

Allendale Rest Home Ltd

Allendale Residential Home Limited

Inspection report

53 Polefield Road Blackley Manchester M9 7EN
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place over two days on 25 and 26 January 2016. The first day was unannounced. This means the manager and staff did not know in advance that we were coming.

Allendale Residential Home Limited ('Allendale') is a privately owned residential care home which does not have provision for nursing care. It is on a residential road in Blackley, north Manchester. Accommodation is

provided for up to 24 people. At the time of our visit there were 21 people living at the home. There is a small dining room and two lounges, one of which has three tables used for dining.

Since our last inspection a new manager had been appointed in August 2015, who became the registered manager in October 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered

Summary of findings

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.

At the previous inspection on 2 June 2015 we found that the service was not complying with regulations relating to ensuring the safety of people using the service, particularly in relation to the management of medicines, and also in relation to not reducing risks associated with the premises. We also found breaches of seven other regulations, relating to the need for consent, treating people with dignity and respect, staff training, meeting nutritional needs, providing person-centred care, reporting requirements and governance.

Following the last inspection we gave the service an overall rating of 'Inadequate' and placed the service in special measures. This meant we kept the service under close review. We also imposed a restriction to prevent new people coming to live in Allendale without the prior written agreement of the CQC. This restrictive condition remains in place.

At this inspection we found there had been significant improvements regarding the safe handling of medicines. We also found improvements had been made in all the other areas identified in the last report, but room for improvement still remained in some aspects. The overall rating for the service is now 'Requires improvement' which means it has been taken out of special measures.

We found that new processes in handling medicines meant the risk of errors had been reduced, and fewer errors had been made. A communication diary was in use which helped to ensure that the correct medicines were available. A daily balance check ensured that any discrepancies could be identified and corrected if necessary. A new audit system was in use and any findings were used to improve the process.

We found one error which concerned failing to ensure medicine was obtained for a person whose prescription had been changed while they were in hospital. We found this was a breach of the regulation relating to the safe handling of medicines. Despite this, the service had significantly improved in this area since the last inspection.

We looked at whether Allendale had appropriate procedures for recruiting staff. Most of the procedures

were in place, but the service allowed new staff to start before obtaining a certificate from the Disclosure and Barring Service (DBS). This was a breach of the regulation relating to suitability of staff.

The registered manager and other staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). There were forms in use which allowed family members to give consent where a person lacked capacity. This is not the correct process under the MCA and was therefore a breach of the regulation relating to consent.

Staff told us they received regular training but the record of training showed that it had tailed off in the second half of 2015. Supervision was provided regularly and annual appraisals for all staff were taking place in January and February 2016.

We saw that the rating from the last CQC inspection was displayed in the registered manager's office but not where it was accessible to the people or any visitors to the home. This was a breach of the regulation relating to the requirement to display the results of performance assessment.

Incidents and accidents were recorded but we did not see evidence that accidents were analysed in order to reduce the likelihood of recurrence.

We saw that risks and defects in the premises reported after our last inspection had been rectified. The premises were well maintained and clean. Actions following a recent infection control report were being implemented.

We found that staffing levels were adequate for the number of people and their current needs. The staff had received training in safeguarding and knew how to report any incidents or suspicions. Allendale had made applications for authorisations under DoLS which had not yet been decided by Manchester City Council. We saw the correct process of a best interests meeting had been followed in reaching one decision.

We observed the lunch and saw that it was better organised and calmer than at our last inspection. People were given a choice of food, and told us they were happy with all the meals at Allendale.

People's weight was monitored and they were referred to dietitians when needed.

Summary of findings

We received extremely positive comments from both residents and their visitors about the quality of care at Allendale. There was one exception, but we learnt that the issue the complainant had raised had been dealt with.

We observed that people were treated with respect and good humour. Staff respected people's privacy and the confidentiality of their personal information.

Allendale was regarded by a community Macmillan nurse, the practitioner of a programme of end of life care, as being a model of good practice in that area.

We found that there were not enough activities and no activities organiser. There were some themed food nights, but people told us there was not enough going on and they got bored watching television. This was a breach of the regulation relating to person-centred care.

We saw that the care files were being updated, and the updated versions were now more person-centred. We

found that all the care plans had improved since our last inspection. Keyworkers were reviewing the care plans each month and the registered manager checked to ensure this had been done.

Residents' and relatives' meetings were held and the registered manager had an open door policy. We saw there was a complaints policy and complaints were addressed in line with the policy.

Staff were motivated and enthusiastic. They were aware of the previous CQC rating and its consequences. We sensed there was a real team effort to improve the performance of Allendale.

The registered manager made the required notifications to the CQC. She had implemented a full range of audits and we saw that the results of these audits and of audits by the provider were used to improve the service.

In relation to the breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 we found, you can see what action we told the provider to take at the end of the full version of the report.

Summary of findings

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 consistently safe.

The handling of medicines was much improved since our last inspection. We found one error had been made which meant one person had not received prescribed medicine.

Recruitment procedures were appropriate except that people were allowed to start work before all the checks were completed.

Risks relating to the premises had been reduced. Staffing levels were adequate.

Requires improvement



Is the service effective?

The service was not consistently effective.

The service was allowing family members to give consent on behalf of people who lacked capacity, which was not in line with the Mental Capacity Act 2005.

We saw that people enjoyed their food and the mealtime experience had improved since our last inspection.

The training had reduced in the second half of 2015 but we saw there was a plan to refresh staff training.

Requires improvement



Is the service caring?

The service was caring.

We received positive feedback from people living in Allendale and their family members about the caring approach of staff.

We saw friendly and kind interaction between staff and people living at the home.

Allendale was considered a beacon of good practice in end of life care.

Good



Is the service responsive?

The service was not consistently responsive.

We found there were not enough activities provided for all the people.

The care files were being updated regularly and the newer format gave a good basis for providing person-centred care.

Meetings took place to involve people and their relatives in the development of the service. We saw that the complaints policy was working effectively.

Requires improvement



Summary of findings

Is the service well-led?

The service was well led except in one respect. We found that the rating from our previous inspection was not displayed in accordance with the regulations.

The staff worked well as a team and were supportive of the registered manager and deputy manager.

There was an extensive range of audits which were used effectively to bring about improvements. The registered manager made the required notifications to the CQC.

Requires improvement



Allendale Residential Home Limited

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.

The inspection took place on 25 and 26 January 2016 and the first day was unannounced. It was carried out by an Adult Social Care Inspector, a Pharmacist Special Adviser 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. In this case the expert had experience of caring for a family member.

Prior to the inspection we reviewed the information we held about Allendale Residential Home, including notifications submitted by the home, and information received about the home. We contacted Healthwatch Manchester, who held no information about the home, and spoke with the contract officer of Manchester City Council about their recent monitoring visits.

During the inspection we spoke with nine people living in the home, three family members, and four members of staff. We talked at length with the registered manager and deputy manager, and met the providers. We spoke with two visiting professionals. We had also spoken with a Macmillan community nurse, a lead practitioner in the Six Steps programme (a training project in end of life care), who was involved with the home.

We looked around the building and observed mealtimes and interactions between staff and the people in the home. We carried out an observation known as a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who cannot easily express their views to us.

We looked at four care files in detail, three recruitment records, records of incidents and accidents, policies and records of audits. We examined seven medicine administration records (MARs), the medication policy, medication audits and a medicines competency assessment.

Is the service safe?

Our findings

We asked people living in Allendale whether they felt safe. All the answers we received were positive. One person said, "It's not bad here. I feel safe here, yes I do." Another person said, "They are nice people. I don't have anything to worry about." Several other people told us they felt safe. The family members we spoke with were also mainly in agreement that they felt the place was safe for their relative. One person said "The home is fine. [My relative] is very safe here."

One main focus of this inspection was to judge whether the service was now compliant with the regulation relating to the proper and safe handling of medicines. In previous inspections we had found a range of errors and omissions which meant the service was not meeting the relevant regulation.

The registered manager had come into post in August 2015 shortly after our last inspection. She told us about the measures she had implemented to improve the recording, handling, storage and administration of medicines. One of the staff had been appointed "care manager" in August 2015 and took the lead responsibility for the administration of medicines. Their duties included checking the medicines when they arrived from the pharmacy and reporting any discrepancies to the registered manager. The service was now using a communication diary that was specific for medication issues. Any changes in prescriptions or any need for medicines to be re-ordered was recorded in the diary, which was reviewed daily by the registered manager or care manager. This made it clear what issues with medication needed following up and who was responsible for doing so. It also showed when issues were resolved. This meant that a system had been introduced to ensure that the correct medicines were available for people when they needed them.

Medicine Administration Records (MARs) were supplied by the pharmacy. Allendale had started using this pharmacy in August 2015 and the staff told us they were working well with the new arrangement. We looked at seven people's MAR sheets. The MAR sheets were all printed and clearly legible with appropriate signatures and coding, to record that the medicine had been given or refused. File dividers separated the MAR sheets, and each had a picture of the person they related to.

The registered manager had also introduced a balance check which was carried out daily. This audit checked the amount of medicines in stock against the amount recorded as given on the MAR sheets. This provided an additional check to prevent stocks of any medicine from running out. It also provided an additional safeguard to ensure that a medicine had been given and appropriate action could be taken where needed, if the MAR had not been completed. We saw that the MAR sheets we looked at were completed accurately. The home was only one week into a new four week cycle so we inspected a sample of the MAR sheets for the previous month. We did note occasional omissions at weekends where the MAR sheet had not been initialled to show that the medicine had been given. The care manager explained to us how when this happened the balance check was used to verify that the medicine had in fact been given, even when occasionally the staff's initials were missing on the MAR sheet. We raised this with the registered manager who said she would remind the weekend staff of their responsibility to sign the MAR sheets and ensure that the recording errors were remedied. The audit process ought to have picked up the omissions on the MAR charts at weekends. The failure to record accurately was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with reference to Regulation 12(2)(g).

The registered manager told us she had devised a new system of auditing medication, and showed us how it worked. She conducted the audit for six people each week. It involved a detailed check that each person had received the correct medicine, at the correct time, and that everything had been properly recorded. She explained how she used the results from the audits to feed back to staff. We asked what process she would follow if the audit detected a medication error, and she explained the appropriate course of action, although she said there had not been an example of such an error while she had been doing these audits. The provider also did a monthly audit which included looking at medication issues. We saw that the provider had noticed one issue in November 2015 which had been corrected.

Medication was stored in two trolleys supplied by the pharmacy. These were locked and secure when not in use during our inspection. The trolleys were kept in the registered manager's office; which was small, but had enough space for easy access to the trolleys when needed. This room was secured with a keypad and the intention

Is the service safe?

was to keep the room shut and locked when the office was vacant. We noticed during the inspection that this did not always happen so the registered manager needed to reinforce the message to staff to keep the door closed and locked when the room was vacant.

We inspected the contents of the trolleys and found them to be well organised and uncluttered. They did not contain unnecessary excess stock. The medication fridge was in the same office. It was kept locked. Daily temperatures were recorded to ensure that the fridge was at the right temperature to keep medicines correctly. There were one or two omissions, which tended to be at a weekend, as with the occasional missing signatures on the MAR sheets. We discussed this with the registered manager, who said she would raise it with weekend staff.

We checked the cabinet which contained controlled drugs and found it was securely fastened to the wall and locked. Controlled drugs must be kept more securely than ordinary medicines. We reconciled the stock of controlled drugs with the register and found all medication was accurate and correct, with two witness signatures as required. We observed the care manager giving one person a controlled drug. This was done professionally and safely and the care manager also made accurate records of what had been supplied on both the MAR sheet and in the controlled drugs register and obtained a witness signature.

We asked to see evidence of medication competency assessments and we discovered that only the care manager had been subject to such an assessment, which had been in February 2015. Although the care manager took the lead responsibility for administering medicines, three other day staff and one night staff were also involved. We asked the registered manager how she ensured that sufficient staff were adequately trained and skilled up, in order to provide cover when the care manager was absent. She showed us the training matrix which showed that some staff had started an online training package relating to medication. Most of the staff had last undergone training in medication in February 2014, and four staff had received this training in September 2015.

In summary so far, we found that procedures introduced since the last inspection, namely the appointment of a care manager, use of the communication book, the daily

balance check and weekly audits, had brought about a significant improvement in the safe and proper management of medicines since the previous inspection in June 2015.

We did, however, find one example of poor practice which had created a risk for one person. This person had spent five days in hospital at the start of January 2016. The discharge paperwork stated that there had been a change to the person's regular medications during their stay in hospital. One medicine had been replaced by another, Furosemide, which is used to combat water retention and also to treat high blood pressure. The person was given two weeks' supply of the new medicine by the hospital. There was no end date planned for this medicine. There was nothing in the person's care plan about the course of the Furosemide, whether it was to continue or to be stopped. The MAR sheet showed that the person had been given the medicine, twice a day as prescribed, until 17 January 2016 when it ran out. By the first day of our inspection on 25 January 2016 the person had not received the medicine for seven days. We contacted the GP's surgery who stated that the person was supposed to be receiving the medicine, and they were due to prescribe it to be delivered at the start of the next four week cycle, namely Monday 15 February. We raised this issue with the registered manager who spoke with the GP's surgery and arranged an urgent review. Had it not been for our intervention, the person would have gone without the medicine for four weeks, which might have had an adverse impact on their health.

We saw from the records that the GP had visited a few days after the person's discharge from hospital, and had stopped an antibiotic, but had not taken any steps to ensure that the Furosemide continued. Nevertheless, the service is ultimately responsible for ensuring that prescribed medication is obtained and administered.

We checked the records of two other people who had been recently discharged from hospital, and their medication was correct and in order.

We were concerned that this finding that the home had failed to obtain prescribed medication was similar to, but not exactly the same as a finding at the last inspection in June 2015. On that occasion the service had not obtained or administered two medicines which had been prescribed

Is the service safe?

by the hospital prior to a person's discharge. On this occasion the resident had received the newly-prescribed medicine but only until the supply given by the hospital ran out.

Failing to ensure that prescribed medicines were obtained was a further breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, with reference to Regulation 12(2)(f).

We checked the records of the three most recently recruited members of staff. We saw that the correct process had been followed in terms of obtaining paperwork. There was an application form on each file, and a record of the questions asked at interview. References had been obtained for each prospective employee and Allendale had obtained certificates from the Disclosure and Barring Service (DBS). The DBS keeps a record of criminal convictions and cautions, which helps employers make safer recruitment decisions and is intended to prevent unsuitable people from working with vulnerable groups.

Information had come to light about one member of staff after they had started working at Allendale. The staff member had received two criminal convictions, in October 2015 and January 2016. The registered manager took advice from officers at Manchester City Council and a meeting was held with the member of staff in January 2016 where the circumstances were discussed in detail. The member of staff wrote a statement about the events leading to the two convictions. The registered manager completed a risk assessment and gave the member of staff a final warning that another such conviction would result in dismissal. The outcome of the risk assessment was that the member of staff would work in pairs with another member of staff at all times, and have regular supervision.

We discussed this case with the registered manager and deputy manager. One aspect of the second conviction was relevant to the employee's suitability to work with older and vulnerable people. In this case the registered manager had the first-hand opportunity to assess the staff member's performance and attitude since they started work at Allendale in October 2015, and was happy for them to continue in post subject to the outcome of the risk assessment and the conditions imposed.

Ordinarily a care home should only allow staff to start work after their DBS certificate has been obtained. It is acknowledged that DBS certificates can take six weeks or

more to be returned. The DBS allows care homes, in exceptional circumstances, to apply for an Adult First check, which is normally returned after two days. If the Adult First check is clear, a person is permitted to start work with adults before a DBS Certificate has been obtained.

In this particular case, obtaining an Adult First check would not have made a difference, because at the time of appointment there was no conviction recorded. Nevertheless, the situation illustrates the importance of DBS certificates and Adult First checks, in avoiding potentially unwise recruitment decisions. Allendale's policy of allowing people to start work before the DBS certificate was obtained was a breach of Regulations 19(1)(a) and (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that issues relating to the safety of the premises identified in our last report had been addressed by the provider and registered manager. A stairgate had been installed at the foot of a staircase near the small dining room, which reduced the risk of someone attempting to climb the stairs and falling, as had happened in October 2014. A combination padlock had been purchased and was in use to secure a gate leading from the yard to the road in front of the home. A proper pull cord had been installed to replace tights which had previously been used to extend a pull cord, which we had identified as unsafe. On this inspection we did not see any fire exits obstructed, as we did last time. This meant the provider had acted to remedy the failings we had found at the last inspection.

We looked at the maintenance file and saw that the necessary checks were up to date. Electrical safety and electrical appliances had been checked. Fire detection systems, hoists, window restrictors, water temperatures, bed rails and mattresses had been checked. The lift had been serviced. This meant that necessary checks and maintenance were being undertaken to ensure the safety of the people.

A new bathroom had been installed downstairs which was more spacious than its predecessor. The ceiling in one of the lounges had been repaired since our last visit. There were laminate floors throughout the home's communal areas, the home smelled fresh and we found it to be very clean. One family member said to us, "It's kept spotlessly clean." A very diligent cleaner was at work on the first day of our inspection. We had seen an infection control report by Manchester City Council dated 16 November 2015. The

Is the service safe?

registered manager gave us a copy of the action plan which had been updated to include timescales and the member of staff responsible for dealing with each issue. Some actions were described as “ongoing” and as part of a rolling maintenance programme and others would be done when each bedroom was renovated.

The registered manager told us there were usually four or sometimes five staff on duty in the morning, three in the afternoon and two at night. We saw staff rotas for the month of January 2016, which confirmed these arrangements. The registered manager and deputy manager took turns to be on call if needed at night. Allendale had 19 regular staff, and did not use agency staff. There was one member of bank staff. The registered manager told us that staff made themselves available to cover extra shifts in the event of staff sickness or holidays. This meant that people living in the home always had familiar staff caring for them. This was demonstrated on the first morning of our inspection, when two of the five staff on the rota called in sick at short notice and cover was found for one of them.

We asked people whether staff were available when they needed them. One person said, “The girls are great. If I

need anyone they come round. The only time they don't come immediately is because they are busy.” However, another person said, “They're nowhere about when you want to go to the toilet. They need two of them to move me. They say because it's safer for me. It's alright, it could be better.” This indicated that there were times when an extra member of staff would be useful. Our observation was that the staff were busy but were able to attend to people's needs and also had time to chat with them.

The care staff in post at the time of our inspection, with the exception of two, had received specialist training in safeguarding vulnerable adults in March 2015. This meant that recent recruits had not yet had this training. However, we saw that it formed part of the induction for all staff. Staff we talked with had a satisfactory understanding of the various types of abuse, and told us they would report any concerns to their manager immediately. One said that they would not hesitate to contact CQC if they thought it necessary. Allendale had a safeguarding policy and a whistleblowing policy although they needed to be updated to reflect the current regulations.

Is the service effective?

Our findings

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 in order 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). Under the legislation a provider must issue an 'urgent authorisation' when they believe they may be depriving someone using the service of their liberty. At the same time they must apply for a 'standard authorisation', to a supervisory body, in this case Manchester City Council.

We checked whether the service was working within the principles of the MCA. All 14 care staff who were present in March 2015 had received training in the MCA. Four more recent recruits had not yet received the training.

The registered manager told us that there was a mental capacity assessment on each person's file. However, the MCA states that there should be a presumption of capacity, which means that a mental capacity assessment should only be done if there is a doubt about the person having capacity to make a specific decision. The home's policy on the MCA was in line with the Act, stating "Where the home has information that suggests the person might be unable to take some decisions at some times it carries out an assessment of that person's mental capacity." In other words, an assessment should not be carried out automatically for every person.

We saw that a consent form relating to care and treatment was present on care files. There was a space to sign at the end of the care plan. The wording on the care plan did not specify that this was a consent form, rather it just required a signature. However, the signature was in effect accepting the care plan. On one file it was recorded that: "[Name of person] was offered the chance to sign the care plan but declined." A family member had signed instead, next to the words "for and on behalf of [the person]."

There was a mental capacity assessment relating to the same person dated 9 September 2015 concerning their lack of capacity to consent to remain in the home. There were no mental capacity assessments relating to other decisions. On the same care plan there was a risk assessment for the use of bedrails. These are raised sides to the bed which prevent people falling out, but can also stop people getting out of bed independently. District nurses had recommended on 23 December 2015 that the person should be kept on bed rest. The risk assessment concluded: "The potential risks involved in the use of bedrails have been fully explained to me, I understand and accept the risks involved and consent to their use." The family member had signed beneath this statement.

A clear principle in the MCA and the MCA Code of Practice is that a family member cannot legally give consent on behalf of a person who is deemed to lack capacity to make a particular decision. There has to be a best interests decision, involving appropriate professionals and usually the care home staff. The family members may well be involved in the process, but their opinion will not be decisive.

The service had not conducted a mental capacity assessment in relation to the use of bedrails, and had allowed a relative to sign consent to their use. For these reasons the service was in breach of Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which relates to the requirement for consent to be given in accordance with the MCA.

On another person's file we saw that the best interests assessment and decision process had correctly been followed in relation to whether they should have a DNAR on file. This means "do not attempt to resuscitate" and is a form which instructs paramedics and staff not to attempt cardiopulmonary resuscitation in the event of a cardiac arrest. A meeting including the person's GP and the deputy manager had taken account of a relative's views on the matter.

At the last inspection in June 2015 the registered manager at the time told us that she had submitted six applications for DoLS standard authorisations since February 2015. By January 2016 we had not received notification that any of these applications had been approved or rejected. We asked the new registered manager about this, who told us that no applications had yet been approved, but that assessors from the local authority were now visiting

Is the service effective?

Allendale. On one file we saw that a mental capacity assessor had been out on 16 January 2016, followed by a DoLS assessor on 20 January 2016. We met an independent mental capacity advocate (IMCA) who had come to assess another person. These visits showed that Allendale was co-operating with the processing of DoLS applications.

At our previous inspection we noted that applications for standard DoLS authorisations had been submitted but there were no applications for urgent DoLS authorisations to go alongside them. This had now been rectified, and the paperwork for urgent authorisations had been completed. The registered manager was now completing mental capacity assessments to support DoLS applications.

We concluded that aside from the issue over family members' consent the service was working within the principles of the MCA and DoLS.

We observed the lunchtime meal and our expert by experience shared the meal. Most people we asked said they liked the food. One person said, "The food is lovely. You don't get a choice. They will get you something else if you don't like it." Several people told us there was no choice, although on the day we observed the lunch there were two dishes available. Someone else said, "The food is quite decent. If they've got it in they will get it for me. If they haven't they will get it in for you." Another person said, "The food's alright. You get fish and chips on Friday. I like that. You get soup and sandwiches too." Family members approved of the food. One said, "All the food is homemade. They really have good meals." Another person said, "I reckon the food is good for her, although it is a bit repetitive. The evening meals are generally soup and sandwiches."

People sat either in the dining room or in the dining area of the lounge for lunch. Four people stayed in their armchairs. We saw this depended on people's preference and also people's ability to sit at the table. Just before the meal was brought, people were encouraged to clean their hands using wet wipes. This was an improvement on the last inspection, although we noticed the wet wipes were not offered to a few people who came later to the table. The choice of lunch was egg, chips and peas with bread and butter or meat pie, mash, peas and gravy. Our expert by experience had egg, chips and peas which he described as "very acceptable". There was salt and pepper on the table

but no sauces or vinegar was offered to anyone. A number of desserts were offered. These included bananas (with or without custard), yoghurt, rhubarb and custard or a choc ice.

We noted there was a daily noticeboard in the hallway which among other things gave the menu for the day's meals. Only one of the dishes at lunch was written on this board, but people were given the choice when the food was presented to them, which is often better than asking people to choose their meals in advance or the night before. The cook had some picture cards of food to assist people who might have difficulty expressing their wishes verbally to indicate their choice of food.

At our previous inspection we commented that there appeared to be a shortage of staff at lunchtime and that some people were unsupervised when they were eating. This was not the case during this inspection, although there were the same number of staff on duty. The registered manager explained that she had changed the dining experience so that people who were in bed, or who needed assistance to eat, were given their lunch either before or after other people had their lunch. This meant that there were more staff available during the main lunch period. We did not observe any problems in terms of staff availability during the lunchtime period.

At this inspection we found a much calmer and better organised lunchtime experience. Those people who needed assistance received it in a calm, unhurried way. We also noted at the last inspection that the tablecloths were torn in places, but this time they were all suitable and we observed they were changed after every meal.

The home was still signed up to the Tamsin initiative, a programme designed to monitor and improve diet and nutrition in care homes. We were told that individual dieticians still visited the home, although the project itself had been reduced in scope.

People's weight was monitored monthly. We saw that one person was assessed as being at high risk of weight loss and their care plan stated "Staff to weigh weekly." Records showed they had continued to be weighed monthly, and had lost over a stone between 10 September and 22 October 2015. We asked the staff about this who said that the person was largely confined to bed during that period

Is the service effective?

and was reluctant to be weighed. We saw that they were being regularly visited by district nurses and speech and language therapists, and their health condition closely monitored.

We saw on care files that people had regular access to healthcare professionals to look after their general health needs. Records were kept of visiting healthcare professionals including the district nursing team, opticians, GPs, chiropodists, the mental health team, physiotherapists, speech and language therapists, and dietitians. People also went regularly to the dentist.

We asked staff about recent training. One member of staff told us, "We've done loads of training. The last one was mental capacity training, we do it using a booklet. I've also done dementia and end of life (level 2) training. I am just finishing my NVQ level 3 and I am training up to become a shift co-ordinator."

New staff followed an induction training programme. This included shadowing other staff. We saw an induction checklist recorded on their staff files.

We obtained a copy of the staff training matrix. This showed that core subjects had been taken by most of the staff, but not yet by recent recruits. Some of the topics had been taken long ago, for example emergency first aid in January 2014 for most staff, person centred planning in June 2013, and food safety and hygiene for some staff in 2012 – although we noticed that the two cooks had done this training more recently, in April 2015. Across all topics we noticed that there had not been a great deal of training in the second half of 2015. We were told that a 12 month plan was being developed.

At our last inspection we found that the lack of training in medication amounted to a breach of the relevant regulation. We found that this breach had been remedied, because there had been training for four staff who were involved in administering medicines. However, we found that the reduction in the provision of training in general for both new and existing staff indicated that training was not a high enough priority. This was a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A member of staff told us, "We have a supervision once a month. She asks are we doing alright? Do we have any issues? How can we improve the home? Do we have any personal problems?"

We obtained a copy of the supervision schedule for 2016 which showed that all staff were due to receive supervision every two months. The registered manager kept a record of when supervision had taken place. She said that the supervision session was an opportunity for staff to raise any issues about their work or personal circumstances. She also planned to discuss at each supervision an aspect of training or the work at Allendale with each member of staff.

Annual appraisals were also due to take place in January and February 2016. The registered manager conducted all supervisions and appraisals currently, but was intending to devolve responsibility to the deputy manager and care manager in due course, which would benefit their managerial skills.

Is the service caring?

Our findings

We saw a 'thank you' card sent to the staff at Allendale by the family of a former resident. Inside they had written, "Our family would like to thank all staff at Allendale for lovingly taking care of our mother." A comment had been left on a website, "All the carers are committed to their work and all the residents treated like friends." A family member told us, "These carers are good. Every one. I'll say they are! They look after me as well! There is nothing that they could do better. I'd give them 120%." Another visitor said, about their relative, "They are really settled here. They call it their home."

During our inspection we received positive comments from people living in the home and their relatives. One person said to us, "It's alright. They are very good to me. They treat me with respect. The girls are nice." Another person said, "I've been here a long time. They look after me."

One family member told us, "[My relative] originally came here on respite but we hit the jackpot coming here." Another family member said: "The staff are wonderful. I have no complaints. I can't think of anything they could do better. They're very good." Another visitor said, "I have no complaints with [my relative's] care. The staff are efficient, kind, considerate and have lots of compassion." These were strikingly positive endorsements of the care provided at Allendale.

A family member had raised issues with us about their relative's care, shortly before the inspection started, and with other authorities. Those issues had been fully discussed at a meeting between social workers, the family member, and staff from Allendale. We were satisfied that the provider had remedied the problem.

At the previous inspection in June 2015 we identified several failures to meet people's basic needs or to treat them with respect. On this occasion we saw very little of this nature.

Some of the people at Allendale were living with dementia and unable to express their thoughts and feelings to us. To understand their experience we conducted an observation to watch how well they were cared for. We saw that carers had developed close relationships with the people in the home. Staff talked to people with kindness and encouragement. We observed some considerate interactions between staff members and people during the

lunchtime period. Those who needed help or encouragement to eat were given it in a gentle and patient manner. This meant that care workers treated people with dignity and respect.

During this inspection we witnessed a pleasant and friendly atmosphere throughout the day, and there was a lot of friendly banter going on. We saw that staff respected people's privacy, always knocking on doors and waiting for an answer before entering. We saw that they explained to people what they were doing as they were doing it, for example transferring someone from their wheelchair to an armchair. This meant that people were kept informed about what was happening. We observed that about half the residents at Allendale were male, but there were no male staff.

Care files were kept safely in a lockable cabinet in the hallway which meant they were not open to view. We saw that when staff were working on the files in the lounge, they were careful to ensure that the files were overseen by another member of staff if they were called away. This showed that they respected the confidentiality of the information in people's files.

The home had taken part in Six Steps, a programme based in the North West designed to develop and improve the care people received at the end of their lives in care homes. Nine staff members had received training in end of life care, and the owner and deputy manager had completed the Six Steps training course. The training had taken place in 2013 and 2014, which meant it needed refreshing. More training on end of life care was planned for all staff on 18 February 2016. Revalidation of the home by the Six Steps team had not yet happened. We had spoken with a Macmillan nurse who was a lead practitioner in the Six Steps programme in December 2015, who told us that Allendale was a model of good practice in end of life care.

We saw that appropriate paperwork was present in people's files, intended to help avoid unnecessary pain towards the end of their lives. Where DNAR forms had been written, they were stored not on the care files but on the district nurses' files which were kept in the same cupboard. (As mentioned earlier, DNAR means "do not attempt to resuscitate.") We saw in one case that the form was not kept prominently on the front of the district nurses' file. It would be better practice to ensure the DNAR forms are kept

Is the service caring?

readily accessible by paramedics in an emergency who would need to see the form immediately upon arrival at the home. All staff including night staff and weekend staff should know where they are kept.

In one file, we saw a Statement of Intent dated 8 October 2015. This is a document which confirms a GP has predicted that a person's death is likely within the next 14 days; it also allows the cause of death to be recorded in advance. The person concerned was still living in Allendale at the time of our inspection in January 2016, and was now not thought to be at the end of life. A note on the file dated 22 October 2015 recorded that the Statement of Intent was not being renewed. This meant that the Statement of Intent ought not to still be on the file, since it was no longer valid. We mentioned this to the deputy manager who removed it immediately.

We had been notified of two deaths since our last inspection. Both had died at the home. One had been identified as being at end of life, and a Statement of Intent had been put in place and renewed. We saw that anticipatory drugs had been obtained for the person. These are drugs designed to relieve pain and to help with breathing. A syringe driver was brought in, to assist with delivering the drugs if needed. In the event, we were told, the person had passed away peacefully without the need for these drugs. However, this demonstrated that Allendale was ready to cater for people's needs at the end of life without them having to go into hospital.

Is the service responsive?

Our findings

At a previous inspection in 2014 we had talked with one of the staff who was designated as activities organiser. This member of staff had left and no-one had been appointed to the role. Staff told us they could organise activities such as games on their shift, but it was clear this was done usually only when they had completed their other tasks. The noticeboard in the hall contained a list of daily activities but people told us they did not always take place. A game which was not listed for that day was started in the afternoon of the first day of our inspection but people told us that this was not a regular occurrence. A member of staff told us they sometimes did indoor bowling with some of the more mobile people, but they were not sure what activities they could put on with others.

We asked people whether there were any activities at Allendale and whether they took part in them. The general answer was that there was not enough to do. One person said, "There's not much to do here. We played bingo last night. I really enjoyed that but we don't do that very often. We don't have sing songs." Other people said, "There's nothing to do. We should have something to do to occupy your mind", "It gets boring when you sit there watching the telly all day and all night", and, "There's not enough to do in here."

One person did say they got to read a newspaper, but added, "They don't take us out. They don't do what they say they are going to do."

We asked staff about this. They described themed meal nights which had happened recently, such as a Blackpool night which had included fish and chips and sounds of the sea, a Spanish night, and Chinese food on New Year's Eve. Staff said that people had particularly enjoyed the Chinese food.

We saw that people had stated that activities could be improved at residents' meetings on 15 September 2015 and again on 6 November 2015. Similarly at a staff meeting on 19 October 2015 the registered manager had asked staff to encourage people to join in with activities. This showed that the registered manager was aware of the need to improve activities within Allendale.

The lack of activities was a breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw an example where people's wishes to take part in an activity were not respected. During lunch we saw the television was switched off with no explanation. One person was actually watching a TV programme but the member of staff did not ask if they minded having the television turned off. This meant that staff did not always respect and respond to people's choices and right to choose.

We looked at four care files in detail and several others for specific documents. We saw that there was a variety of formats and documentation used. The registered manager explained that she was still in the process of updating people's care files, and that some were in an older format. We saw, for example, that on one file there was no personal history or details of the person's likes and dislikes. This meant it was not person-centred and it did not provide staff with information about the person which might enable them to engage with the person better. On one of the newer format files we saw a personal profile which contained a good amount of detail about the person's life history. The registered manager showed us a list of the files that needs updating, but it would be possible to create an interim personal history until the new format was introduced for everyone.

The same file had dividers but no index to allow easy access to the person's care information. This might hinder a doctor or other health professional wanting particular information. We saw that the newer care files did have an index. We noted that there were two different sheets to record medical visits, which were both in use. This could lead to uncertainty and duplication. The registered manager told us she would rationalise the file and ensure only one sheet would be in use in future. Similarly, in another file we saw two separate risk assessments for the use of bedrails. It was not clear whether one had replaced the other. Again, this risked creating uncertainty and affecting the care and treatment received by people,

The same file contained the full range of risk assessments. It also contained the pre-admission documents. No new people had been admitted to Allendale since July 2015 following our last inspection, but the registered manager told us she had prepared a new policy which would ensure that people were properly assessed and only people whose needs could be met by Allendale as a residential home would be admitted.

Is the service responsive?

One of the care files we were looking at contained a personal emergency evacuation plan which had been revised in August 2015, and a hospital admission form which would accompany the person to hospital in the event of an emergency admission. There was a “daily record of tasks undertaken” which was a record of the care the person had received during the day. The night staff recorded information about the care they provided to people in charts kept in people’s rooms. This meant that information was not all kept in the same place. That could potentially be an issue if a person’s health was changing rapidly.

We did note from the bathing log on one person’s care file that no bath had been recorded for three weeks. One refusal to have a bath was recorded. This was similar to a finding at the last inspection. However, a carer assured us that the person did have a bath during the three weeks period, which the carer had assisted with but not recorded. This was therefore an issue of poor recording.

All the care plans had a column headed “review monthly” and we saw evidence that each person’s keyworker reviewed the care plans and made changes where needed. Each keyworker had a maximum of two people they were responsible for, so they had opportunity to focus on each person’s needs. A member of staff commented that this was a better system for reviewing care files than had existed before. At a residents’ meeting in September 2015 the registered manager had stated that people would, where possible, be more involved in the reviews of their own care plans, with the aim of making them more personalised.

We considered that the risk assessments were fit for purpose and contained enough information which was regularly updated and reviewed. We considered that the deficiencies with care plans which had led to a breach of a regulation at the last inspection were greatly improved.

Minutes of a recent residents’ and relatives’ meeting in January 2016 were displayed on the wall in the hallway, alongside the results of a relatives’ survey dated 29 October 2015. This showed that Allendale sought the views of people living in the home and their families. The minutes stated that the purpose of the meeting was “general discussion about how to move the home forward” and not for individual issues to be aired. The registered manager’s office was easily accessible at the end of the hallway facing the front door and she told us she had an ‘open door’ policy when in the office, so that people and their families were welcome to raise any issues with her directly.

We obtained a copy of the complaints policy which contained a detailed description of the process of handling and investigating complaints. It stated that the registered manager would review complaints to determine what could be learnt from them. We saw that the policy referred to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and so was out of date as new regulations were introduced in 2014 and came into force in April 2015. We informed the registered manager and she told us she was in the process of updating all policies and this change would be made.

Only two formal complaints were recorded since our last inspection in June 2015. One was about an issue of heating in the bedroom. The other was about a bedroom being too cold. Both complaints had been responded to promptly and in line with Allendale’s complaints policy.

Is the service well-led?

Our findings

Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires that a service displays its CQC rating in a prominent position. Allendale's rating from the last inspection in June 2015 was framed and hanging on the wall in the registered manager's office. Regulation 20A(7)(b) specifies that the rating must "be displayed conspicuously in a place which is accessible to service users." The purpose of the legislation is that the rating can be seen by people using the service, their relatives and other visitors to the home. We asked the registered manager and deputy manager why the rating was displayed in the office. They said it had previously been standing on the table in the hallway but had regularly been knocked off. There was no reason why it could not have been hung on the wall in the hallway conspicuously.

This was a breach of Regulation 20A(7)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Allendale is a family-run home and many of the staff have worked there a long time and there was a low turnover of staff. This generated a sense of community, which benefited the people in the home. A member of staff said, "I love all the residents. It's hard work sometimes but it's good." Another member of staff said, "I love working here. It's the best thing I've ever done, coming to work here." The team spirit was illustrated by a member of staff who told us, "I feel valued by the residents, my colleagues and [the managers]."

We saw minutes of a 'flash' meeting held on 8 January 2016; in other words, a brief staff meeting. Staff were reminded about the fire emergency procedure, infection control arrangements and about whistleblowing. We saw that formal staff meetings had been held every two months since the current registered manager's arrival. We saw from minutes that these meetings enabled the staff to be informed about people's needs and other issues affecting the home.

The staff we spoke with were fully aware of the rating of 'Inadequate' and the restriction on new admissions that had resulted from our last inspection in June 2015. We saw from the minutes of staff meetings that it had been discussed openly. It had also been discussed at a relatives' meeting in January 2016. The registered manager had

come into post shortly after the last inspection and had implemented a number of changes. We knew from a conversation with the contract officer from Manchester City Council that he had made many visits to Allendale since June 2015, and in his report of his monitoring visit in December 2015 he stated his view that "I feel Allendale have responded well and completed all the actions set by CQC."

The registered manager had raised safeguarding notifications with CQC and at other times contacted us to raise appropriate questions as to whether an issue was a safeguarding concern. We saw that on two occasions she had contacted Manchester City Council's safeguarding team who advised her that a particular issue would not be regarded as a safeguarding concern. This showed that the registered manager was alert to the need to consider whether issues required a safeguarding investigation and took advice accordingly. Deaths and serious injuries had also been reported to CQC with sufficient detail. This showed that Allendale was fulfilling the requirement of its registration to report incidents which needed to be notified to the CQC.

We asked about audits and the registered manager told us she conducted a range of audits at different intervals. These included a registered manager's walkaround at least three times a week, and a weekly medication audit. We saw evidence that these were done. Each month she did an audit of the care plan reviews, on all files. We saw that she initialled to show that she had checked that care plan reviews had been done. Additionally she audited three care plans a month for their content and quality, which meant reading through them in detail. Fire safety audits, pressure ulcer audits, a check on weights and an audit of people's money were done monthly. Wheelchair audits were recorded on care files. Every two months, or more often if required, the registered manager conducted a night spot check which involved arriving unexpected at some point during the night to ensure that everything was in order. Audits of catering, mealtime experience, health and safety and infection control took place every three months. The registered manager also conducted quarterly audits of the premises jointly with the provider. Staff files were audited every six months. We saw that records were kept of all the audits and actions arising were noted and implemented.

Is the service well-led?

This was a comprehensive array of audits which showed that the service had greatly improved its performance in this area since our last inspection.

In addition, one of the owners conducted a check of mattresses and bedrail safety every month. We saw that there were six questions asked about each mattress. This check had been one of the action points from the last infection control report by Manchester City Council, which showed that the service responded positively to requirements.

The provider also conducted 'Provider visits' roughly every two weeks. We saw the reports of those visits, and that different aspects of life at Allendale were looked at on each visit. For example, in December 2015 the provider and registered manager had discussed training and a 12 month action plan for training. At a visit in November 2015 the provider had noticed that a medicine patch (used for slow release of a drug) had not been recorded correctly on a person's medicine record. We saw that action had been taken to prevent this happening again. This showed that the provider visits were a valuable means of bringing independent scrutiny to the work of the registered manager.

Accidents were recorded in an accident book. The book had numbered pages, and we saw that a few of the pages had been ripped out. The registered manager stated that this was probably because they had been started in error, but acknowledged that it would be better practice to leave the pages in the book to avoid any doubt about what had been recorded there. The accident reports on each page

were mostly initialled by the registered manager to indicate she had seen them. But we were not shown any indication that the accidents had been analysed or lessons had been learned from them.

We also saw a file of incident reports, which covered a range of events including accidents and some incidents of challenging behaviour displayed by people towards staff. Varying amounts of detail were recorded. Some incident forms recorded that changes were made to care plans as a result of the incident. This showed that lessons were learned from incidents.

The registered manager was in the process of revising all the policies and procedures. While this was happening paper copies of certain policies were not readily available and had to be downloaded for us from the computer. We considered it would be helpful to have policies conveniently available for all staff to refer to.

The registered manager had taken over at a difficult time for Allendale, shortly after our last inspection when we rated the service as inadequate and placed it in special measures. This was, largely, due to problems with medicines management but also due to a range of other breaches of regulations identified in our report. It is to her credit that the registered manager had overseen a huge improvement in the way medicines were ordered, handled and administered, despite the one error described earlier in this report. At the same time there had been improvements in other areas. One member of staff said of the registered manager, "She's doing well. She is always checking to see that people are alright. We're all going to ride out the storm and come out with a smile."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The service did not always record the administration of medicines accurately.</p> <p>The service did not always ensure that service users had sufficient quantities of the correct medicines.</p> <p>Regulation 12(1) with reference to 12(2)(g) and 12(2)(f)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The service did not ensure that all the information required was obtained in a timely way to ensure that people employed were of good character.</p> <p>Regulation 19(1)(a) and (3)(a)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>Where a service user lacked capacity to give consent, the provider was not acting in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11(3)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Staff were not receiving sufficient appropriate training to enable them to carry out their duties.</p>

This section is primarily information for the provider

Action we have told the provider to take

Regulation 18(2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Insufficient activities were being provided to meet people's needs.

Regulation 9(1)(b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20A HSCA (RA) Regulations 2014 Requirement as to display of performance assessments

The rating from the last Care Quality Commission inspection was not conspicuously displayed in a place which is accessible to service users.

Regulation 20A(7)(b)