

Allswell Care Services Limited

Allswell Lodge

Inspection report

95 Gander Green Lane
Sutton
Surrey
SM1 2EP

Tel: 02086422896

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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

About the service: Allswell Lodge is a care home that provides personal care and accommodation for up to five adults. People living at the service have range of complex needs including learning disabilities. At the time of this inspection five people were using the service.

People's experience of using this service:

- The service had safeguarding policy and procedures in place and staff had a clear understanding of these procedures.
- Appropriate recruitment checks took place before staff started work and there was enough staff available to meet people's care and support needs.
- Risks to people had been assessed and reviewed regularly to ensure people's needs were safely met.
- People were receiving their medicines as prescribed by health care professionals.
- The home had procedures in place to reduce the risk of the spread of infections.
- Assessments of people's care and support needs were carried out before they started using the service.
- Staff had received training and support relevant to people's needs.
- People were supported to maintain a balanced diet.
- People are 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.
- Staff treated people in a caring and respectful manner.
- People and their relatives [where required] had been consulted about their care and support needs.
- People were supported to participate in activities that met their needs.
- No one living at the home required support with end of life care, however there were procedures in place to make sure people had access to this type of care if it was required.
- The home had a complaints procedure in place.
- The registered manager had effective systems in place to assess and monitor the quality of the service.
- They had worked in partnership with health and social care providers to plan and deliver an effective service.
- The service took people, their relatives, staff and health and social care professionals views into account through satisfaction surveys and feedback from the surveys was used to improve on the service.
- Staff enjoyed working at the home and said they received good support from the registered manager. Management support was always available for staff when they needed it.

Rating at last inspection: Good (Report was published on 7 July 2016).

Why we inspected: This was a planned inspection based on the last inspection rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect the service

sooner.

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Allswell Lodge

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: A single inspector carried out this inspection.

Service and service type: This service is a care home. It provides care and support to 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The inspection was unannounced. The site visit activity started and ended on 31 January 2019.

What we did: Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection we looked at two people's care files, staff recruitment and training records and records relating to the management of the home such as medicines, quality assurance audits and policies and procedures. We spoke with the registered manager and two staff members about how the home was being run and what it was like to work there.

People using the service had complex communication disabilities and were not able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with one person's relative for their views on the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- A relative told us, "I trust the staff to look after my loved one. I know my loved one is safe."
- There were safeguarding adults procedures in place. The registered manager and staff had a clear understanding of these procedures. Staff told us they would report any concerns they had to the registered manager and to the local authority safeguarding team and CQC if they needed to.
- The registered manager knew they had to report abuse to the local authority and CQC; however, there had not been any concerns of abuse since our last inspection of the service.
- Training records confirmed that all staff had received up to date training on safeguarding adults from abuse.

Assessing risk, safety monitoring and management

- Peoples care files included risk assessments, for example, on using public transport, falls, eating and drinking and medicines. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely.
- Staff told us they knew what to do in the event of a fire and training records confirmed they had received training in fire safety.

Staffing and recruitment

- We observed and staff told us the staffing levels at the home met people's needs.
- The registered manager said staffing levels were arranged according to people's needs. If extra support was needed for supporting people to attend health care appointments or social activities, then additional staff cover was arranged.
- Robust recruitment procedures were in place. We looked at the recruitment records of the most recent member of staff employed to work at the home. These included a completed application form, employment references, evidence that a criminal record check had been carried out, a health declaration and proof of identification.

Using medicines safely

- Medicines were securely stored and managed safely. People were receiving their medicines as prescribed by health care professionals. People had individual medication administration records (MARs) that included their photographs, details of their GP and any allergies they had. They also included the names, signatures and initials of staff qualified to administer medicines. MARs had been completed in full and there were no gaps in recording.
- Training records confirmed that all staff responsible for administering medicine had received medicines

training and they had been assessed as competent to administer medicines by the manager.

Preventing and controlling infection

- The home was clean, free from odours and had infection control procedures in place. We saw hand wash and paper towels in communal toilets and staff told us that personal protective clothing such as gloves and aprons was available to them when they needed them.
- Training records confirmed that staff had completed training on infection control and food hygiene.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- When things went wrong we saw the registered manager responded appropriately and used this as a learning opportunity. For example, after a person had an accident in their bedroom staff rearranged the person's furniture and bedding in order to eliminate the risk of the same accident occurring again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. People's outcomes were consistently good, and a relatives feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people lacked capacity to make specific decisions for themselves, they 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 supported this practice.
- The registered manager demonstrated a good understanding of the MCA and DoLS. Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection we found that the authorisation paperwork was in place and kept under review.
- Staff had completed MCA training. They told us they sought consent from people when supporting them and they respected people's decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A relative told us, "My loved ones' needs were assessed before they moved into the home. The registered manager used information from my loved ones' last care home and information from social worker to carry out the assessments and put support plans in place."
- We saw initial assessments of people's care and support needs were in their care records. These assessments were used to draw-up individual support plans and risk assessments. Nationally recognised planning tools such as the waterlow score were being used to assess the risk of people developing pressure sores.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. Staff told us they had completed an induction, they were up to date with training and they received regular supervision.
- The registered manager told us that staff new to care would required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for

new social care workers.

- Training records confirmed that staff had completed training that was relevant to people's needs. This training included epilepsy, autism and dementia awareness, safeguarding adults, infection control, medicines administration, MCA and DoLS.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care records included assessments of their dietary needs and preferences which indicated their dietary requirements, food likes and dislikes, food allergies and their care and support needs.
- Where people needed their food to be prepared differently due to medical conditions this was catered for. Staff worked closely with the speech and language therapists [SALT] and dietitians to make sure people with swallowing difficulties could enjoy food and drinks that was nutritious and presented to them in an appealing manner.
- We observed people being supported at lunchtime. Some people ate independently and some required support from staff to eat their meals. They received hot meals and drinks of their choice in a timely manner. Staff provided support and encouragement to people to eat their meals, at a pace directed by the person.

Supporting people to live healthier lives, access healthcare services and support:

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service. A relative told us, "My loved ones' healthcare needs are being met. They get to see health care professionals whenever they need to."
- We saw that people's care records included advice and support guidance for staff to follow, for example, from occupational and speech and language therapist's and dietitians.
- Information was available and shared with other health care services such as hospitals when this was required. For example people had hospital passports which outlined people's health and communication needs for professionals when they attended hospital.

Adapting service, design, decoration to meet people's needs

- People had en-suite bedrooms, which had been decorated and furnished to their choice.
- The home was warm and clean and suitably adapted to meet people's needs.
- People had access [via ramps where required] to the home and to a rear garden with seating areas for them to relax in.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. People were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People had complex communication needs and were not able to communicate their views verbally to us, however, we saw their care records included communication profiles that recorded their specific methods of communicating with staff.
- We observed that staff knew people very well and communicated with them effectively.
- People and their relatives, where appropriate, had been consulted about the care and support they received. A relative told us, "I have always been involved in planning for my loved one's care. I attend review meetings at the home when I can. If I am away they send me a copy of my loved one's support plan for me to comment on."
- Care records were person centred and included people's views about how they wished to be supported.

Ensuring people are well treated and supported; equality and diversity

- A relative told us, "Between us [the home and myself] we are giving my loved one a good quality of life. My loved one is well looked after."
- People's care plans included a section that referred to their diverse needs.
- Training records confirmed that staff had received training on equality and diversity and inclusion. Staff said they were happy to support people to do whatever they wanted to do.
- People were supported to attend an inter-denominational church service, clubs, day services and other activities that met their needs.

Respecting and promoting people's privacy, dignity and independence

- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms. When providing people with personal care they explained to the person what they were doing as they went along and by asking if they were happy to continue.
- We saw staff providing support to people in a sensitive way. They responded to people politely, allowing them time to respond and also giving them choices.
- Staff said they maintained people's independence as much as possible by supporting them to manage as many aspects of their own care that they could.
- Staff made sure information about the people was kept confidential at all times. We saw that information about people was stored in locked cabinets in a locked office.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People had support plans that described their health care and support needs and included guidelines for staff on how to best support them. For example, there was information for staff for supporting people with specific medical conditions and with eating and drinking. Staff understood people's needs and they were able to describe people's care and support needs in detail.
- People were supported to partake in activities that met their needs. Activities included visiting local clubs and activities centres, outings to local pubs and cafes and going for walks or for drives in the homes minibus. We saw variety of board games in the lounge and observed one person playing a game with a member of staff.
- People were supported to bake and prepare meals. We saw one person preparing lunch [fish pie] with a member of staff.
- The home had a sensory room with lights, tactile tiles on walls and music. We saw people were able to use this room independently to relax in.

Improving care quality in response to complaints or concerns

- The home had a complaints procedure in place. The complaints procedure was available in formats [words and pictures] that people and their relatives could understand and was displayed in communal areas at the home.
- A relative told us, "I know how to complain but I have never needed to. I would just speak with the manager if I had to complain and they would deal with it."
- The registered manager told us they had not received any complaints. However, if they did, they would write to any person making a complaint to explain what actions they planned to take and keep them fully informed throughout.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.

End of life care and support

- None of the people currently living at the home required support with end of life care. The registered manager said they would liaise with the GP, the multi-disciplinary team and the local hospice in order to provide people with end of life care and support if and when it was required.
- We saw that people's care records included a section relating their end of life care wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. □

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and staff demonstrated a commitment to provide meaningful, person centred care by engaging with people using the service, relatives and health and social care providers.
- Staff told us management support was always available for them out of hours when they needed it. One member of staff told us, "The registered manager really cares for people using the service and staff. She once told us, 'If the staff are happy then people receive good care'. They try to develop the staff, they have put me on a leadership course." Another staff member said, "I get really good support from the registered manager. They listen to the staff and make sure we get plenty of training."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014 and demonstrated good knowledge of people's needs and the needs of the staffing team. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the home.
- There was an organisational structure in place and staff understood their individual responsibilities and contributions to the service delivery. Staff knew of the provider's values and we saw they upheld these values when supporting people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A relative told us, "The home is very well run and organised. Communication between us [the home and myself] is very good. The registered manager and most of the staff have been there for a long time, they are very caring and experienced."
- The registered manager sought people, their relatives, advocates, staff and health care professionals' views about the home through satisfaction surveys. We saw completed surveys that included positive comments about the service and the care people were receiving. A relative had commented they were happy with the progress their loved one had made at the home. An advocate said they were happy with the way people living at the home were supported. Comments from health care professionals referred to the home being well organised and staff being cheerful, helpful and attentive to people's needs.
- Regular team meetings took place at the home. A member of staff said, "The meetings are good for expressing your views and sharing ideas. The registered manager is always looking for ways to improve things for the people that live here and the staff."

Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality of the service. We saw records confirming that regular medicines, health and safety, infection control, incidents and accidents checks were being carried out at the home. A recent health and safety check noted a leak on a radiator in a person's bedroom. The registered manager confirmed that the maintenance man had repaired the leak.
- The registered manager carried out unannounced spot checks at the home. They said these took place to make sure people were receiving safe and good quality care. The spot checks covered areas such as staff using a person-centred approach, following support plans and risk assessments, infection control procedures and managing medicines correctly. At the last visit in November 2018 the registered manager had reminded a member of staff to wear overshoes when supporting people in the shower.
- The registered manager attended provider forums run by a local authority and meetings run by the Clinical Commissioning Group [CCG]. Following a recent meeting with the CCG they told us they had learned how to correctly use a checklist tool for continuing care assessment in order to determine if an individual would qualify for NHS continuing care funding. They said they could now employ this at the home if it was required by any person using the service.

Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They said they had regular contact with the local authority that commissioned the service, health and social care professionals and they welcomed their views on service delivery. We saw a report from a quality monitoring visit from the local authority following a visit to the home in September 2018. A recommendation had been made as a result of the visit, the service was required to be compliant with the General Data Protection Regulation (GDPR). We saw that this action had been addressed and staff had received training on GDPR.
- The service had good links with other resources and organisations in the local community to support people with their needs. These included the Salvation Army, Activities Centres, Mencap and Sutton Social Services Social Inclusion Centre.