

The Royal Borough of Windsor and Maidenhead

9 Allenby Road

Inspection report

9 Allenby Road
Maidenhead
Berkshire
SL6 5BF

Tel: 01628781261
Website: www.rbwm.gov.uk

Date of inspection visit:
21 June 2016
23 June 2016

Date of publication:
29 July 2016

Ratings

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

Summary of findings

Overall summary

9 Allenby Road is a 4 bedroom, 24-hour respite unit for adults in Maidenhead. It is for adults with learning disabilities, who may also have additional complex physical disabilities or sensory needs, living within the Royal Borough of Windsor and Maidenhead. The service is located in a residential part of the town. Residential care is currently provided to people. Four people were staying at the service at the time of the inspection.

The service offers overnight respite breaks within a homely environment. Personalised support and care is provided for each individual. The service supports people to take part in activities at the location and out in the community including arts and crafts, music and singing, dance, keep fit, cookery and computers. The service is closely linked with the nearby day centre for people with learning disabilities.

At the time of the inspection, there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The location was last inspected under the 2010 Regulations on 23 January 2014, where the five outcomes we inspected were compliant. This is the first inspection of the location under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not able to tell us themselves they felt safe at 9 Allenby Road. However, we observed that people were supported in a safe way. Staff we spoke with were knowledgeable of how to act if abuse occurred and how to report this to managers or other authorities.

Proper maintenance of the premises and grounds was evident. The registered manager was knowledgeable about risks from the building and completed assessments and coordinated repairs to effectively prevent harm to people. Repairs were completed by external contractors and some minor delays occurred whilst waiting for their attendance.

The service had robust recruitment procedures and detailed personnel files. The provider needed to improve their collection of enhanced criminal records disclosures for new staff before they commenced. We met with the provider who assured us they would, which they later confirmed in writing had occurred. We observed staffing levels met people's needs. People were often out of the building attending activities like the day centre, and staff who stayed on site performed other functions like cleaning and shopping.

Medicines were safely managed. This was not confirmed by regular audits of pharmacists as people did not stay for long periods of time. However, we examined the handling of people's medicines during our inspection and found that people were safe from harm. We advised the provider to seek guidance and support to ensure people's medicines records were checked at each subsequent admission.

Infection prevention and control practices were satisfactory. The service was clean and tidy but staff handwashing practices required some improvement. After the inspection, the provider sent us confirmation this was complete.

Staff training, supervision and performance development was effective. Induction programmes and training was evident, but some competency checks and repetition of training was needed to ensure the best effective care. The provider sent us information after the inspection which demonstrated they listened to our findings and took action to ensure staff had the continued knowledge and skills to perform their roles.

The service was compliant with the requirements of the Mental Capacity Act 2005 (MCA). Better recording of the information about people's ability to consent was necessary to ensure the service complied with the MCA codes of practice. The service demonstrated that, where necessary, authorisations were recorded to deprive people of their liberty for various decisions.

People received nutritious food which they enjoyed. Hydration was offered to people to ensure they did not become dehydrated. People assisted with shopping and cooking and had the right to choose their own meals.

We observed staff were caring and friendly. As staff had worked with most people over an extended period of time, they had come to know each person better. This was reflected in the care that people received in an ongoing way. People had the right to choose or refuse and this was respected by staff. We saw people's privacy and dignity was respected during daily hygiene practices.

Responsive care was provided to people. Their wishes, preferences, likes and dislikes were considered and accommodated. Staff knew about the complaints procedure and people had the ability to complain. There were no complaints since our last inspection, although the registered manager and service manager had the knowledge and skills to investigate if a complaint was raised.

The workplace culture at 9 Allenby Road was good. Management was stable at the service and there was a low staff turnover. Staff described a positive place to work and care for people. Staff told us they enjoyed their roles and found management approachable and reasonable. The registered manager, service manager and nominated individual were knowledgeable about quality care and accountable in their roles.

As a result of the inspection and our findings, the provider decided to apply to us to carry out nursing care at the service. We will assess their application and make a decision within a given timeframe.

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 good.

People were protected from abuse and neglect.

Risks to people were assessed and mitigated.

People were cared for by a safe number of staff.

People's medicines were safely managed.

The location was clean and tidy.

Is the service effective?

Good ●

The service was effective.

People received care from staff trained to have the skills and knowledge needed.

People's consent was not recorded, but the location acted in accordance with the Mental Capacity Act 2005.

People were encouraged to have a healthy, balanced diet.
People chose and assisted with the preparation of their meals.

People were supported to access healthcare professionals when this was needed.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion by staff.

People were able to be involved in the care process, where possible.

People's privacy and dignity was respected.

People's confidential personal information was secured.

Is the service responsive?

Good ●

The service was responsive.

People's risk assessments and care plans were personalised and detailed.

People's preferences were respected by staff.

People had a right to say whether they liked or disliked their care.

People, relatives and staff could make a complaint if necessary.

Is the service well-led?

Good ●

The service was well-led.

People were cared for by staff employed in a positive workplace culture.

Management were approachable, knowledgeable and skilled at leading the service.

People's quality of care was assessed through regular audits.

Management were aware of the duty of candour requirements for care homes.

9 Allenby Road

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 was undertaken by one adult social care inspector. The inspection took place on 21 June 2016 and 23 June 2016 and was unannounced.

For this inspection we did not ask the provider to complete 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. However, leading up to the inspection we advised the provider to prepare documents that would be asked for when the site visit took place. We reviewed information we already held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We asked the local authority and clinical commissioning group (CCG) for information to aid planning of our inspection.

At the time of the inspection, there were 11 staff who worked at 9 Allenby Road. During the inspection we spoke with the registered manager, the service manager, the nominated individual, and four care workers.

We were not able to speak to people who used the service as part of the inspection. This was because they were away at the nearby day centre for activities. However we attended the day centre to see what people were involved in for the day. We could not speak with relatives because they were not available during the inspection. We looked at two sets of records related to people's individual care needs. These included care plans, risk assessments and daily monitoring records. We also looked at two staff personnel files and records associated with the management of the service, including quality audits. We asked the provider to send further documents after the inspection. The provider sent documents to us after the inspection for use as further evidence.

We looked throughout the service and observed care practices and people's interactions with staff during the inspection. Observations, where they took place, were from general observations.

Is the service safe?

Our findings

People were not able to tell us themselves that they felt safe. However, those people responsible for them and who had frequent contact with them said they were confident their relatives were safe. Our intelligence information, reviewed as part of the inspection, showed there were no concerns for people's safety at the location.

People were protected from abuse and neglect. There was a good knowledge by care workers and management regarding the principles of potential abuse and how to ensure people were safeguarded should allegations occur. Staff displayed confidence in their knowledge of types of abuse, signs of abuse and the action they would take if they suspected or witnessed abuse. The registered manager did not have the latest area safeguarding policy printed at the time of the inspection, but this was obtained and made available for staff. All staff we spoke with were aware of the whistleblowing procedure and how to report abuse or neglect to ensure people's welfare. The registered manager was clear about their role in managing safeguarding concerns.

We examined safety of the premises and routine safety checks with the registered manager. The registered manager had a good understanding of maintenance and safety procedures and was able to demonstrate continued mitigation of risks. There was satisfactory evidence and documentation that regular examination and testing of building and grounds safety were maintained. For example, we saw records such as risk assessments and maintenance plans for fire safety, portable appliance testing (PAT) and lifting equipment (hoists). We also reviewed prevention and control measures for Legionella. We found that compost used in the garden, a potential source of Legionella, was not risk assessed. We provided feedback about this to the registered manager. A new wheelchair swing outside the building was installed, and risks considering people's safety were documented. An accident in the garden had caused a smashed glass sliding door. This was boarded over safely at the inspection. However there was a delay in having it replaced so that people could use the door again. The provider wrote to us after the inspection to confirm the glass in the door was replaced.

The number of people who used the service was based on respite bookings, but was usually four people. We reviewed the deployment of all staff with the registered manager as part of the inspection. We were advised of the daily staff shift patterns and deployment. The service had a stable workforce and there were no vacancies for care workers. Agency registered nursing staff were sometimes required for night shifts at the service depending on the complexity of some people's care. We reviewed some rotas for 2016. These records matched the staffing deployment that the registered manager told us were planned in advance.

Staff we spoke with told us they felt that there were sufficient staff at most times of the day. Some staff felt that when team members went to the day centre with people, this left them with a higher workload at the location. Staff were required to complete cleaning, shopping and some other tasks when people were at the day centre. Our observation over two days of the inspection found that staffing levels were satisfactory. During peak times like breakfast and shortly after, staff we observed were busy but not rushed to care for people. During busy periods, staff acted calmly and ensured that people's care was safe and appropriate.

People's care was safe because there were sufficient staff deployed.

We looked at two staff personnel files. In conjunction with the provider's human resources (HR) team, the registered manager was responsible for ensuring fit and proper person checks were completed and recorded for new staff. We found the service had strong recruitment and selection procedures that ensured suitable, experienced applicants were offered and accepted employment. A high percentage of staff had long periods of service for the provider. Some new staff were recruited when others left the service. Personnel files contained nearly all of the necessary information required by the regulations but interpretation of one document requirement by the provider was incorrect. Actual copies of the staff criminal history check certificates from the Disclosure and Barring Service (DBS) must be kept. This was not always completed at the time of the inspection. However HR and the registered manager obtained copies of all staff DBS certificates before the end of the inspection. The HR team then wrote to us to confirm regular auditing of staff files would occur and that they had altered their procedure for collection of pre-employment information. Other employment checks for applicants such as previous conduct in other roles, and proof of identification were present in the files. We also checked the staff's legal rights to work in the UK.

A business continuity plan and emergency procedures were in place and updated so that if there were events which may impede safety for people, staff or visitors, appropriate procedures were followed. When we spoke with the registered manager and staff, they told us they knew what to do in the event of emergencies.

We looked at medicines safety at the service. People and their relatives brought their medicines with them from home. In nearly every respite admission, these were pre-packed by community pharmacists. On some occasions people came for respite with boxes and packets of medicines instead. Medicines requiring refrigeration and those stored in the bedroom were kept within recommended temperature ranges, although better information recording was required. We looked in storage cupboards and found the medicines were in line with what staff had recorded on medicine administration records (MAR). There were no missed signatures from the MARs we reviewed, meaning that people received their medicines in line with the GP prescriptions. The location used the MARs for people returning without checking they were the latest medicines the person took. We provided feedback to the registered manager that MARs must be checked for accuracy each time the same person comes for a respite stay.

We looked at infection prevention and control at the location. The premises were clean and tidy. This included when we checked toilets and bathrooms. The kitchen and communal areas like lounge rooms were also clean. We found that the location froze bread and milk and that defrosting happened on the kitchen bench. This practice was not in line with the Food Standards Agency advice for defrosting. We advised the registered manager of our concern. The practice of defrosting on the bench ceased from the inspection onwards, and staff agreed to buy fresh milk as part of their everyday attendance to work. The provider wrote to us after the inspection to confirm this was implemented.

Although soap and paper hand towels were readily available, staff had placed the rolls of hand towels on benches. This meant after handwashing they used wet hands to touch the roll. We asked why this practice occurred and we found that the rolls did not fit easily into the wall-mounted dispensers. At the inspection, the registered manager advised that the location would replace all hand towel holders with easier to use dispensers. The provider wrote to us after the inspection to confirm this was implemented. We also observed staff did not use alcohol hand gel between performing routine tasks. However, we saw that a stock supply was available and that staff had not obtained their allocation. The registered manager confirmed after the inspection that staff had taken the portable hand gel and were using it every day.

Is the service effective?

Our findings

During the course of the inspection, we spoke with staff that performed different roles in the location. This included staff that provided care, such as care workers and managers. There was mixed feedback from staff we spoke with regarding their training and development. All of the staff we spoke with confirmed that they received some training in various relevant subjects specific to their role. However, when we questioned staff about the frequency of subjects like safeguarding vulnerable adults, moving and handling and fire safety, they were unsure when they last undertook the training or future scheduled dates for their attendance. When we asked the registered manager about training, at the time of the inspection they were unable to produce satisfactory evidence regarding staff training. The provider used an electronic staff booking and recording system. The system was not easy to extract individual staff training data from. We asked the provider to send this information to us following the inspection and we received records of staff training.

The training records indicated the frequency for training in certain subjects. For example, we saw staff were required to update first aid skills every three years and administration of medicines annually. The provider gave evidence of staff who had completed the organisation's mandatory courses and some topics that were good practice to be skilled in. At the inspection the registered manager confirmed that training was primarily e-learning, with some aspects like practical skills, conducted via face to face teaching. The records provided showed that for most topics, staff had received recent training. There were some subjects where the percentage of staff that had completed the topic could have placed people at risk. For example, we saw medicines administration and safeguarding adults training were not up-to-date, but staff were booked to attend.

We found staff received support, supervision and performance appraisal satisfactorily. They were encouraged to plan their support with the registered manager and ensure they had sufficient opportunity to talk about their performance, key strengths and areas for improvement. The registered manager also had this task with the service manager. During the inspection, the registered manager had a training session with a college tutor as part of completing a manager health and social care diploma.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We spoke with the registered manager regarding standard DoLS authorisations at the location. As people

lived in other locations unless they received respite, a limited number had DoLS authorisations which applied to stays at 9 Allenby Road. However, the location had the information required and understood the execution of the DoLS.

We reviewed the care documentation of two people who used the service at the time of the inspection, to determine whether the location assessed and recorded consent and mental capacity in accordance with the law. People's implied consent or relatives' verbal consent was taken to be the approval for stays and treatment. The location did not have a specific form or document which recorded the information about who consented to care or the capacity of people to consent. The location also did not check whether other relevant people, like relatives, had the legal capacity to consent. The registered manager provided a form which encompassed what the location planned to do in order to better record consent decisions. We saw this included checking the capacity of people to consent, or other relevant parties' legal ability to consent on behalf of people instead.

We saw that the appearance of meals prepared and delivered to people was appetising. There was a varied menu and it was based on people's preferences. Although people had their breakfast and supper at the location, lunch was mostly enjoyed at the nearby day centre. The day centre had its own café in which people who used the service could assist with catering. Staff we spoke with had good knowledge of people's food likes and dislikes. When we checked the stores and refrigerator we found adequate supplies of food and ingredients for preparing meals. Staff told us people often assisted with meal preparation.

As much as possible, people were supported by the service to attend all necessary medical and healthcare appointments away from the care home. Examples of good support to people related to healthcare included assistance with GP visits. Other healthcare professionals attended 9 Allenby Road on occasions. Where additional support was required to help with health appointments, the service provided escorts for people, if required. Staff we spoke with were knowledgeable about people's ongoing health matters, especially their learning disability diagnoses and personality. The service had a strong relationship with the local authority team for people with learning disabilities.

Is the service caring?

Our findings

We were not able to speak with people or relatives during the inspection to determine whether they felt the service was caring. People received hygiene care in the morning and then soon after went to a day centre. Instead, we used observations of the care from staff to determine the standard. During the inspection, our visual observations of people's interactions with staff were positive. We found staff were caring. People were addressed by their preferred names, staff were attentive to people's needs and staff acted professionally with visitors. In an afternoon meeting, we observed one person was not well and staff responded immediately to assist the person.

We reviewed care records to determine people's level of involvement in planning, making choices and being able to change the care if they wanted. Risk assessment and care plans were in a simple format, but with detailed information about the person. We found people who had the ability to were free to make changes if they desired. Where people's conditions meant they were not able to be involved in the planning or receipt of care, we found relatives and healthcare professionals were consulted to ensure that the person received the best possible care. Best-interest decision making was less evident in care records, although we found occasions where decisions were made by staff considering what the best outcome would be. The service took into account people's personal preference, likes and dislikes and displayed this in the care that staff provided.

We found that people received care which was dignified and respectful. Staff demonstrated respect of people's privacy when hygiene care was provided, by closing bedroom doors and curtains. We observed staff knock on people's bedroom doors when they were closed. We saw staff announced their presence and sought consent from people to enter their rooms.

Confidentiality in all formats was maintained, especially in electronic records. We noted computers required a user password again when they were not used for a period of time. We did not observe any instances of people's personal information being located at an inappropriate place within the building. At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. This meant the provider ensured that confidential personal information was handled with sensitivity and complied with the legislation.

Is the service responsive?

Our findings

We looked at a two people's care documentation to determine whether care from staff was responsive to their needs. We found people who used the service had their personal needs and preferences taken into account before care commenced and throughout the continuation of their respite stay. In each of the care records there was good evidence of pre-admission planning which in itself gave a picture of people's needs and also whether the service could meet those needs. We also looked at whether others had been assessed by staff and found evidence they were assessed and recorded. For example, we saw one person's risk assessment documented their high risk of choking due to their eating behaviour. The risk assessment contained detailed information for staff to be alert for to ensure the best care of the person.

Care documentation also showed that the service was responsive to people's needs. The person who was at risk of choking had a detailed care plan about eating and drinking. Important information in the care plan was in bold red. This drew staff's attention straight to the relevant part of the care plan for high risk considerations. When we asked staff what the care plan stated for the person, they were able to tell us without referring to the paper document. Staff showed they could respond quickly if something untoward occurred. We found all risk assessments and care plans were reviewed regularly and the registered manager checked accuracy of details with relatives over successive respite stays.

There was good information in the care folders about people as individuals. The documents showed that care was person-centred because information specific to each person was recorded. For example, we saw that two people's preferences for activities were different to each other. Staff had documented what each person liked and where possible, the service aimed to have the person undertake their preferred activity. We found sometimes this meant people went to different locations with a staff member rather than as a group. This meant the service was responsive to people's different wishes about how to spend their time.

People were encouraged to maintain an active lifestyle. The layout of the building meant that free access inside and outside was provided. We found there was a ready supply of equipment and materials to support activities. Staff planned and carried out satisfactory entertainment and stimulating experiences. Sometimes staff from the day centre and other organisations visited with people and the service held joint events to promote socialisation. Amendments were made to ensure people who had difficulties could still participate. This meant people were socially stimulated and encouraged to maintain an independent lifestyle.

Some people who stayed the service had difficulty with talking. This meant that staff might not be able to speak with them, but could communicate using different methods. The service used different types of communication with people so that information could be shared. For example, some staff knew how to use Makaton. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate efficiently by speaking. We saw a staff member use Makaton with one person as they were going out to the day centre. Around the building, pictorial communication was used. We found pictures on the menus, so people could choose the type of meal they liked by pointing to it. In the entrance, there was easy-read versions of important documents on the notice board. This meant people who could understand some words were able to read the information. In people's bedrooms, pictures were available to

help staff and people communicate about tasks. For example, there were pictures about sleep, going to the toilet or bathroom and how people felt. The service attempted to communicate with people when it was possible to use alternative methods. Not everyone who stayed could communicate back to staff, but the staff always talked or signed with people even if there was no response.

We were not able to ask people if they knew how to complain. However we found information and signs at the service which people could view if they had a concern. In addition, the service had implemented a 'mood board' to ascertain how people felt on a daily basis. The 'mood board' asked people to say or sign how they slept, how the activities were and what they thought of their meal. We observed the registered manager use this with one person who indicated a positive response to all questions. The provider had a complaints policy and procedure. We observed a copy was easily available for people, relatives and staff to access. Staff we spoke with knew about the policy and the steps they would take if a person or relative wanted to make a complaint. The policy and procedure contained the information for various staff members regarding their role in listening to and managing complaints. There was the ability to escalate complaints within the organisation if people felt their complaint was not handled well. There were no complaints since our last inspection. The registered manager demonstrated they preferred to deal with concerns immediately before they escalated into formal complaints. This was in line with the provider's complaint policy. The service maintained that people had the right to make contact with other regulators regarding complaints. This meant that people's complaints would be handled seriously and professionally.

Is the service well-led?

Our findings

Staff we spoke with told us they enjoyed working at the service. They felt there was a positive culture which resulted in good care provided to people. We observed they interacted well with people who used the service, staff and relatives. Staff also provided positive feedback about the registered manager and service manager. Stakeholders we spoke with as part of the inspection process had positive opinions regarding the management and staff.

Staff were required to ensure quality care by undertaking specific routine tasks not care-related. Although maintenance was performed by external professionals and contractors, staff were required to contribute to upkeep of the premises between visits. For example, they had to run taps when they were not frequently used and record they had completed the task. This contributed to the prevention of Legionella in the water supply. This meant the service acted with people's quality care in mind. Furthermore, the quality of people's care was checked by registered manager and audited by the service manager. We viewed multiple quality audits by the service manager from 2016. We saw checks were completed on a variety of the service's essential requirements. For example, this included checks of staff training, checks of people's care documentation and the overall management of risk. In the May 2016 quality audit we saw that management had documented more pictorial information was required for people who used the service. The service's quality audit was based on CQC's 'outcomes' which we ceased using at inspections after 31 March 2015. We also did not see evidence that the nominated individual checked the quality of care. Although the service had attempted meetings with relatives and surveys to check the quality of care, these were not successful as invitees did not respond.

Accidents and incidents were recorded by staff and reviewed by the registered manager. Where necessary investigations occurred to determine the cause of incidents and whether recurrence could be prevented. Due to legislative requirements, there are times when the service needs to notify us of certain events which occur at the service. Our records showed that the service had not reported any incidents to us since the last inspection. At the inspection, we found that this was correct because no reportable incidents had occurred. When we spoke with the registered manager, they were able to explain the circumstances under which they would send notifications to us. This meant that on every occasion, events which impacted on people's care would be reported to relevant parties for monitoring.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The management were familiar with the requirements of the duty of candour and were able to clearly explain their legal obligations in the duty of candour process. The provider did not yet have an occasion where the duty of candour requirements needed to be utilised at this service. At the time of the inspection, the service did not have a duty of candour policy. We informed the registered manager of

the need to have an underlying policy in case duty of candour for an incident was required. The provider sent a new duty of candour policy to us shortly after the inspection. The policy clearly set out the steps for the registered manager to follow if the duty of candour requirement was triggered.