Central Bedfordshire Council

Allison House Residential Home

Inspection report

Swan Lane
Sandy
Bedfordshire
SG19 1NE

Tel: 03003008591

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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

Allison House is a residential care home for 42 older people. It is a purpose built home over two floors. There is access to a secure garden. The corridors are wide and the home is built in a square so residents can walk around inside the building very safely. At the time of our inspection 39 people were using the service. Most people were living with dementia.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff with the correct skill mix on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Effective infection control measures were in place to protect people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

Staff received induction and on-going training. They had attended a variety of training to ensure that they were able to provide care based on current practice when supporting people. They were also supported with regular supervisions.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professionals when required, including community

nurses and doctors to make sure that people received additional healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times. Care plans were written in a person centred way and were responsive to people's needs. People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place and accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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.

Further information is in the detailed findings below

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Allison House Residential Home

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 comprehensive inspection took place on 10 and 11 May 2018 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 contacted the local authority, we checked the information we held about this service and the service provider. No concerns had been raised.

During our inspection we observed how staff interacted with people who used the service. We observed breakfast, lunch, general observations and activities.
Some of the people who used the service were living with dementia and were not able to speak with the inspectors, however, they responded by smiling and using positive body language.

We spoke with nine people who used the service and five relatives of people who used the service. We also spoke with the registered manager, the provider's operations manager, one team leader, six care staff, two kitchen staff and two visiting professionals (a community nurse and a palliative care nurse).

We reviewed five people's care records, eight medication records, five staff files and records relating to the management of the service, such as quality audits.

Good

Is the service safe?

Our findings

There were systems in place to protect people from avoidable harm. Staff had received specific safeguarding training. They were able to tell us what constituted abuse and how and what they would report. There was information displayed regarding how to report safeguarding concerns. People told us they felt safe. One person said, "I could not live on my own, I might fall but here I am looked after and safe enough."

People had risk assessments in place to enable them to be as independent as possible whilst keeping them safe. Risk assessments included; skin integrity, falls, and use of bed rails. These were written to inform staff what the risk was and what to do to try to mitigate the risk. These had been reviewed on a regularly basis.

There were sufficient numbers of staff with the correct skills mix on duty to provide care and support for people's assessed needs. Staff and people told us they thought there were not enough staff, especially in the mornings. We looked at the dependency ratings for people and the staff rotas and found there were enough staff on duty. There was a calm atmosphere and staff did not appear rushed. We spoke with the registered manager and provider's operations manager who together thought the deployment of staff could be the issue. They planned to discuss this at the next staff meeting. The registered manager told us that they used agency staff, however, where possible they used the same agency staff to assist with continuity of care. We spoke with one agency staff member who told us they regularly worked at Allison House and knew the people and staff well.

Staff had been recruited using robust procedures. We accessed staff files which all contained the required checks including; references, copies of application forms, interview questions and DBS checks. Staff who had been in post a number of years had their DBS checks renewed to ensure the information is still current. Volunteers had the same checks carried out to ensure they were safe to work with people using the service.

People received their medication following best practice guidance. People told us there were no concerns. One person said, "Oh they sort that." Most people's medicines were blister packed and stored in locked trollies in a locked medicines room. We observed medicines administration and this was carried out correctly following guidance. We looked at eight Medication Administration Records (MAR), these had all been completed correctly. When staff had completed an administration round they carried out a check to ensure all medicines had been administered and there were no gaps in the MAR chart. This meant that if there had been an error it would be picked up early and rectified. One person required insulin to treat their diabetes. The local community nurses visited daily to administer this.

The premises were visibly clean and concerns were not identified in relation to infection control. Housekeeping staff were employed and cleaning schedules were in place for staff to follow and sign when completed. Staff uniforms were supplied by the provider and Personal Protective Equipment (PPE) was available for staff to wear to prevent the spread of infection.

The registered manager told us that they used any safety incidents, accidents or errors as a learning

opportunity. Staff were aware of their responsibility to report any errors, incidents or near misses. When practices changed due to learning, this was discussed at team meetings to ensure all staff were aware.

Good

Is the service effective?

Our findings

People's needs had been assessed prior to admission. This information had been used to start their care plans. Care plans we viewed shows this had taken place. They had been completed with the person or where appropriate with their family or representatives. Care records were personalised and contained good information for staff to allow them to support people as assessed. Appropriate care plans were seen that covered topics such as; communication, continence, mobility and leisure and social activity. This followed legislation and best practice guidance.

Staff told us they received training appropriate to their roles. One said, "The training is good." A member of kitchen staff told us, "We do the same as the care staff but moving and handling is different for pots and pans and equipment in the kitchen." We saw a training matrix which identified all staff training which had been completed and when it was next due for renewal.

Staff told us they received regular one to one and group supervisions. One said, "Yes, we have supervisions." We saw the supervision matrix where individual and group supervisions had been planned for the whole year. The registered manager told us they had started to theme them to include a policy or way of working. Records seen showed this to be the case.

We observed that people were finishing their breakfast when we arrived and we observed the lunch time meal on both days. Staff told us that the meals were planned by staff with input from people. They were aware of people's likes and dislikes and these were catered for accordingly. We saw people had different foods of their choice at the meal times. One person said, "I asked for baked beans with a poached egg on top and that's what I've got." Where required people had nutritional assessments and support had been obtained from health professionals if needed. The cook told us she was aware of individual's likes and dislikes and specific dietary needs. They prepared smoothies and juices to assist with increased hydration and nutrition. One person was a vegetarian with cultural meal requirements. We saw that they had an individual meal cooked for them. Mealtimes were calm and relaxed with staff assisting people with their meals when required.

People were supported to access additional healthcare services when required. One person said, "If I want to see the doctor I ask the carer and they will usually sort it out." On the day of our visit a community nurse had visited one person. They told us that the staff would request support when required and always followed advice when given. Within care records we saw that people had been referred for additional support in a timely manner and staff had accompanied them to a variety of appointments including; opticians, dentists and GP visits.

The premises had been adapted to be accessible for people. Corridors and rooms were wide enough for wheelchairs and hoists if required. There was level access to a large garden. The lounges and other areas were large enough for people to spend time together or be alone.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be

deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an awareness of their responsibilities under the Mental Capacity Act and care records reflected the level of capacity peopled had to make decisions about their care. They knew who had DoLS in place and the reasons for these. Staff sought consent from people before they provided care and support.

Good

Is the service caring?

Our findings

We observed that positive relationships had been developed between staff and people who used the service. We overheard many kind and caring comments from all members of staff. The general culture of the home was peaceful, kind and caring in both actions and words. One person said, "They are really nice but very busy." And, "They work hard for us here."

It was obvious that staff knew people well, they chatted with them about things of interest. They were able to give us a full overview of each individual person including their background and their families.

People were involved in any decision making and were encouraged to express their views as much as they were able. The registered manager told us that most families were heavily involved in their loved ones' care and support. For those who were not able, an advocacy service was available.

Staff used accessible ways of communicating with people. They had picture menus displayed and used a 'talking mat'. This was a mat with a large number of picture/word cards which could be used to assist understanding of people's needs or feelings. Two people who used the service had English as a second language. There were staff who used their first language and they interpreted when required or just had chats with the people in their first language.

The staff team was quite stable and staff spoke of how they worked as a team and were supportive of each other. One staff member said, "There are a lot of women working here but there are no problems. If we have any issues we just discuss it and sort it."

Staff were given the time and support they needed to provide care in a personalised way. Rotas were organised to enable this. One staff member said, "I won't rush them but we are very busy." A relative said, "It is lovely, the staff are all very caring. Mum always looks nice and well cared for."

We observed people being treated with privacy, dignity and respect. Staff knocked on people's doors, they spoke with them in a respectful manner and everyone was introduced to the inspector.

Staff promoted people's independence. We observed staff interacting with people and encouraging them to do what they could for themselves, with assistance if required.

We observed a number of people visiting their relatives. One visitor said, "We can come whenever we want and are always made to feel welcome. We can use the little kitchens to get a drink and biscuits."

Good

Is the service responsive?

Our findings

Within people's care records we saw that they had been involved as much as they had been able to be. Staff told us and records showed, people had review meetings with their family or representative involved. Care plans were electronic and staff carried small hand held devises which enabled them to be updated at the time care was provided. The registered manager told us they printed off a care plan to use when they were having a review. We saw this as there were two prepared for a planned review.

People were able to join in activities of their choice. One person said, "I really enjoy spending time with everyone in that room, I look forward to going (to activities)." There was a large activities room and an activity person was employed four days a week. They said, "I come in in the morning and I walk round the home so that everyone knows I am here and I have a chat. I never force anyone to do anything, I encourage them." They went on to tell us they found out about people's interests and then matched things that they would like to do. One resident loved making bread so they purchased a bread maker and what was once a once a week activity is now a 'whenever you want to,' activity. They had also recently purchased an ice cream maker so they can make their own ice cream for tea. A number of different activities were advertised including trips out once a month.

The provider had a complaints policy in place and people were aware of how to complain. One relative said, "I don't have to make a complaint – if there is a problem I just ask and something is sorted out." There had been one complaint since the last inspection. This had been dealt with to the satisfaction of the complainant.

Within people's care records was information regarding the person's wishes for their end of life care and funeral wishes. On the second day of our inspection staff were supporting someone at the end of their life. A community nurse and a palliative care nurse visited and arranged for a GP to visit and prescribed some additional medicines to keep them comfortable. Staff ensured that someone was sitting with the person at all times whilst waiting for their family to arrive.

Good

Is the service well-led?

Our findings

The provider and management had a clear vision of where and how they wanted to progress the service. The registered manager was aware of the day to day culture of the home. The provider's representatives visited regularly and were supportive of the registered manager. The operations manager called in on day one of the inspection to introduce themselves and support the registered manager, on the second day they had planned to visit for the registered managers' supervision which went ahead as planned. We observed that staff and people spoke with the registered manager throughout the day. There was an open door policy where people and staff could speak with any of the management team at any time. We observed this to happen on the days of the inspection.

There was a registered manager in post who was aware of their registration requirements. 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.

Staff and management were aware of their responsibilities. There were processes in place for staff to account for the decisions they made on a daily basis. Data was kept confidential, staff had individual log in accounts for the computer and paper files were kept locked in the office.

The registered manager held both staff and residents meetings. Minutes of these were seen. There had been a meeting the day before our inspection. One person said, "We went to a meeting yesterday and they discussed the decorations." A relative told us, "I usually come if I can – it's quite useful to know what is going on."

People were encouraged to voice their opinions or at least make them known. We observed staff asking people's opinions throughout the day. The registered manager carried out an annual survey for people who used the service and relatives. These were in the process of being returned. We looked at a number of these which were also available in pictorial format to assist people with their completion. Some comments include; 'love the activities,' 'food is good, plenty of variety,' 'excellent service all round,' and from a relative, 'staff are very friendly and caring, it's peace of mind for me and my family knowing my mother is in such a good place.'

The registered manager and maintenance staff carried out a number of quality audits. If there had been any issues found, an action plan had been devised and signed of when completed. The provider had also carried out regular visits as part of their quality assurance.

The registered manager and provider worked in partnership with other organisations where appropriate, to provide the best support for people. These included the local authority and multi-disciplinary teams.