be presented. The cards also show what foods can be provided in their existing format to residents without any further processing. This is good practice and provides good guidance for kitchen and care staff to follow. As a result residents assessed as needing specially prepared meals should have a more enjoyable eating experience and help to maintain their appetite. One of the residents followed through the case tracking process is provided with soya based food products due to an intolerance of one of the food groups. The resident's needs are also considered when cooking the main meals in the home and appropriate substitutes made. The family member told us that their relative's meals had been discussed with the chef for the home.
Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People’s legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Complaints are investigated and ongoing training for staff related to adult protection supports the rights and protection of residents from abuse, which increases their feeling of safety and quality of life in the home.

Evidence:

A detailed complaints procedure is available and accessible to residents, staff and visitors in the home. Relatives spoken with said that if they had any concerns they would speak to the manager. One resident told us "I leave complaints to my daughter to handle." A relative said that the manager "Always listens to any concerns and rectifies them."

The manager showed that she was knowledgeable about the protection of people in her care for example she told us how she managed concerns about thefts that had occurred in the home. The police and local authority were informed and the home worked with the police to put procedures in place to investigate and help prevent further thefts taking place. A procedure for responding to allegations of abuse is available with clear guidance for staff to follow. Training records showed that staff had attended recent adult protection training sessions and staff were able to confirm that they had received training. Topics covered in the safeguarding of vulnerable adult training includes types of abuse, who can abuse, legislation, abuse in a care setting and how to report concerns.
Evidence:

Staff told us that practices in the home "Provides a safe and caring environment for residents." and "Protects the residents interests." Residents looked comfortable in the home and comments received through conversation with people using the service expressed that they felt safe in the home.
Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is well maintained to provide a safe, attractive, homely and clean place for people to live.

Evidence:

Ongoing redecoration and maintenance has been carried out in the home. Looking around the home with the manager we noted that the home was generally well presented and clean. In some areas corridors and stairways the carpet is showing signs of wear and some carpeted areas are stained. In one of the Regulation 26 reports read (March 09) the writer comments that "the carpets (not in main areas) could do with replacing and the walls are probably due for repainting). Part of the refurbishment plans for the home includes changing the main water pipe delivering water through the home and replacing the lift. The manager will inform us when the work is being carried out and what plans are in place to minimise any risks to people living in the home.

The grounds to the home are extensive and suitably landscaped, which allows residents to access the gardens easily.

Equipment and aids used to assist residents in their mobility and allow ease of access around the home are available this includes hoists, wheelchairs and walking aids.
Evidence:

Some of the residents were seen to use these with ease around the home and staff were observed to support staff when using equipment in a way that will maintain their safety.

Resident’s bedrooms look bright and clean. However a relative expressed concerns that their relatives room needed cleaning more frequently. The family member expresses concerns mainly about the cleanliness of the residents bathroom. Bedrooms we looked at were furnished with appropriate furniture this includes items of their own furniture, pictures and ornaments. This means that residents are able to personalise their own bedrooms which help them to feel comfortable and provide a homely environment. Resident’s have access to en suite facilities as well as communal bathrooms, showers and toilet facilities.

Practices carried out in the home show us that staff follow the procedure for the home related to the prevention of cross infection. Residents tell us that they are happy with the standard of laundering in the home. Kitchen cleaning rotas in place identifies for staff what cleaning should be carried out weekly and monthly. Rotas show that cleaning on the weekly rota was last carried out on 15/06/09. This includes cleaning the sink, taps, hand wash basin and cooker. Temperatures checked include the dishwasher, fridges and freezers records and the temperature of food served to residents. Records showed us that temperatures were maintained within acceptable levels.
Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

<table>
<thead>
<tr>
<th>People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.</th>
</tr>
</thead>
</table>

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staffing levels in the home are under review to make sure they are always sufficient at different times of the day to safely meet the needs of people living in the home. Robust recruitment practices are followed this makes sure that people recruited to work in the home are safe to work with vulnerable people. Staff receive training to help them meet the individual needs of residents. People living in the home can be sure that competent and qualified staff are caring them for.

Evidence:

The hours worked by the home manager and deputy manager are included on the duty rota. This helps to demonstrate to us what management hours are provided in the home. At the time of our visit there were sufficient staff working in the home to meet the needs of the people living there. Other staff working in the home includes admin, laundry, housekeeping, maintenance and kitchen staff. The cook working in the kitchen for the day was a person from an agency.

Residents and relatives tell us in their questionnaires that the home has a caring nursing team saying that they are "Confident that health needs will be addressed. GP visits weekly and patient (Resident) will be seen as appropriate."

Relatives and staff expressed concerns in their questionnaires about staffing levels
Evidence:

during the late and night shifts. One relative said that the service could do better if they "Employ more care assistants as at times there seems to be a shortage of staff to look after the residents also the night staff to be trained more for handling residents!"

A visiting health professional told us "MHA say what the staffing levels are and that can be at odds with what is necessary. Allesley do their best to keep staffing levels good."

Members of staff also raised concerns about the lack of staff saying "There never seems to be enough to care 'properly' i.e. talk to them (Residents)." "I think more staff should be allocated to each shift so that staff could do more one to one with residents."

The manager has told us that both her and her deputy have worked late and night shifts and have recognised the need for additional staff. She acknowledges that there has been a rise in the dependency of the residents in the home. As a result the manager has looked at staffing levels in the evening with a view to increasing the care staff numbers from eight to nine on a late shift. This information needs to be communicated to relatives and other visitors to the home, this will help to keep them up to date with changes that have been made in the home.

Further comments from both staff and relatives told us that at times it is very difficult to find a nurse or carer around the home and felt that a call or bleep system could be considered making it easier for people to locate staff.

Overall staff tell us that they work well as a team saying "We are very motivated and dedicated."

The personnel files of six members of staff employed since our last key inspection were examined. The files showed that they contained evidence that pre-employment checks such as Criminal Record Bureau (CRB) and Protection of Vulnerable Adult (PoVA) had been carried out.

Information in the AQAA and training records available in the home tells us that 63.9 percent of the care staff have a National Vocational Qualification (NVQ) level 2 or above. This should mean that people are cared for by trained and qualified staff. New staff receive an induction period, which meets the National Minimum Standards described and recommended by the skills for care council.

Training records were available for examination. These showed that staff have received training in moving and handling, fire prevention and awareness, food
Evidence:

hygiene, infection control and COSHH (Control of Substances Hazardous to Health). This will mean that staff are up to date with safe working practices. Other training staff have attended includes dementia training ('Yesterday. Today and Tomorrow') this provides information and training staff on dementia and caring for people with dementia. Staff also have basic training on the prevention and care of pressure sores, medicines, diabetes and resuscitation. Attending specialised training will ensure that staff have the appropriate skills and up to date knowledge to be able to carry out their role in meeting the care needs of people living in the home. Staff told us that Allesley Hall has a very good training plan.
Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

- People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

- People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

An experienced competent person manages the home. Practices carried out in the home help to make sure that the service is run in the best interests of people living in the home.

Evidence:

The manager for the home was present at the inspection. During the inspection visit she was able to demonstrate her knowledge about the care and well being of people living in the home. Observations made indicate that the manager is approachable and has good interaction with residents, relatives and staff. Visitors to the home stated that they found the manager and other staff working in the home approachable.

A relative told us that the manager was excellent. "Approachable. Confidence in her abilities to manage the care team." A visiting health professional told us "Allesley Hall has a really good team to look after the residents. The managers are approachable and often on the floor working so are not detached from what is going on."
Evidence:

All staff were enthusiastic about working at Allesley Hall. Staff said they are listened to and are involved in the running of the home. There are clear lines of accountability in the home. Discussions with residents, relatives and staff demonstrate that they are aware of who is who in the home and their responsibilities. Staff told us in questionnaires returned to us that "I feel we all work well as a team and support each other." and "Allesley has a very good caring team most people get on and work well together."

However some comments in questionnaires did raise concerns about communication between staff. A relative expressed a number of concerns in their questionnaire one of which told us that they felt "Communication between unqualified care staff and qualified staff need to improve." A member of staff told us that "Because of the different shift patterns communication is sometimes not as good as it could be, with full and part time staff. A visiting health professional expressed that communication needed to improve between staff especially when passing on messages. The organisation Methodist Homes use a formal quality assurance system to assess the services provided by the home. A copy of the outcome of the last quality review evidenced that audits are carried out on the services provided in the home and identifies areas for improvement. Action plans are developed for making improvements and are reviewed to monitor progress. Separate staff, residents and relatives meetings are held, minutes for the most recent meetings were seen and read by us. The topics, discussions and action to be taken show us how people are encouraged to be involved in the day to day running of the home.

The quality assurance system in the home also involves carrying out internal audits, these are carried out by named staff working in the home. Areas recently audited include work, rest and play and promoting continence and dignity. Findings were gathered by asking residents their families and staff questions related to these areas. Regulation 26 visits are carried out monthly either by managers from other homes within the MHA organisation or membes from the board. Copies of the Regulation 26 visit reports for February 2009 and March 2009 were seen and read by us. These cover areas such as the experiences of people living in the home related to the environment and activities. The outcome of the quality assurance system are used to support improvements in the home.

The personal monies of people living in the home are kept securely and separate. Accurate records of income and expenditure are available. The records of the three residents followed through the case tracking process where asked for. Two of the three residents let the home maintain small amounts of monies on their behalf. Monies and records available show that balances are accurate and auditing is regularly carried out.
Evidence:

Supervision records were seen and read for staff files we examined at this inspection visit. The supervision records show that aspects of staff practice and training needs were looked at as part of the supervision process.

Care files for residents are kept in lockable desk bureau in the lounge areas of the home. The manager told us that moving the files into the bureau was intended to encourage the staff to spend more time with the residents. The manager told us that the cupboards are kept locked when not in use particularly when staff are not present to maintain the security of files and confidentiality. However, the desk bureau was observed to be left unlocked and unattended on one occasion during our visit. One health care professional expressed their concerns to us in their questionnaire saying that the "new policy of keeping residents records in a desk in the day room (lounge) rather than in a office is inconvenient when reviewing many patients (residents) to review and write up care plans in the day rooms and it is not possible to have a confidential conversation with nursing staff without having to make a point of leaving the room and finding somewhere to discuss residents.

Other records examined include maintenance and servicing documentation for electrical equipment, gas, clinical waste and all other services supplied to the home. There were a number of old records in the file, which made accessing current documents difficult. Resident aids and equipment have also been serviced this includes hoists seen in use during the inspection visit.
Are there any outstanding requirements from the last inspection?

- Yes
- No

**Outstanding statutory requirements**

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
</tr>
</thead>
</table>

|  |  |  |  |  |
Requirements and recommendations from this inspection:

Immediate requirements:
These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
</tr>
</thead>
</table>

Statutory requirements
These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

<table>
<thead>
<tr>
<th>No.</th>
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<th>Requirement</th>
<th>Timescale for action</th>
</tr>
</thead>
</table>

Recommendations
These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

<table>
<thead>
<tr>
<th>No.</th>
<th>Refer to Standard</th>
<th>Good Practice Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7</td>
<td>Care plans should show clearly when residents care needs have been reviewed. This will help to make sure that people receive safe and appropriate care at all times.</td>
</tr>
<tr>
<td>2</td>
<td>7</td>
<td>Daily Statements should be consistently written to show that residents care needs have been met and show that their health, personal and wellbeing have been assessed.</td>
</tr>
<tr>
<td>3</td>
<td>32</td>
<td>Communication between staff in the home should be reviewed. This will help to identify peoples concerns and where improvements can be made.</td>
</tr>
<tr>
<td>4</td>
<td>37</td>
<td>Maintenance and servicing files should be reviewed and organised to make sure they contain current information and are easily accessible. This will help staff to access documentation easily and make sure that it is all up to date.</td>
</tr>
<tr>
<td>5</td>
<td>37</td>
<td>Residents records detailing their plans of care and personal details must be stored securely in the home at all times. This will help to make sure that information about people living in the home is kept confidential and not put people at risk of harm.</td>
</tr>
</tbody>
</table>
Helpline:

**Telephone:** 03000 616161 or  
**Textphone:** or  
**Email:** enquiries@cqc.org.uk  
**Web:** www.cqc.org.uk

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