We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Allesley Hall

Allesley Hall Drive, Allesley, Coventry, CV5 9AD
Tel: 02476679977
Date of Inspection: 19 November 2012
Date of Publication: December 2012

We inspected the following standards as part of a routine inspection. This is what we found:

- Respecting and involving people who use services: Met this standard
- Care and welfare of people who use services: Met this standard
- Safeguarding people who use services from abuse: Met this standard
- Supporting workers: Met this standard
- Assessing and monitoring the quality of service provision: Met this standard
| Details about this location |

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<td>Ms. Bernie Parrott</td>
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| Regulated activities      | Accommodation for persons who require nursing or personal care  
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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

Some people at Allesley Hall had complex nursing needs and were unable to communicate. To establish what it was like for people living in the home, we spent a period of time observing people and also spoke with seven people.

People told us they were satisfied with the care being provided. We saw people being given opportunities to make choices when staff were delivering their care. We saw regular social activities being provided. One person told us: "There will be a Christmas party. We had a Halloween and Jubilee party, that was really good." Menus showed that meal choices were provided, two people told us the food was "very good".

We saw that staff were busy carrying out their duties but were attentive towards people when delivering care. People were positive about the staff. They told us: "Very good, they are all very nice and gentle." "I have made friends with most of the girls." Some people told us they had to wait sometimes for staff support particularly when staff were busy.

People told us they felt at ease to raise any concerns they had with staff. We saw quality questionnaires completed by people showed a high level of satisfaction in relation to the care and services provided. Comments included: "I do feel the staff are lovely and do their best at all times so I can't complain." "Any concerns we have raised have always been dealt with promptly by the manager who is very approachable."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone
number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Respecting and involving people who use services  ✔  Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

Some people at Allesley Hall had complex nursing needs and were unable to communicate. To establish what it was like for people living in the home, we spent a period of time observing them in the lounge and dining areas. We also spoke with seven people, some of which were in their rooms.

People told us they did have some involvement in their care and were able to make choices about some things. They told us they were generally satisfied with the care and support being provided. One person told us that staff offered to help them eat due to them struggling to hold a knife and folk. The person told us they liked to keep their own independence and despite the offer of help, staff respected their decision to let them eat independently.

We saw notice boards displaying information about social activities, menus and entertainment planned. These helped to keep people informed on what was happening in the home. We spoke with a volunteer who told us how they helped to support people’s social care needs in the home.

We saw staff were attentive towards people during our visit. We observed one person having lipstick applied because this was their wish. We saw staff asking people during the morning if they would like to attend the coffee morning on the ground floor. Staff assisted people to attend including those who were unable to communicate. We saw the coffee morning was well attended. People were engaged in completing a giant crossword. We saw those participating were smiling and laughing at attempts to get the answers right.

We looked at the personal appearance of people using the service. People were well presented and were wearing clean clothes. We observed that some of the ladies being cared for in bed had had painted nails which they told us staff had done for them. One person told us about daily visits they received from the vicar. They told us: "He comes round every day and has a chat with me." They told us how important this was for them and how the vicar closed the door to ensure they could speak privately.
We established that sometimes people had to wait for support if staff were busy. People told us: "Everything I have asked for has eventually come, it's not always convenient is it (referring to how busy staff were)." "They come straight away (when using the call bell) it's just when they are busy I can't get into bed until they come back." We discussed this with the manager who advised they were looking at staffing arrangements.

We looked at the care plan records. These showed that people had been asked about giving consent for photographs to be taken of them and used in their care files. We also saw consent forms for the use of bed rails. We saw that families had signed care plans to show they had read and agreed with the care planned. We also saw personal profiles had been developed for people showing information such as named family contacts, their life history and hobbies. This information helps staff to deliver more person centred care.

We saw that staff had attended training on the Mental Capacity Act to help them support people appropriately that were unable to make decisions independently.
Care and welfare of people who use services  ✔ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We observed people living in the home and spoke with seven people to find out their views of the service. During the morning we saw care staff were busy attending to people's needs and responding to people's requests. People told us their care needs were met by the staff although sometimes they had to wait depending on how busy staff were.

People told us: "I have always been comfortable here." "X there is very nice she is my keyworker." "That lady there is a volunteer and she takes me out for a walk sometimes." "You can wait a while, sometimes it's straight away, sometimes it can be ten minutes or half an hour (when using call bell)." We saw thank you letters from relatives complimenting the service. One stated: "Thank you all for your hard work, dedication, patience, kindness and professionalism in looking after X."

We observed that people had been given cushions or pillows when they were seated to help make them more comfortable. Many people were sitting in specialist chairs to support their needs. Staff told us that all chairs had pressure relieving cushions on them to prevent people from developing pressure sores. We looked at the care records for two people. Both of these had pressure sores. We saw appropriate actions had been taken to manage these. This included one person being on bed rest to aid the healing process and a staff instruction for them to be repositioned regularly. Staff told us they had to complete a chart each time they did this. We saw these charts in the persons' room. The other person had a pressure area on their foot. Staff told us that they were not putting shoes or slippers on the person to allow their pressure area to heal. We observed during our visit that the person was not wearing footwear. We saw that staff had sought the advice of a Tissue Viability nurse for both people to make sure they were receiving the most appropriate care.

We saw risk assessments had been completed where there were risks associated with people's care. This included those at risk of falling or poor nutrition. The manager told us she regularly monitored people's weight. We saw records confirming this, we also saw that the advice of the dietician was being sought where weight loss was a concern.

We saw that healthcare professionals were being accessed for people when needed. This included chiropodists, doctors, hospital consultants, physiotherapists etc.
We saw people were being given opportunities to participate in social activities and to attend entertainment provided at the home. One person told us: "I always go, yes very good. They have a cowboy who comes and sings, he does line dancing. There will be a Christmas party. We had a Halloween and Jubilee party that was really good. It's coffee morning today we do a crossword on a big sheet."

People were positive about the food being provided and told us they were given a choice. They told us: "They bring the chart round and ask you what you want." "The day before they write out the menu. Very good, very good." "There is a good selection of cereals first and whatever cooked items you want like bacon and sausage." We asked this person about the main meal they told us: "That's very good. I have put weight on."
Safeguarding people who use services from abuse  ✔ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We saw there was a local safeguarding procedure with contact names listed for staff to consult when reporting any allegations of abuse. We saw training records confirming that staff had completed training in the protection of vulnerable people. Staff spoken with knew to report any concerns to the manager or her deputy to make sure people remained safe.

The manager was fully aware of the procedure to follow should any allegations of abuse be reported to her. We saw records showing safeguarding concerns had been appropriately reported, investigated and acted upon where required.

People that we spoke with told us they would talk to a member of staff if they had any concerns. They told us: "Talk to manager." "Anyone I can get hold of". "I would talk to whoever comes round." This demonstrated that people felt at ease to raise their concerns with staff.

Records we saw in the care files confirmed people had consented to the use of bedrails. Bedrails can be considered as a form of restraint and agreement therefore should be sought for their use. Where people were not able to give consent, their relatives had been asked to sign to confirm their agreement to their use.

The provider may wish to note that when we were talking to people in their bedrooms, some call bells were not accessible. One was on the floor under the person's bed. This meant people may have experienced a delay in alerting a member of staff to their needs.
Supporting workers

- Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People we spoke with were positive about the staff. They told us: "They are alright." "Very good, they are all very nice and gentle." "I have made friends with most of the girls."

We saw that staff had a good understanding of people's needs and treated them with respect. Staff told us how they were kept informed of people's needs when coming on duty. This was done verbally at handover from the previous shift.

Staff told us about the range of training they had undertaken which matched the training records we viewed. This included statutory training such as moving and handling, fire, infection control and food handling. Care staff had also completed National Vocational Qualifications (NVQ) in care. Nurses we spoke with told us they could access training when they needed so they could develop their skills and support people effectively.

We saw that new staff were issued with induction training booklets with modules to complete to demonstrate their competence. The manager told us these were signed off by a senior member of staff once they had been completed.

Staff were positive about working at the home and told us they were supported by management. Staff told us: "We all work together." "This is a very nice home, what's so nice is a lot of staff have been here for years and they actually care. They come in on days off and take residents on outings it is a nice home."

We saw from records that staff attended formal 'one to one' supervision sessions with a senior member of staff. They also had appraisals completed on an annual basis so that any training and development needs could be identified. Staff that we spoke with confirmed their attendance at 'one to ones' although it was evident some had attended more than others. The manager advised this was in the process of being addressed.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We looked at the quality monitoring process for the service. We found there was a process in place that took into consideration the views of people who used the service. This included questionnaires being forwarded to people for their comments. The questionnaire asked for people's comments on the food, care, home, staff and services provided.

We saw from the results of the 2011 annual survey there was a high level of satisfaction by people across all areas. This included 92% of people satisfied with the overall care being provided and 100% saying they would recommend the home to others. The manager said the results of the 2012 survey were in the process of being collated.

The majority of comments completed on the questionnaires were positive. These included: "I do feel the staff are lovely and do their best at all times so I can't complain." "Any concerns we have raised have always been dealt with promptly by the manager who is very approachable. All staff very friendly and have needs of all residents at heart."

We saw records were being kept of complaints as well as the actions taken in response to these.

We saw staff meetings and resident meetings had taken place. These showed issues impacting on people and the services provided were regularly discussed. This was to help maintain the quality of services and care expected. We also saw that home audits were being undertaken to ensure the standards required by the provider were being maintained. This included audits of the environment and opportunities given to people to contribute to their daily life.

We looked at the rooms where people spent their day as well as their personal rooms. On the whole these were clean and comfortable. We did identify two rooms that needed additional cleaning. These were highlighted to the manager who agreed to address this.

We saw records of accidents and incidents in the home and an audit of when these had occurred had also been completed. This was to help identify if these were happening at any particular time so that any staffing issues could be addressed.
We saw thank you letters from visitors that were complimentary of the service. One stated: "I would like to thank you and all the wonderful staff at Allesley Hall nursing home for the looking after our mum so well... she was treated with such thoughtfulness and kindness she became very fond of everyone who cared for her."
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as “government standards”.

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service’s records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

- **Met this standard**
  This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

- **Action needed**
  This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

- **Enforcement action taken**
  If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our Guidance about compliance: Essential standards of quality and safety. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the Guidance about compliance. The 16 essential standards are:

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Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.
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