

Allan House Limited

Mr R Jeffries t/a Allan House Limited

Inspection report

Allan House, 53 Uttoxeter Road
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Stoke On Trent
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Tel: 01782397018

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected Allan House on 9 March 2017, which was unannounced. At our last inspection we found that all the legal requirements were being met.

Allan House is registered to provide accommodation and personal care for up to nine people. People who used the service predominately had a learning disability. At the time of our inspection there were nine people who used the service.

The service had a registered manager in post. 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 and associated Regulations about how the service is run.

People described staff as going 'the extra mile' when they provided care and support. People were treated with care, kindness and respect and staff promoted people's independence and right to privacy.

People were supported to establish and maintain friendships and relationships with people that were important to them. Staff had clear values and were dedicated to providing a high standard of care that was inclusive for people.

We found medicines were managed in a way that kept people safe from potential harm.

People were kept safe because staff understood how to recognise possible signs of abuse and the actions they needed to take if people were at risk of harm.

People's risks were assessed in a way that kept them safe whilst promoting and enabling people to be as independent as possible.

We found that there were enough suitably qualified staff available to meet people's needs in a timely manner. The registered manager made changes to staffing levels when people's needs changed.

Staff were trained to carry out their role and the provider had safe recruitment procedures that ensured people were supported by suitable staff.

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA and the DoLS set out the requirements that ensure where appropriate decisions are made in people's best interests where they are unable to do this for themselves.

People's capacity to make specific decisions was in the process of being assessed and staff knew how to support people in a way that was in their best interests. We found that where people were able they

consented to their care and treatment.

People were supported with their individual nutritional needs and staff supported people to maintain a healthy diet. People were able to access health services when needed with support from staff.

There was a strong focus on person centred care and people's preferences in care were recorded throughout the care plans. People were supported to be involved in hobbies and interests that were important to them.

The provider had a complaints procedure that was available to people in a format that they understood. There was a system in place to investigate and respond to complaints received.

Staff told us that the registered manager was approachable. Staff understood the values of the service and were enthusiastic about their role and what their support meant for people.

People and staff were encouraged to provide feedback on the service provided. The registered manager had systems in place to assess and monitor the quality of the service provided.

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.

Staff had a good understanding of the various signs of abuse and knew their responsibilities to report any concerns about the care and treatment of people who used the service.

People's risks were planned and managed to protect them from the risk of harm. Staff supported people to be as independent as possible, whilst taking account of their risks.

There were enough staff available to meet people's needs who had been employed in line with the provider's safe recruitments procedures.

Medicines were managed in a way that protected people from the risk of harm.

Is the service effective?

Good ●

The service was effective.

Staff received training to carry out their role effectively. People were supported to make decisions about their care and staff understood their responsibilities to ensure people who lacked capacity were supported with decisions in their best interests. People were supported effectively with their nutritional needs and were involved in the planning and preparation of their meals. People were supported to access health services to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was extremely caring.

People described staff as going the 'extra mile' when they received care and support. People were treated with kindness and respect and their right to privacy was promoted in a way that gave people control. People's independence and involvement was an integral part of the service and through support people had achieved daily living skills that meant they were able to move to semi-independent living. Friendships and independence

were promoted in a way that was focused on people's goals and aspirations.

Is the service responsive?

Good ●

The service was responsive.

People were supported to be involved in hobbies and interests that were important to them. People received individual care that met their personal preferences and they were involved in the planning and review of their care. There was a complaints procedure available in a format people understood.

Is the service well-led?

Good ●

The service was well led

People and their relatives were encouraged to give feedback about the quality of the service. Staff had clear values and were committed to providing a good standard of care. Monitoring of the service was in place to ensure that people received care in line with their assessed needs. The registered manager understood their responsibilities of their registration and was committed to providing a high standard of care for people who used the service.

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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 checked whether the provider was 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 9 March 2017 and was unannounced. The inspection team consisted of one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included notifications that we had received from the provider about events that had happened at the service, which the provider is required to send us by law. For example, serious injuries and safeguarding concerns.

We spoke with eight people living at Allan House, two staff, the deputy manager and the registered manager. We observed care and support in communal areas and also looked around the service. We viewed three records about people's care and records that showed how the home was managed which included training and induction records for staff employed at the home and records that showed how the registered manager monitored the service. We also viewed three people's medication records.

Is the service safe?

Our findings

People told us they felt safe and the staff treated them very well. One person we spoke with told us they would tell staff or the registered manager if they felt unhappy with the care they received. They said, "I can speak to the staff, deputy manager or [registered manager's name]". Staff explained what signs people may display if they were being abused such as; unexplained bruising or a change in a person's behaviour. Staff were aware of the procedures to follow if they suspected that a person was at risk of harm and they told us they could speak to the registered manager if they had any concerns. One staff member said, "I would report any concerns to [registered manager's name] straight away. My priority is the people who live here". We saw that the provider had a safeguarding and whistleblowing policy available which contained guidance for staff to follow if they had concerns that people were at risk of abuse. The registered manager understood their responsibilities to report suspected abuse to the local authority and the actions they needed to take to keep people safe from harm.

People told us and we saw that people were encouraged to be as independent as possible, whilst taking account of people's risks. People were encouraged to make drinks themselves and were involved in the preparation and cooking of their meals where they were able. We saw that people had risk plans in place which contained details of their risks when preparing drinks and meals, risks when they went out and how many staff were required to provide appropriate and safe support. We saw that one person had a risk assessment in place to ensure they understood appropriate boundaries within relationships. The risk assessment contained clear details on how staff needed to support this person to understand these boundaries and protect themselves and others from vulnerable situations. Staff we spoke with described the support this person needed to keep them safe, which matched this person's support plans. Another person was at risk of choking and we saw detailed risk assessments that gave staff guidance on how this person needed to be supported with their meals to ensure they were protected from the risk of harm. During lunch, we saw that staff supported this person as specified in their care plan.

We saw that incidents at the service were monitored by the registered manager and actions had been recorded to lower the risk of further occurrences. For example; one person's mental health had deteriorated and they had started to display periods of anxiety and behaviour that challenged. We saw that the registered manager had contacted a health professional to carry out an assessment of the person's mental health and risk assessments had been updated to show the outcome of the assessment and how staff needed to manage this person's anxieties.

People told us and we saw there were enough staff available to meet people's needs. One person said, "I can go out when I want to because there are always staff about". Another person said, "Staff come quickly if I want them". We saw staff had time to support people in a calm and relaxed way. Staff sat with people and chatted to people and there was always a staff member available to people when they needed them. Staff told us that there were enough staff available to meet people's needs. We saw that the registered manager had a system in place that assessed the staffing levels, which had recently been increased. This was to ensure there were enough staff available for people when they wanted to access the community. We also saw that a person who used the service needed support from two members of staff because of their complex

needs and extra staff were employed to support this person with their needs. We saw that agency staff worked at the service when the permanent staff were unable to cover any gaps in the staffing requirements. This meant that there were enough staff available to support people and the provider had a system in place to ensure staffing levels were maintained.

We saw that the provider had a recruitment policy in place and checks were carried out on staff before they provided support to people. These checks included references from previous employers and criminal record checks which ensured staff were suitable to provide support to people who used the service.

People told us that staff supported them to take their medicines. One person said, "I have my medicines every day and if I have any pains the staff give me medicine to make me feel better". People were supported to take their 'as required' medicines; such as medicine for pain and to control people's anxieties. We saw that there were protocols in place that gave staff guidance so they knew when to administer the medicine. Staff explained why 'as required' medicines would be needed and how they recognised when this medicine was required. Staff told us that they had been trained to help them administer medicines safely and we saw records that confirmed this had been completed. We found that the provider had effective systems in place that ensured medicines were administered, stored, recorded and managed safely.

Is the service effective?

Our findings

People we spoke with were very happy with the food. People told us that they were able to choose the meals they had and they discussed the food they wanted as a group at regular meetings. One person said, "The food is very good. I've made the dinner today". Another person said, "We all like a lot of the same things but I can have something different if I want to". People were given choices and where people wanted something different the staff ensured people were supported to have the food they wanted. We saw staff sat with people and chatted with them whilst they were eating giving encouragement and asked if they were okay. We observed people were happy and the mealtime experience was relaxed and unrushed.

Staff we spoke with understood people's nutritional needs and knew people's nutritional risk and how these needed to be managed. For example; one person was at risk of choking because they ate their food too quickly. We saw their support plan stated that this person needed monitoring by staff at mealtimes to lower their risk of choking by providing prompting to eat their food slower. We saw that staff were available at mealtimes to prompt this person when they were eating which matched their support plan. This meant that people were supported to eat and drink in a way that met their assessed needs.

People were supported to access health professionals. One person said, "I tell staff if I'm not feeling well and I go to see the doctor if I need to". Records we viewed showed that people had accessed dentists, nurses, G.Ps and consultants. We saw that people had health plans in place, which contained an assessment of all aspects of people's individual physical and emotional wellbeing and the support needed to keep people healthy. The records we viewed showed that people's health was assessed and monitored regularly. For example; we saw that people were weighed regularly and advice sought from health professionals had been acted on to ensure that people's physical and emotional wellbeing was maintained.

Staff told us they had received an induction when they were first employed at the service. One staff member said, "I had an induction when I started and training. There is always plenty of training and we have regular refreshers". The records we viewed confirmed staff were trained to carry out their role effectively. Staff told us they received supervision on a regular basis, where they discussed any issues and their development. One member of staff said, "We have supervision regularly. It's useful, a time to reflect". We saw records of supervisions that had been completed and the discussions included development opportunities, professional boundaries and areas of good practice identified. This meant staff were supported to carry out their role effectively.

We observed staff gaining consent from people before they provided support and talking with people in a patient manner and in a way that met their understanding and enabled them to make decisions about their care. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). The 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. Staff were aware of the actions they needed to take when a person lacked capacity to make decisions and we saw that mental capacity

assessments were in the process of being completed for people who used the service, which ensured decisions were made in their best interests. We saw that one person had meetings with an independent advocate to ensure that they had a representative who talked with them about their care needs.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People who used the service did not have DoLS in place at the time of the inspection, but these had been considered by registered manager and people were independent and had no restrictions in place. This meant where restrictions were needed procedures were in place to ensure these were lawful and in people's best interests.

Is the service caring?

Our findings

People told us that staff often went 'the extra mile' when they supported them. For example, one person told us how staff had supported them during a stay in hospital. They said, "[Staff member's name] puts me at ease when I don't feel well. I had to go to hospital and I was scared and upset. [Staff member's name] stayed with me, sat on the bed, and gave me a hug, which made me feel better". We spoke with the staff member who had supported this person who said, "People who live here are at the heart of what we do. [Person who uses the service] was scared and we have a good trusting and caring relationship. I gave them a hug and told them I would stay with them to make sure they were comfortable. A hug to me is a way of making someone feel that they are cared for and I care for all the people who live here". We saw a compliment that had been received from a relative which stated, "To the amazing, truly wonderful, loving and caring staff. Thank you for all your hard work and dedication". This showed us people were at the heart of the service and were really well cared for.

People told us that their independence was promoted and they were involved in various areas of daily living, such as; cooking, maintaining a clean and tidy home and maintain the garden. For example; one person told us how they were moving from the service to become semi-independent in their own flat. They told us how the staff and registered manager at Allan House had helped them to learn new skills and become independent. They said, "I am really excited and looking forward to living on my own. Staff have been great they have helped me with everything and I've learnt how to do things on my own". We saw that there were detailed plans in place that have been gradually working towards the person moving into a flat of their own. Regular meetings were held with the person and their key worker to discuss their progress and where they needed more support to enable them to do certain things independently. The records contained details of how the person was supported and motivated to tackle obstacles in gaining their independence, such as step by step reduction of staff support when attending appointments or accessing the community, until the person felt confident to do this by themselves. This meant this person was supported to achieve their goals in leading an independent life and staff had taken time to learn new skills for their future independence.

People told us and we saw that the staff were kind, caring and respectful. One person said, "The staff are really nice. I can talk to all the staff. If I have a problem staff sort it and make me feel better. I can confide in staff if I'm feeling upset". Another person said, "I can get a bit low, but staff are lovely with me, they put music on which they know makes me feel better". We observed dignified and caring interactions between people and staff. For example; staff spoke with people in a polite and caring way and showed patience when people asked them for support. Staff knew how to communicate with people in a way that met their needs. We saw that one person had difficulties remembering what they were discussing, which made them show signs of agitation. Staff immediately saw this person was experiencing difficulties and responded which enabled them to express themselves in a calm and clear manner. This meant that people were supported and enabled to express their views in a tailored and inclusive way.

People who used the service were supported to establish and maintain relationships with their families and friends. People told us that they regularly met up with friends and family and this was very important to them. One person said, "I like to see my friend who I met at a club I go to. They come to see me here and

staff help me to arrange it with them". The registered manager told us that it was important that people maintained strong links with friends and family and the service was open to anyone who visited the service. We saw that one person's relative had been invited on a day trip for their birthday celebrations and we saw a thank you card from the relative which said, "Thank you for a lovely day, I really enjoyed it and it was lovely to see how caring staff were with people". Another person who was due to leave the service to live semi independently told us that it was important for them to continue to see the people who lived at the service. They said, "I'm looking forward to living in my flat, but I want to be able to meet with my friends I have made. They are like my family and [registered manager's name] has made sure we will all meet up regularly. This makes me feel a lot better about leaving". This meant that people were supported to maintain relationships that were an important part of their lives, even after people left the service.

People could freely access all areas of the home. This enabled people to access private quiet areas when they needed time alone. People told us that they each had a key to their own rooms to ensure that their belongings were safe and their room was private to them. One person said, "I like having my own key, it means my things are safe". People told us that they enjoyed their own time and were able to go and have time alone if they needed it. We saw people accessing all areas of the room and some people sat in the lounge area, some people in the kitchen and some people had time to relax in their rooms. We saw this was people's choice and staff respected what people wanted and showed an in-depth appreciation of people's abilities and personal right to choice. The values of the home were to promote independence an inclusion and we saw that people were encouraged to become involved in the environmental needs of the home. For example; the lighting was being changed within the service and each person discussed with the electrician what type of lighting they wanted in their rooms. One person returned from having this discussion and was enthusiastic and relayed to the staff and registered manager the changes that were going to be made.

People were supported by staff to make choices that were important to them. We saw that one person said they didn't want their dinner when everyone else had theirs and we saw that this decision was respected by staff. Staff told us that this person liked to stick to certain times for their meals or this could cause anxieties as they liked this routine. One staff member said, "They like their routine and that's okay as it's their decision and makes them happy so we just support them at the time they want". Another person told us that they had recently changed key workers. They said, "I wanted to change key workers, my old key worker was nice but I just fancied a change really. I asked [Registered manager's name] if I could do this and he asked everyone if they minded having a change. They didn't and I have someone different now, it's nice and I'm very happy with the changes". This meant that people were empowered to make choices about their care and these were respected and promoted by staff.

We saw that a member of staff had been nominated by the registered manager for a dignity in care award provided by the local authority. The member of staff had won the dignity in care award for their creativity by working alongside people to provide meaningful activities. At people's request this member of staff had worked with them to develop an allotment at the service. We spoke with people who told us how they had sat with the member of staff and drew up a plan of the allotment and discussed what they wanted to plant. One person said, "We grew vegetables and we cooked them from our garden. I love going in the garden. [Staff member's name] has asked me what we want to grow this year". Another person said, "I like the allotment very much we dig and grow carrots". People were enthusiastic and proud that they were able to grow and eat their own vegetables and people were excited when they told us about their allotment. This meant people were involved in the planning of their activities in a way that focused around them and this had been recognised and rewarded to show how dignity was promoted within the service.

The registered manager at Allan House promoted a caring environment. We saw the registered manager was caring and showed empathy and concern towards people and helped people when they appeared anxious.

For example, one person showed signs of being worried and the registered manager immediately asked them what was worrying them. The person said they were unsure why they felt this way. The manager spoke with this person and showed concern for their wellbeing. We saw that after the person had spoken with the registered manager they became settled and was smiling and laughing again. The person said, "He has made me feel better now". This showed that all of the staff and the management displayed genuine compassion and understanding towards people. It was clear that people who lived at Allan House received an excellent standard of care.

Is the service responsive?

Our findings

People told us they regularly went out and were supported to undertake hobbies and interests that were important to them. One person said, "We go on holiday's every year. I really enjoy them. I go and meet my friends and I like to go to the local club". Another person said, "We do lots of things together as a group and I go out with staff on my own. I like to go shopping and I enjoy going to discos as I love music". We saw that people were occupied with various interests throughout the day, which included helping around the home, chatting with staff and some people were happy watching television in their rooms or in the communal lounge. We saw people smiling and laughing as they reminisced about past holidays and the fun they had with staff. Records we viewed contained details of people's interests and where people had been out such as, regular shopping trips, meeting friends and family and visiting local attractions and holidays. This meant people had opportunities to access the community and interests that met their preferences.

We saw that people's preferences and interests were detailed throughout the support plans, which showed people's lifestyle history, current health and emotional wellbeing needs and what was important to people. The information viewed gave a clear picture of each individual person and included how staff needed to respond to people's physical and emotional needs, which included their likes and dislikes. People had also set goals with staff that showed what people wanted to achieve and these were recorded which showed details of how the person achieved their goals and if they enjoyed it. We saw staff supporting people throughout the day in line with their preferences and staff we spoke with knew people well and explained how they supported people in a way that met their preferences and needs.

People and their relatives were involved in reviews of their care. People told us that they had meetings with the staff to discuss what they had achieved and what they wanted to do in the future, such as planning for trips out and college courses. We saw records of reviews that had been undertaken which showed involvement of people and contained details of any changes to their health and wellbeing. For example; one person's independence had increased because of the support they had received from staff in learning daily living skills. We saw this person's plan was regularly updated and regular meetings were held with the person's key worker to discuss their progress. This meant that the provider was responsive to people's individual needs.

People told us that they knew how to complain and they would inform the deputy manager or the registered manager if they needed to. One person said, "I would tell [the registered manager] if I was unhappy with anything, but I'm really happy here". The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. We saw that people had access to pictorial version of the complaints procedure, which meant that the provider ensured that people understood what action to take if they were unhappy. We found there had been no formal complaints at the service since the last inspection, but there were systems in place to deal with any complaints that may be received.

Is the service well-led?

Our findings

People told us that the manager was friendly and approachable. People said they were able to go to them if they felt sad or wanted a chat. One person said, "[Registered manager's name] is nice, he is good". Another person said, "[Registered manager's name] is good. He helped me a lot with my independence. I can chat with him if I need to. Very nice and helpful". Staff told us that the registered manager was approachable and supported them to carry out their role. One member of staff said, "The registered manager is approachable and supportive. I know I can discuss anything I need to with them". We observed both people who used the service and staff approach the registered manager during the inspection and they were comfortable asking questions or advice. We saw that the registered manager made time for people and stopped what they were doing to ensure people had their full attention when they needed it.

People were encouraged to give feedback on the way they were supported through weekly meetings. One person said, "We have meetings to discuss what we want at meals so we all like what is decided. We also talk about other things like what we want to do and who we want to go out with". The minutes we viewed showed that people were given the opportunity to feedback their opinions on their choices of food and people also discussed whether activities had been enjoyed and what future activities they wanted to be involved in. This meant that people's feedback was taken account of to make improvements to the way people received their care.

We saw that the registered manager had completed audits which showed how they monitored the quality of the service provided to people. The audits we viewed such as medicines contained details of the actions taken where issues had been identified. For example; we saw that the audit had identified an error in the administration of a person's medicine. There were details that showed the immediate action taken to ensure the missed medication had not affected the person and we saw that an investigation had been carried out. The outcome of the investigation had been discussed with staff members to ensure that future occurrences were prevented. We saw there had not been any further occurrences. This showed that the audit had been effective in monitoring the service and the registered manager had used this to make improvements to the service provided. This meant there were effective systems in place to monitor and manage the service.

We saw that the provider had requested an independent audit of the service to ensure that they were meeting the standards of care and to suggest where they were able to make improvements to the service. We saw that this audit had been completed and an improvement plan was in place, which set actions against the required regulations and how the registered manager could continually make improvements to the service to provide a high standard of care for people. The registered manager told us that the audit and improvement plan had been useful and had identified areas that they were able to improve on. This meant that the provider had a system in place to ensure that the service was continually improving and providing a good standard of care.

Staff were encouraged to give feedback and were able to suggest where improvements may be needed. Staff told us and we saw that they had attended team meetings. One staff member said, "We have staff

meetings quite regularly and they are good so we can all get together and share information and any updates in care". We saw records of team meetings which included updates in care practice and discussions about the care standards expected from staff. This meant that staff were involved in the service and encouraged to give feedback on the standards of care.

Staff we spoke with were positive about their role and had a clear understanding of the providers values in care. One staff member said, "I have a sense of pride and making someone smile is so important. I get a lot from seeing people's achievements and knowing I have helped them to achieve their goals". Another member of staff said, "I love to see people happy and smiling, I really enjoy my job. It means a lot to see people maintaining a good quality of life". This showed that staff employed at the service were dedicated in providing care that made a difference to people.