

Methodist Homes

Allesley Hall

Inspection report

Allesley Hall Drive
Allesley
Coventry
West Midlands
CV5 9AD

Tel: 02476679977

Website: www.mha.org.uk/ch30.aspx

Date of inspection visit:
14 July 2016

Date of publication:
24 August 2016

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

This inspection took place on 14 July 2016 and was unannounced. Allesley Hall provides personal and nursing care and accommodation for up to 45 people. This includes older people with physical nursing needs as well as people who are nearing the end of their life. On the day of our visit there were 44 people living there. There was a registered manager in post who had worked at the home for around 16 years.

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 had a good understanding of abuse and how to identify this. They knew what actions to take to keep people safe. There were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely.

There were sufficient numbers of suitably trained care staff and nursing staff to meet people's needs. Recruitment processes included a number of checks to make sure staff were suitable to work with people who used the service. New staff completed a thorough induction programme when they started work. Staff received training and had regular supervision and appraisal meetings in which their performance and development was discussed.

Staff had the skills, knowledge and experience to work with people effectively. People received good end of life care from a compassionate and knowledgeable staff team. The registered manager understood their responsibilities in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff respected people's decisions and gained people's consent before they provided personal care.

People were encouraged to eat a varied diet that took account of their preferences and dietary needs. Where necessary, specialist diets were catered for and people were supported to eat. People were supported effectively with their health needs and had access to a range of healthcare professionals, including a doctor who visited the home on a weekly basis.

People had access to a range of activities both inside and outside the home which they enjoyed. People said staff were caring and kind and treated them with respect and dignity. Staff understood the importance of treating people with kindness and compassion. Staff encouraged people to be involved in decisions about their life and their support needs.

People and staff thought the registered manager and the management team were open and approachable. The registered manager supported staff well to provide good quality care to people.

Staff told us they felt supported by the management team and by each other. Both staff and people were

given opportunities to make suggestions on how the service was run. The service carried out regular audits to monitor the quality of the service and to plan improvements. Where concerns were identified, action plans were put in place to rectify these.

The provider had a set of values that staff were required to work to which staff understood and promoted. The provider ensured the quality of care and services was maintained and continually improved through a range of quality monitoring processes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient staff to meet people's care and nursing needs safely. Risks associated with people's care were managed to keep people safe, and medicines were administered safely. People told us they felt safe at the home, and staff understood procedures and their responsibilities to protect people from abuse.

Is the service effective?

Good ●

The service was effective.

Staff completed induction and training so they had the skills they needed to effectively meet the needs of people at the home. Where people could not make decisions for themselves, people's rights were protected. People received food and drink that met their preferences and supported them to maintain their health.

Is the service caring?

Good ●

The service was caring.

Staff were warm, caring and engaged with people. People spoke positively of the care provided by staff who worked at the home. They felt their privacy and dignity was respected by staff. Relatives spoke positively about the care and support received by their family member. People were supported to maintain relationships with people that were important to them.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided staff with the information they needed to respond to people's physical and emotional needs as well as people's preferences regarding their care. These were regularly reviewed. People enjoyed talking with staff and participating in the organised activities. Complaints were investigated and responded to appropriately.

Is the service well-led?

The service was well led.

People and relatives felt at ease to speak with the registered manager and the management team about the care provided. Staff understood their role in the home and felt supported by the registered manager. There was a culture of learning and development and staff supported each other to maintain the quality of care the provider expected. The provider had a range of quality monitoring systems to help ensure good quality care and services were maintained.

Good 

Allesley Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 July and was unannounced. The inspection was carried out by two inspectors, a specialist nursing advisor and an expert by experience. The specialist advisor was a nurse who understood long term health conditions and end of life care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which they organise funding for.

We spoke with 13 people who lived at the home, six relatives and a visiting healthcare professional. We also spoke with the registered manager, deputy manager, area manager, six care staff, nurses, a domestic staff member (who carried out the cleaning) and the chaplain.

We used a number of different methods to help us understand the experiences of people who used the service. We 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 reviewed five people's care plans including the daily records completed by staff to see how people's care and treatment was planned and delivered.

We checked whether staff were recruited safely and if they were trained to deliver care and support.

We looked at records relating to complaints, accidents and incidents, quality monitoring surveys, thank you cards and duty rotas. We also looked at medicine administration records and other supplementary records related to people's care and how the service operated. These included records of checks the registered manager had undertaken to ensure people received good care.

Is the service safe?

Our findings

People said they felt safe at Allesley Hall. One person told us, "I feel safe because there are people around me." Another told us, "I couldn't cope at home so I came here, I am safe and I know it was a good decision." Relatives told us they felt their family member was safe at the home. One told us, "[Person] is safe and secure here, the entry to the building is safe and there is always someone around to help them." Another said, "[Person] is safe, I know when I am not here [person] is in good hands."

Staff had a good understanding of abuse and knew what signs to look for. One staff member said abuse was, "Stealing money, being rude, or ignoring people's requests for help." Staff knew what to do if they witnessed or suspected any abuse, to make sure people were kept safe. One staff member told us, "I would tell the nurse." Another told us, "Report and document everything, tell the nurse or a manager."

The manager knew about safeguarding process and had co-operated with other agencies to ensure people were kept safe. The provider had a safeguarding policy and procedure and staff received training, so that they understood their responsibilities to protect people from harm. One staff member commented, "I have completed training; I know it's my duty to keep people safe."

Staff knew about risks associated with people's care and how to manage risks to keep people safe. Risks were detailed in risk assessments and care plans which informed staff how risks should be managed. Risks were managed well and were reviewed monthly by the nurses. Staff had a positive approach to risk taking and recognised that whilst some people's decisions presented a risk, they respected their decisions. For example, one person was at risk of falls due to a health condition which made them unsteady when walking. This person's care plan stated, "Staff to encourage [person] to use the lift, remind [person] not to rush, carry items for [person], remind [person] of the risks, report any changes." The person told us staff prompted them not to rush. They told us, "I do tumble over, the staff try to get me to slow down but I won't. I know the risks and it's my choice to take them." They explained they had a medical condition that made them fall. Daily records completed by staff showed the person was checked on an hourly basis during the night to make sure they were safe. The person told us, "They come and check me, to see if I am alright."

Staff and the registered manager sought the advice of health professionals to help manage risks where appropriate. This included for the person at risk of falling. They had received physiotherapist treatment to help strengthen their muscles.

A second person at risk of falls had fallen on several occasions. Staff told us the person's bed had been lowered as far as possible to the ground, to minimise this risk. They also used 'crash mats' (mattress on the floor) in case the person rolled out of bed, to help reduce the risk of an injury. A nurse told us the person had been assessed to determine if bed rails could be used but a decision had been made that these were not appropriate. The nurse said they were reviewing this risk all the time. They told us, "The doctor is aware of the falls. He has agreed that we need to refer [person] to the falls team for specialist advice. I am going to do it today."

People and relatives told us there were enough care staff and nurses to provide the care and support people needed. Comments included, "Plenty of staff, if I press the buzzer they come to me" and "Always staff around when I need them." During our inspection we observed there were sufficient numbers of nurses and care staff to meet people's needs.

The provider had taken measures to minimise the impact of unexpected events. For example, there was a fire procedure and fire risk assessment on display in a communal area of the home. This provided information for people and their visitors on what they should do in the event of a fire. One person said, "If there is a fire, we stay where we are until the staff tell us where to go, the staff know what to do for the best." Staff knew what to do in the event of an emergency situation. One staff member told us, "If the fire alarm sounds, we don't panic, the fire doors close, and the most important thing is to reassure people it will be okay." Personal evacuation plans were available in each person's file so that it was clear what support people would need to evacuate the building if this was necessary. These plans had been reviewed monthly to ensure they contained up-to-date information.

Accidents were recorded and any injuries were monitored. There was a system to assess how many accidents there were each month to help identify any concerns. Records showed accidents such as falls were monitored on an individual basis. However, we did not see there a clear method of analysing accidents and incidents to help identify any patterns and trends such as, the time and location they happened or whether it was the same person each time and whether actions had been taken to minimise the risks of a re-occurrence.

The provider's recruitment process ensured risks to people's safety were minimised. Records showed that potential staff went through an application and interview process so the registered manager could check their skills and experience. Written references and a Disclosure and Barring Service (DBS) check was also undertaken. The DBS is a national agency that keeps records of criminal convictions. Staff told us they were not allowed to start work until all the checks had been completed.

Medicines were managed safely and appropriately. People told us they received their medicines at times they expected to treat their health problems. One person told us, "My medication is given to me regularly and I don't remember them forgetting to give them to me." Another told us, "I need to have my pills at the same time each day; staff are as regular as clockwork. At home I used to forget or get muddled up with all the pills. Here I don't have to worry and it gives me peace of mind."

We saw nurses administered medicines in accordance with safe procedures. One nurse bent down to the person's level (they were seated) and asked them if they wanted to take their "tablets". The nurse said, "Have a little drink to wash them down, we don't want them getting stuck." The person responded with a smile. The person touched the nurse's face and said, "Thank you my lovely."

Medicine Administration Records (MAR's) showed people received their medicines as prescribed. Appropriate arrangements for the recording of medicines meant people's health and welfare was protected against the risks associated with the handling of medicines. Some people required their medicines to be administered on an "as required" basis. There were protocols for the administration of these medicines to make sure they were administered safely and consistently. Nurses recognised the need to give medicines to people prior to applying dressings to help manage any pain they may experience during this process.

Medicines were stored safely and securely and there were checks in place to ensure medicines were kept in accordance with manufacturer's instructions and remained effective. The medicine trolley was kept locked

when it was not in use to ensure only nurses had access to them. The GP who supported the home carried out reviews of medicines prescribed for people every six months to make sure they remained appropriate for them to continue taking.

The clinical room had a sufficient supply of nursing equipment to meet people's needs as identified in people's care plans. This included nebulizers and syringe drivers used to administer medicines.

Records showed that suction machines (used to clear any people's airway) in use within the home were checked daily to make sure they were in full working order and were safe to use.

Is the service effective?

Our findings

People received care from staff who had the skills and knowledge to meet their needs effectively. People told us, "All the staff are very pleasant" and "The staff are very good; they know what they are doing." A relative told us, "Staff are very competent; they are skilled and know people well."

Staff said they received an induction when they started work which included working alongside an experienced member of staff. They also completed training courses tailored to meet the needs of people who lived at the home. Records showed new care staff completed an induction that was linked to the new Care Certificate which incorporated some of the provider's values. The Care Certificate provides care staff with the fundamental skills they need to provide quality care. One staff member explained how shadowing other staff had helped them to become more confident when carrying out their role. They told us, "I shadowed a lot because I didn't have my moving and handling. When I had completed moving and handling training, I did more so I could build up my confidence."

On-going training was provided to all staff in a range of subjects to help them meet the specific needs of people who lived in the home. Nursing staff told us they were proud of the 'end of life' care they provided and reported they had received positive feedback from relatives about this. Nurses had received training on "react to red" wound management and dressings to help them provide effective support to those with wounds and skin problems. One nurse said that care staff were "very good at spotting red areas on clients" which helped them to make sure prompt action was taken to address them.

Staff said training provided them with the skills and knowledge required to meet people's needs effectively. They said they worked well as a team and supported one another. Comments included, "We are all very supportive of each other and we work as a team" and "We are well supported by management and get plenty of training." A nurse told us, "I have completed male catheterisation and pressure ulcer training in the last few weeks. It keeps my skills up to date, and it makes me feel confident that I am doing things right." The registered manager maintained a record of staff training, so they could identify when staff needed to refresh their skills. They also checked that nurses personal identification numbers (PIN's) had been renewed. This number is an important requirement for nurses to be able to practise as a nurse in all public or private hospitals and nursing homes.

Staff told us they had regular opportunities to discuss issues related to their work and were supported by the management team. This included the nurses, deputy manager and registered manager. One staff member told us, "I have supervisions (one to one meetings) with [staff member] she is my NVQ (National Vocational Qualification) assessor and observes me and marks my work." Another staff member told us, "We can ask to have a 'one to one' if we have any concerns. They always ask if there is anything we need to report." A staff member responsible for carrying out supervisions with staff told us these also included observations of staff when they were working to make sure they were following the policies and procedures expected. They told us, "I have done observations for their supervisions. It would be documented and reported to the nurse or [registered manager] if there was a problem."

Staff had an annual appraisal of their work which they spoke about positively. One staff member told us, "They give us advice. It's nice to know we are appreciated so when we have them it makes you feel better about the job you do."

People's capacity to understand information about their care had been assessed. 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager understood the principles of MCA and DoLS. They had completed mental capacity assessments when people could not make decisions for themselves. Staff understood the importance of gaining people's consent and following the principles of the MCA. They gave examples of applying these principles to protect people's rights. This included, asking people for their consent and respecting people's decisions to decline care where they had the capacity to do so. One staff member told us, "We can't assume people don't have capacity it has to be proven." Another said, "It's about decision making in people's best interests."

The MCA and DoLS require providers to submit applications to a supervisory body for authority to deprive a person of their liberty. We saw applications had been submitted and DoLS had been agreed where potential restrictions on people's liberty had been identified.

People were supported to eat and drink and were provided with nutritious meals to support them in maintaining a balanced diet. People made choices about what meals they wanted and were positive about them. One person told us, "There is lots to eat and drink, we are never hungry. If I am hungry in the night, they would bring me a sandwich and a drink." Another told us, "The food is tastythe food here is good enough for me it's nice and hot and presented nice." A relative told us, "It's nice, home cooked food." On the day of our visit we observed breakfast and joined people at lunchtime. We observed that overall meal times were a positive experience for people, although we did note at breakfast time one person had three different staff members assisting them by loading their fork and putting food into their mouth. A member of care staff told us they usually had a staff member sitting with this person to assist them when they ate.

At lunchtime we saw people were asked what they would like to eat and drink. One staff member showed people plated meal options to choose from while a second staff member collected their meal choice from the kitchen. Staff provided support to those people who needed assistance by sitting with them and not rushing them. We also saw some relatives supporting their family member to eat which helped people to enjoy their mealtime experience. Relatives welcomed the opportunity to be involved in their family member's care. Menus were on the tables which some people said they read. The menus contained dietary information, such as eggs being in the chocolate sponge and gluten being in the sausages, to help people recognise any potential allergies or dislikes.

Where people were at risk of dehydration or malnutrition as a result of not eating or drinking enough, this was identified through the nutritional risk assessment process. Control measures were put in place, which included seeking professional advice and fortifying (increasing nutritional content) food. We noted that records were not always clear in showing how people's nutritional needs were supported. For example,

where 'fortified' foods were advised, records did not always demonstrate how this was done. The registered manager told us they would take action to address this. A nurse said no one was on fluid and nutritional monitoring charts. They explained this was because they worked closely with dieticians and they knew people well. For example, they knew how to encourage people to eat and what they liked. One member of staff said, "We weigh people every month, if we are concerned we talk to the GP."

The amount of fluids people consumed was monitored if people were identified to be at risk. The registered manager had a system to monitor people's weight. They stated if any concerns were identified in regards to people's weight, a review of their nutritional needs was undertaken to manage any risks.

Staff demonstrated a good knowledge of people's nutritional needs. For example, they knew who required pureed meals and who needed thickener in their drinks to help them swallow and minimise the risks of the person choking. Staff had received training from the speech and language therapy (SALT) team to support them in meeting people's nutritional needs. Staff were also provided with guidance from SALT, which we saw them follow at mealtimes. For example, one person needed their food to be pureed and if they began to cough whilst they were eating they were to be offered a drink. A staff member followed this guidance during the evening meal.

Care plans provided staff with guidance on how to meet people's healthcare needs. Where specialist advice and input was required, records showed people had been referred to health professionals such as doctors, opticians and psychiatrists. A doctor completed a weekly round at the home with a nurse. The nurse told us they made a list each week of who needed to see the doctor, which included one person who had fallen and had developed a bruise and red area. Records showed the doctor had been called within twenty minutes of the fall, which demonstrated staff had acted promptly to address this concern.

One person told us they had not been sleeping very well and stated they had mentioned this to the nurse. They explained the nurse had arranged for them to see the doctor and this had resulted in a great improvement to their sleep patterns and wellbeing. The person told us, "I saw the doctor, he gave me some pills and now I sleep like a baby." This made them feel better as they no longer fell asleep during the day. This was important to them as they were visited by their family member every day and did not want to be tired when they came.

Is the service caring?

Our findings

Everyone we spoke with had positive comments about the care people received. One person told us, "They are always fussing over me. Asking me are you ok? How are you feeling? Do you need anything?"

A relative said, "[Person] loves it, they (staff) go out of their way to be kind and chat to [person]. Staff (approach) has really helped [person] to recover." They explained that their family member had only been given a short life expectancy when they were admitted to the home but this had been exceeded. They told us they felt involved in their family members care and were kept up-to-date with any changes in their health." Another relative told us, "They care for [person] very well, we couldn't ask for a better place for them to be in."

Staff took time to engage with people and to get to know them. They explained how important it was for them to make sure people were treated how they would expect to be treated themselves. One staff member told us, "I will take people out in my own time. I took someone shopping the other week. I just think it could be me in that position. We took [person] for lunch and they bought an outfit."

The Provider Information Return told us, "Residents are encouraged to maintain full control over their lives and daily activities. We put them in touch with a local advocacy service where this is appropriate. We found people were supported to maintain their independence where possible and they were provided with information about advocacy services. Advocates support people to make decisions about what they want, working in partnership with them to ensure they can access their rights and the services they need. One person had an advocate to manage their finances. Staff told us they were meeting with the person's advocate to discuss issues relating to their care. There was information about 'Age UK Advocacy' on display in the foyer of the home for people to access if they required. The registered manager said most people had family members who advocated on their behalf. One person who we asked about having an advocate told us, "I don't need an advocate, I have a tongue in my head and I can decide things for myself."

We observed people were treated with kindness and compassion and staff encouraged people to be as independent as they wished in their day-to-day care. For example, one person chose to bring their own marmalade to breakfast. We saw staff loosen the jar so the person could open it. The person then spread it onto their toast. We saw they were struggling and staff asked, "Do you want a hand." The person said, "No, I am capable." The staff member said, "Just ask if you need help." Staff acknowledged people as they walked around the home and greeted people when they entered rooms. For example, "Good morning [person], how are we all today?" People responded and said, "Good morning [staff member], nice to see you."

People told us staff involved them in decisions about their care and staff knew the importance of people being involved in these decisions. One person told us, "I told the carers that I prefer a wash from head to toe than a shower or bath, they have respected my wishes." Another person had a favourite pair of trousers they liked to wear and staff knew this. This was documented in their care plan. The laundry assistant told us, "I always take special care when washing them."

We saw many thank you cards which confirmed staff treated people with kindness and compassion throughout their time at the home. One stated, "Our heartfelt thanks for the outstanding care and support you gave to [person] You are a wonderful caring team of people." Another stated, "A big thank you to you all for the loving care and attention you showed [person]. I can think of no better place for them to have spent their later years. We have nothing but admiration for you all. Also thank you for being so kind and friendly to us when we came to visit."

People and relatives told us care staff treated them with respect and dignity. One person told us, "There are some excellent carers and some average, but they all treat me with respect." Another said, "They are very respectful, they knock my bedroom door and shout 'hello'." One person told us how staff respected their personal items and said when their room was cleaned staff didn't move things, which they appreciated. Where people had commented they preferred a male or female member of care staff, their comments were taken into consideration when providing personal care. One person told us, "I told the carers that I did not want a male carer, my wishes were respected."

Staff knew what the organisations values were. One said, "Respect and dignity." Another said, "Making people feel included, being kind and considerate." This corresponded with the provider's values which were on display in the foyer of the home. We saw staff demonstrated these values in their kind approach towards people. People told us about acts of kindness and compassion. For example, a relative had a family member who had passed away and the chaplain who was employed by the provider, and worked at the home, explained how they had supported this relative as well as others. The chaplain explained they worked for the 'Chaplain Department' that supported over 100 homes operated by the provider. They spent two days a week at the home. They told us, "I care for people's spiritual well-being. That includes residents, visitors and the staff." People spoke positively of the chaplain. Comments included, "Just wonderful," and "A great comfort and support." People told us, that it was good that there was a choice of church services to attend at the home. This included, Methodist, Anglican and a Catholic service where they could have communion.

One person explained the main reason they moved in was because their faith was very important to them. They said, "My faith keeps me going" and, "The chaplain approaches everything very sensitively." They explained when people died, they were able to attend 'church services' and speak with the chaplain. The chaplain explained how working at the home had allowed them to build up good relationships with people. This had helped to ensure people's end of life wishes were respected. They told us, "I have been honoured to conduct funerals for people who have passed away."

Visitors were made welcome throughout the day and evening. We saw relatives and friends visited their loved ones in the private space of their bedrooms, or sat with others in the communal rooms.

Is the service responsive?

Our findings

The registered manager and staff were flexible and responsive to people's individual needs and preferences. People told us, "They know all about me, all the little things" and "If I need something, staff are to hand. They know what I like." People told us they had contributed to their care plan. One person said, "You mean the book in my room? Oh yes, staff read it out to me. I know what it says about me." Another person said, "Staff need the book to know how I like things."

Relatives told us that staff were responsive to their family member's needs and demonstrated a good knowledge and understanding of the support they required. They told us they were involved in decisions about their family member's care and staff were prompt to respond to any concerns they raised. One relative told us, "[Person] was very anxious and the staff got them re-assessed, a new medication was given and now [person] is more settled and more like themselves." Another relative told us, "We asked about the thickener which they used for [person's] drinks. The carer went away, asked about it and came back to us explaining everything clearly to us so that we understood."

The 'Provider Information Return' stated, "A full domiciliary assessment of the residents' care needs, abilities, interests, health and spiritual needs is carried out by the Manager, Deputy or Care Manager prior to admission." Through discussions with staff and the review of records, we found this to be the case. Staff knew the people they cared for well and told us people were assessed before they came to live at the home to determine if their needs could be met. A relative told us, "[Registered manager] came to visit [person] in hospital asked [person] about their likes, what things they needed." They explained they were asked questions and talked about what the home was like. Assessment information was used to develop care plans that were centred on the person's needs.

Care plans detailed the care and support people required and how they would prefer to receive this. They contained information about people's personal preferences and focussed on individual needs. All this information meant staff had the necessary knowledge to ensure the person was at the centre of the care and support they received. Care plans contained detailed information about people's life history, their likes and dislikes so that staff could use this information to positively support and engage with them. For example, one care plan stated the person liked two sugars in a milky cup of tea and a newspaper each day. We saw the person had a newspaper next to them in the lounge which demonstrated this person's likes and dislikes were listened to and acted upon. Care plans were regularly reviewed to reflect any changes that needed to be made and people were involved in this process. One person told us, "I have a meeting with the nurse; we talk about any changes that need making." For example, they said, "I had my medicine reviewed by the doctor, the nurse wrote in the book because he stopped one of my tablets."

Staff told us they had time to read care plans and also had time to talk to people and listen to what they wanted. The registered manager told us about a person with hearing loss and how they supported them. They stated they wrote down messages on a piece of paper so the person could be involved in decisions about their care. We saw this happened as there was a note book in their bedroom and there were messages from staff recorded. These included, "The yogurts in your fridge have passed their best before

date" and "Is it ok for me to vacuum"? We spoke with the person about the use of this note book and they told us it was, "Most helpful."

Staff had a good knowledge of people's food and drink preferences. At lunchtime a member of staff asked a person, "Do you want your favourite?" The person replied, "Oh go on then, you know me." A jar of mint sauce was brought to the person and they put some onto their meal. This stimulated laughter and conversation around the room. One person said, "What are you like [person], you and your mint sauce!" The person told us, "They never forget my mint sauce." We noticed at lunch time that people were not asked if they wanted music on. A staff member put a CD on quite loudly and we heard one person say, "She's put that on and just walked away." Another member of staff heard this and promptly turned the music off which showed they were responsive to peoples wishes.

People told us if they needed assistance and pressed the call bells, staff responded in good time. One person said, "When I press my buzzer they do not take long to come and assist me, even at night."

A range of social activities were provided at Allesley Hall which people told us they enjoyed. Comments included, "We can go on trips" And "We have talks about interesting things, like old time music, it brings back memories." An activities timetable was on display in the communal area of the home so that people knew what activities were planned. We saw this included religious services and cookery sessions. One relative told us they were not aware that trips out took place and felt the communication regarding this could be improved.

Staff were positive about the activities provided. One staff member told us, "Activities are really good, something for everyone." Another told us, "People really seem to enjoy the activities, especially the crosswords and coffee mornings." Staff encouraged people to engage in social activities as a group within the home. We saw the religious service that took place in the afternoon at the home was well attended.

People made use of the garden area when possible. We observed two people in the garden by a chicken shed. They told us all about the chickens kept there and said they enjoyed caring for them with the staff. One person said, "It's relaxing to just sit and watch them. I enjoy coming out here for some fresh air."

For those people who preferred not to participate in activities and stay in their room or watch television, staff respected their decisions. We observed a member of staff had noticed one person would not be able to hear the television and went to support them. They went up to the person and asked them if they wanted it turned up. They put the remote control in the person's hand and said, "Stop when it's loud enough." The person did this and said, "Ah, that's better I can hear it now."

The provider's complaints policy identified the procedure to be carried out when a complaint was received. People told us they knew how to make a complaint if they needed to, which included speaking to the registered manager who they found approachable. One person told us, "I would speak up if things were not to my liking." They went on to say their curtains let in too much light it and the staff had arranged for them to be lined. This was important so they could get a good night sleep.

Complaints were recorded by the registered manager and we saw these had been acted upon. The registered manager told us they used them to identify any lessons that needed to be learned to prevent them from happening again.

Is the service well-led?

Our findings

People and relatives told us they were happy with the quality of the service and their views were listened to. One person told us, "I like it here; they let me have my independence." Relatives told us, "This is a very nice place, I am so happy that we chose this place for [person]" and "Every time I visit here the staff make me feel welcome and they can't do enough for you. I have seen a massive change in [person] since [person] has been here; they look after them very well. I have nothing but praise for them."

People were provided with a "residents guide" when they moved into the home which provided them with useful information about the care and services provided. One person showed us this guide and said, "It told me everything that I needed to know." We saw it included frequently asked questions such as, "When can my visitors come? Can I bring a pet?" and "How to use the telephones."

The registered manager and the majority of the staff team had also worked at the home for a number of years which meant people were supported by a consistent staff team. The registered manager had taken time to get to know people so that they had a good overview of the support needed to meet people's needs effectively. People told us they knew who the manager was and felt they could approach the manager with any questions or issues of concern they had. One person told us, "I know the manager, she comes to see me." Another person told us, "All of the managers are great, nice people."

Staff had a clear understanding of their roles and responsibilities and what was expected of them. Staff spoke positively of working at the home and felt well supported by the management team, which consisted of the registered manager, deputy manager, area manager, nurses and other support staff such as the chaplain. One staff member told us, "The managers' are so supportive; they ask how I am and how the shift is going." Another said, "Great place to work, I never feel stressed." They explained this was because staff worked together when problems arose and they could ask any of their colleagues for help and they would offer them support. One staff member explained how the registered manager had a good overview of what was going on in the home and at the same time encouraged staff to take responsibility for their own duties. They told us, "The way responsibility is delegated means people take ownership and take pride in their work."

The provider ensured that the values of the organisation were included as part of the induction training for new staff. They told us in their 'Provider Information Return', "Allesley Hall follow MHA's detailed 'Equal Opportunities Policy' which sets out our approach and ethos in relation to fairness, diversity and anti-discrimination. Equality and Diversity is incorporated into MHA's Values Statement which is covered within staff induction programme." Staff shared the provider's values and demonstrated these were followed. The provider's values were displayed in the home and included being "kind and considerate" to others. The provider regularly checked to make sure staff were working to these values to support quality care. The checks included monitoring visits by an area manager and 'quality business partner' where staff were observed when working and people were asked about their care experiences. Staff commented, "I love working here; it's so friendly everyone chips in to get things done" and, "I feel privileged to work somewhere that cares so much for the residents."

We saw, and were told by people, there was an open and transparent culture in the home where people felt able and were given opportunities to share their views and concerns. This included the opportunity to complete a "Resident Survey" which the provider used to assess people's view of the home. The 'Provider Information Return' stated, "These (surveys) are used to develop the service, we take the comments made seriously and work to improve the service based on what has been said. We also celebrate the positive comments made so that staff have positive feedback which will reinforce the good practice. We have strong links with volunteers and befrienders." We confirmed this was the case through observations on the day of our visit, our review of records and through speaking with staff. The most recent survey showed that 97% of people agreed staff met their expectations. Where comments for improvement had been made, action had been taken to address these. Improvements included recruiting more volunteers to spend time with individual people who had few visitors.

'Resident' and relative meetings were held so that people had an opportunity to comment on decisions related to the ongoing running of the home. Some people chose not to go to the meetings. One person told us, "We have meetings but I don't go, no need to, I am happy." Another stated, "We can have our say but I prefer to speak to the nurse in private." One relative was not aware that meetings took place. However, they felt they could speak to the manager if they needed to and commented they would "sort everything out".

We saw notes of previous resident and relative meetings. People had been asked if they would like entertainment in the evening. People had commented they did not want this as they preferred to relax during the evenings. People had asked for more salad when sandwiches were provided. Notes following this meeting showed this was acted upon. We saw a plate of sandwiches at tea time with a bowl of salad available for people. The registered manager told us they were changing the time of the meetings to try and encourage more people to attend.

There was a system of internal audits and checks completed within the home to ensure the quality of service was maintained. The provider required the registered manager to submit quality monitoring reports on a monthly basis, linked to audits and quality checks completed. The area manager, who was visiting the home on the day of our visit, explained how they provided support to the manager to help them continue to drive improvements at the home.

There was no detailed analysis of accidents and incidents to identify trends and what actions were needed to keep people safe. However, the registered manager told us, "We know most of them (accidents) are in late afternoon." They told us information of all accidents and incidents was reported to the provider as part of the monthly report they completed so they could assess if any further actions were required.

Staff told us they had meetings on a regular basis where they were asked their opinions about issues related to the running of the home. They said the meetings helped them to resolve specific problems they had found. For example, one staff member gave had a problem with how to move a person safely so they had discussed the best way to approach this.

The registered manager told us they felt supported by the provider. They registered manager understood their legal responsibility for submitting statutory notifications to us, such as incidents that affected the service or people who used the service so we could make sure they had been appropriately acted upon.