

Allenbrook Home (Halesowen) Ltd

Allenbrook Home (Halesowen)Ltd

Inspection report

209 Spies Lane
Halesowen
West Midlands
B62 9SJ

Date of inspection visit:
14 October 2019
16 October 2019

Date of publication:
22 November 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Allenbrook is a care home, the service provides personal care with nursing where assessed as needed to predominately older people, although can accommodate younger adults. The service can also accommodate people with dementia. Allenbrook is registered to accommodate 34 people. 27 people lived at the service when we visited.

People's experience of using this service and what we found

We found that some people's medicines were not managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions. In addition, some medicines had no written protocols in place to inform staff on how to prepare and administer. We found audits undertaken had not identified issues with medication management.

People were supported by staff that were caring, compassionate and treated with dignity and respect. People felt comfortable in the company of staff who supported them. Concerns or worries were listened and responded to and used as opportunities to improve. Staff were aware of the risks to people and how to manage those risks.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life histories and individual preferences. They used this information to develop positive, meaningful relationships with people. Staff were very knowledgeable about people's changing needs and people and their relatives confirmed that changing needs were addressed.

People told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible. People could maintain friendships and contact with families, and when needed had access to advocates.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role. People told us since the change of ownership the atmosphere at the home was more relaxed and calmer.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs. Where people lacked capacity, staff worked with the local authority to make sure they minimised any restrictions on people's freedom for their safety and wellbeing.

Staff spoke positively about working for the provider and had seen improvements since the change of ownership. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role. Staff had received an induction that provided with the training, information and support they required to effectively and safely

meet people's needs.

More information is in Detailed Findings below.

Rating at last inspection:

The last rating for this service was requires improvement (published 31 October 2018). Since this rating was awarded the registered provider of the service has changed and the provider has altered its legal entity. We have used the previous rating of requires improvement and enforcement action taken to inform our planning and decisions about the rating at this inspection.

Why we inspected:

This service was registered with us on 22/10/2018 and this is the first inspection under the new legal entity.

Enforcement:

We have identified a breach in relation to safe care and treatment at this inspection. The provider responded to the concerns on the day of the inspection and provided additional information after the inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up:

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Please see the action we have told the provider to take at the end of this report.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Allenbrook Home (Halesowen)Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one Inspector, a Specialist Advisor who was a Registered Nurse 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.

Service and service type

Allenbrook is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

The inspection was unannounced. We visited the home on 14 October 2019 and 16 October 2019.

What we did before the inspection

We reviewed the records held on the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key

information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We also reviewed notifications received from the provider about incidents or accidents which they are required to send us by law. We sought feedback from the local authority and other professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We looked at six people's care records to see how their care was planned and delivered. Other records we looked at included staff training records, accident and incident records, safeguarding, complaints and compliments, staff scheduling, management of medication and the provider's audits, quality assurance and overview information about the service.

We spoke with eight people living at the service and five relatives. As some people were unable to share their views with us, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care for people who are unable to speak with us.

We spoke with two nurses, three care staff, one senior care staff member, and two directors.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records relating to kitchen and food management, medication management and the staff dependency tool.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this service as a new legal entity. At the last inspection under the previous ownership this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. At the last inspection we found the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made however the provider was still in breach of regulation 12.

Using medicines safely

- We found that some medicine administration records (MAR) were not able to demonstrate people received their medicines as prescribed. There were discrepancies between the quantity of medicines found and the administration records. These discrepancies showed the provider was unable to demonstrate people were receiving their medicines as prescribed.
- Some people had been prescribed medicine to be used as required (PRN). Supporting information to assist staff in administering medicines prescribed on a 'as required' basis were in place. We found the reasons why PRN medication was being administered was not consistently being recorded. As a result, we found no monitoring as to why people were being given a consistent or increase in pain relief medication, with no trends or further professional advice being established or sought.
- We found that where people needed to have their medicines administered directly into their stomach through a tube (PEG) the necessary information was not in place to ensure these medicines were administered safely. There were no written protocols in place to inform staff on how to prepare and administer these medicines. As a result, agency staff or new starters would not have clear instructions on how to prepare and administer the medicine.
- All medicines were stored securely.

We found no evidence that people had been harmed however the provider had failed to ensure sufficient systems were in place to do all that is reasonably practical to mitigate the risks to people at the home. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; safeguard people from the risk of abuse

- Risk assessments contained adequate information to keep people safe. For example, a person who was at risk of falls had a risk assessment that gave staff clear instructions to follow to keep the person safe such as making observations when mobilising and ensuring equipment such as walking frames were in good order.
- Staff told us they were aware of the risks to the people they supported and were able to provide us with examples of how they managed those risks, for example a member of staff told us, "[Name] can become distressed, we just sit with them or talk them about their family or interests. We would never leave them

distressed, we always manage the situation".

- Staff were aware of their responsibilities to keep people safe from harm and were able to describe the types of abuse people living at the home may be at risk of. A member of staff told us, "Abuse can be financial, physical or emotional. I would report any abuse to my manager". Another staff member told us, "If I saw a member of staff abusing a resident I would report it straight away to the manager. If the manager was not available I would contact the director, the police, CQC and local authority".
- People told us they felt safe. One person told us, "I'm safe here and happy with the care". A relative said, "It's good here, I don't have to worry anymore".
- Where safeguarding concerns had been raised, they had been acted on and responded to appropriately.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team. One relative said, "Yes there are enough when I visit".
- Each person's staffing needs were pre-assessed on an individual basis.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Baring Service (DBS) checks.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used protective clothing, gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People told us staff practiced good infection control measures. The service was clean and odour free.
- A Food Agency inspection in May 2019 awarded the service a rating of two out of five with a status of improvements necessary. Issues identified by the Food Agency inspection were hygienic handling of food including preparation, cooking, re-heating, cooling and storage. We saw the provider developed an action plan to address all the identified issues. We found no issues with the kitchen or food management during the inspection.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any trends. The registered manager discussed accidents/incidents with staff as a learning opportunity. For example, a resident who had a number of falls had their risk assessment updated, immediate actions taken were recorded and a review was conducted.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before the service began to provide support. People and their relatives told us they were involved in this process to help identify the support needed. We saw assessment information enabled the provider to plan how they could meet people's needs effectively.
- Staff applied their learning effectively in line with best practice, which led to good outcomes for people. One relative told us, "Any problems are sorted straight away, things have really improved since the new owners have been in charge".
- Staff communicated effectively with each other. There were systems in place, such as daily care records and handover meetings. This meant that staff knew when changes occurred that might affect people's support needs. A staff member told us, "We have daily handover meetings and a handover sheet that highlights any issues or concerns".
- Staff considered people's feelings, and regularly checked if people were okay. For example, we observed staff checking and spending time with people if they were anxious or needed help with their daily tasks or plans.
- Staff spoken with had a good understanding of people's day to day health needs and could explain how they would support people in case of an emergency.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a system to monitor all staff and had regular and refresher training to keep them up to date with best practice. Training methods included online, face to face and competency assessments. One staff member told us, "The training opportunities and support have improved under the new ownership, I've done safeguarding, mental capacity and much more."
- New staff were well supported and either had health care qualifications or were completing a nationally recognised qualification, The Care Certificate. This covered all the areas considered mandatory for care staff.
- Staff told us that they received regular supervision and had opportunities to discuss issues or development. We found a lack of supervision records, the director confirmed they would raise this with the registered manager.

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

- People were supported by staff to maintain good nutrition and hydration.
- During the inspection we received positive feedback about the meals provided. One person told us, "The

food is delicious. We have really nice dinners and we have a choice every day." Another person told us, "Yes, the food is good. And if we want to give feedback, there's a little food book that we can write in. If something needs changing, or if something is really good."

- Where people were at risk of poor nutrition and dehydration, care plans detailed actions such as monitoring the person's food and fluid intake and liaising with other professionals.

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

- Staff worked alongside other agencies to provide person centred and effective care. Care plans and records showed that staff worked closely with other agencies such as dieticians, speech and language therapist (SALT).

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

- People had access to healthcare services and professionals according to their needs. These included their GP, District Nurse and Chiroprapist. People could access optician and dental visits.
- Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs.
- Staff told us they were confident that changes to people's health and well-being were communicated effectively.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 and hospitals 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 had the appropriate legal authority and were being met.

- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful.
- Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible.
- We observed interactions between staff and people that were friendly, discreet and kind. Staff asked for consent before any interventions. We observed that when staff were using a hoist to assist people, they asked for consent, placed a throw or blanket on people's laps, and checked clothing throughout the intervention, whilst reassuring people until they were comfortably repositioned. Staff involved people in decisions about their care and acted in accordance with their wishes.

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

- The premises provided people with choices about where they spent their time. We saw people had access to communal areas as well as their bedrooms. We saw the environment was light and spacious and there were items of interest around the building. There was also clear signage for toilets and bathrooms. One staff member told us, "The new owners have listened to staff and have improved the signage around the home so that it's easier particularly for our residents who have dementia to walk around the home". A relative told us, "The new owners have made lots of improvements such as a new front door, new floors, new furniture, new memory boxes, brighter lighting and more activities for people".
- Access to the building was suitable for people with reduced mobility and wheelchairs. A passenger lift was available if people needed it to access the upper floors. Corridors were wide and free from clutter.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff who developed positive, caring and compassionate relationships with them. Each person had their life history and individual preferences recorded.
- People told us staff knew their preferences and cared for them in the way they liked. Staff we spoke with knew people's life histories and individual preferences.
- Staff were kind and affectionate towards people and knew what mattered to them. People and their relatives were positive about the care they received. People's comments included, "The staff are nice", "You've only got to ask them for something and they go and get it. They are very good", "The staff are kind, and I can do what I want. I decided to stay in bed today and the staff are coming in to help me", "The staff are always kind and respectful, and they always have a smile for you". Relatives comments included, "They look after visitors as well. They always notice if I'm having a bit of a down day and they check that I am okay as well", "Yes, they are. Some of them are brilliant. If anything at all need's attention, I let them know and they deal with it straight away"

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

- Relatives confirmed staff involved them when people needed help and support with decision making. People and relatives told us they felt listened to. One relative told us, "The staff always keep us updated and involved with any decisions or changes in [Name's] health".
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible.
- The registered manager has an open-door policy and met with each person regularly to seek their feedback and suggestions and kept a record of actions taken in response.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the management told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, during personal care covering people with a towel, making sure curtains and doors are closed; respecting when a person needed space.
- People's confidentiality was respected and care records were kept securely.
- People were encouraged to do as much for themselves as possible. Care plans showed what aspects of personal care people could manage independently and which they needed staff support with.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported.
- People were empowered to have as much control and independence as possible, including developing care and support plans. A relative told us, "Since the new owners have taken over the communication has improved. I'm informed of any changes".
- Staff were knowledgeable about people and their needs.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- People's rooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a range of activities within the home. We observed people taking part in morning exercises and during the afternoon a band performed. People told us they participated in activities such as reading books from the mobile library; painting and art; knitting squares for blankets; jigsaws and watching films. We observed people sitting at a dining table, playing games and interacting with activities from a projector in the ceiling. The area was referred to as 'The magic table'. People told us they enjoyed the games. The director told us, "I attended a conference and saw the magic table being displayed and the benefits it gives to people with dementia, so we decided to install it within the home".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). If required care plans were available in different formats such as large print. In addition, each person's care plans included a section about their individual communication needs.

Improving care quality in response to complaints or concerns

- People and their families knew how to make complaints; and felt confident that these would be listened to and acted upon.

- People said staff listened to them and resolved any day to day concerns.
- The provider had a complaints policy and procedure that was on display. Where complaints had been received, they had been responded to and acted on appropriately.

End of life care and support

- The provider informed us that no one was receiving end of life care at the time of our inspection. We saw care plans contained information in relation to people's individual wishes regarding their end of life care. If required, they would be able to put these arrangements in place.

Is the service well-led?

Our findings

Well -Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this service as a new legal entity. At the last inspection under the previous ownership this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. At the last inspection we found the provider did not have effective systems and processes to assess, monitor and improve the safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made and the provider was no longer in breach.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- Medication audits undertaken by the management team had not identified issues we discovered during the inspection. For example, there were discrepancies between the quantity of medication stored and the quantity recorded on MAR charts and missing signatures to incident medicines had been given. Medication audits had also not identified that some people were receiving PRN medication regularly with no action taken such as reviewing their care needs. Staff we spoke to told us they had regular supervision however we found a lack of recorded supervision documentation.
- In addition, at the start of the inspection staff were confused as to who was in charge due to the registered manager being unavailable. We were informed that an agency nurse was in charge, it was the nurse's first day working at the home and therefore not appropriate for her to be in charge. The home had recently recruited a deputy and they were receiving an induction during the inspection. We raised this issue with leadership with the director, the director then arranged for a senior carer to be in charge on the day and our lead contact. We observed during the inspection that staff members were aware of their tasks and delivered care in a safe and dignified manner.
- Staff strived to ensure care was delivered in the way people needed and wanted it. Staff felt respected, valued and supported and that they were fairly treated. One staff member said, "The new owners have made many changes for the better and they listen to our suggestions".
- The ethos of the service was to be open, transparent and honest.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff expressed confidence in the management team. One person told us, "Things are much better now with the new owners and manager". A relative told us, "The directors are here all the time, very approachable".
- People and relatives told us there was a positive and open atmosphere. A relative told us, "The atmosphere is friendly, I feel like it's my home." Another relative told us, "The owners are very approachable. If there is

anything to sort, I see [provider name] and he takes it on board. There have been some very positive changes since the change in ownership. The whole building has been updated, new floors and decorated all over."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The director was aware of the legal responsibility to notify us of incidents that occurred at the service. We received notifications from the service in line with our legal requirements.
- The director told us if mistakes are made they took full responsibility to ensure that the same mistake were not repeated. The information was used as a learning opportunity and to improve the service.
- Staff were actively encouraged by the registered manager to raise any concerns in confidence one staff member told us, "Yes I wouldn't worry about raising a concern or issue"
- The provider had a whistle blowing policy and staff understood their responsibilities to raise concerns where people are put at risk of harm.

Engaging and involving people using the service, the public and staff.

- Staff reported positively about working for the service. One staff member told us, "The directors have a passion for care and welcome suggestions from us, they want the home to improve".
- People were positive about resident and relative meetings.
- The registered manager consulted with staff at meetings, to get their views and ideas on how the service could be improved.
- Surveys were regularly completed by people and their relatives. Suggestions were acted upon by the management team. For example, people commented they wanted the home to be refurbished and the provider had arranged for work to be completed.

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

- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.

Continuous learning and improving care.

- The provider and registered manager used a quality assurance audit system to monitor the quality of the service and this information was shared with staff. Improvements were required in relation to medicine audit systems.
- The registered manager provided regular learning opportunities for staff.

Working in partnership with others

- We saw the service worked in partnership with other agencies and professionals, including the District Nursing service, Physiotherapy, Occupational Therapy, Social Workers, Mental Health services. The home used four GP practices and the Doctors visited regularly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider did not do all that is reasonably practical to mitigate the risks to people at the home.