

Allendale Rest Home Ltd

# Allendale Residential Home Limited

## Inspection report

53 Polefield Road  
Blackley  
Manchester  
Greater Manchester  
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24 May 2017

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 24 May 2017 and was unannounced.

Allendale Residential Home is a privately owned residential care home. Accommodation is for up to 24 people. The home is located in the Blackley area of Manchester. There is parking either in the grounds or on the residential street outside. On the day of the inspection the home was full, with 24 people using the service.

The home had a registered manager in place. 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.

At the previous inspection six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment, fit and proper persons employed, consent, staffing, person-centred care and failure to display ratings. At this inspection we found there had been considerable improvements in all areas.

People told us they felt safe at the home. Staffing levels were sufficient to meet the needs of the people who used the service. The recruitment system was robust and helped ensure staff were suitable to work with vulnerable people.

Safeguarding information was in place and any issues were recorded and reported appropriately. Staff demonstrated a good understanding of the issues.

Accidents and incidents were documented appropriately and general and individual risk assessments were in place and reviewed regularly

The service had an infection prevention and control information and guidance in place. Health and safety records were complete and up to date and medicines were managed safely at the service.

The induction programme at the service was robust and a training programme was on-going to help keep staff skills and knowledge current. Records we looked at showed systems were in place to ensure staff received supervisions and appraisals.

Appropriate health information was held and we saw that nutrition and fluid intake and weights were recorded where appropriate. People were given a choice of nutritious food and drink.

The service were working within the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). Staff had undertaken appropriate training and had an

understanding of the issues involved.

People were well presented and staff interactions with people were friendly and respectful. People's dignity and privacy were respected by staff.

We saw from care plans that people who used the service and their relatives, where appropriate, were involved in care planning and reviews. Information was produced for people who used the service and their relatives.

The service endeavoured to ensure that people's wishes for when they were nearing the end of their lives were respected.

Care plans were person-centred and included a range of health and personal information. People's preferences and lifestyle choices were documented.

There was a range of activities on offer at the service. People's spiritual needs were met with visits from the local church to offer communion.

The service had a complaints policy which was displayed prominently within the home. Complaints were dealt with appropriately.

People told us the management at the home were always approachable. Staff supervisions and appraisals were undertaken on a regular basis.

There were a number of regular audits undertaken at the service to help drive continual improvement in care delivery.

The provider had a business plan in place for 2016 – 2017.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe at the home. Staffing levels were sufficient to meet the needs of the people who used the service. The recruitment system was robust and helped ensure staff were suitable to work with vulnerable people.

Safeguarding information was in place and any issues were recorded and reported appropriately. Staff demonstrated a good understanding of the issues. Accidents and incidents were documented appropriately and general and individual risk assessments were in place and reviewed regularly

The service had an infection prevention and control information and guidance in place. Health and safety records were complete and up to date and medicines were managed safely at the service.

### Is the service effective?

Good ●

The service was effective.

The induction programme at the service was robust and a training programme was on-going to help keep staff skills and knowledge current. Records we looked at showed systems were in place to ensure staff received supervisions and appraisals.

Appropriate health information was held and we saw that nutrition and fluid intake and weights were recorded where appropriate. People were given a choice of nutritious food and drink.

The service were working within the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). Staff had undertaken appropriate training and had an understanding of the issues involved.

### Is the service caring?

Good ●

The service was caring.

People were well presented and staff interactions with people were friendly and respectful. People's dignity and privacy were respected by staff.

We saw from care plans that people who used the service and their relatives, where appropriate, were involved in care planning and reviews. Information was produced for people who used the service and their relatives.

The service endeavoured to ensure that people's wishes for when they were nearing the end of their lives were respected.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans were person-centred and included a range of health and personal information. People's preferences and lifestyle choices were documented.

There was a range of activities on offer at the service. People's spiritual needs were met with visits from the local church to offer communion.

The service had a complaints policy which was displayed prominently within the home. Complaints were dealt with appropriately.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People told us the management at the home were always approachable. Staff supervisions and appraisals were undertaken on a regular basis.

There were a number of regular audits undertaken at the service to help drive continual improvement in care delivery.

The provider had a business plan in place for 2016 – 2017.

# 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 checked 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 24 May 2017 and was unannounced. The inspection was undertaken by two adult social care inspectors from the Care Quality Commission (CQC).

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

During the inspection we spoke with three people who used the service, one relative and three health and social care professionals. We spoke with six staff, including the registered manager, the deputy manager, the cook, a senior carer and two care staff. We looked at care records for three people who used the service, three staff personnel files, training records, meeting minutes, audits and other records kept by the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

Two people we spoke with told us they felt safe living at the home. One person said, "Although I don't want to stay here I want to be at home, the staff have been kind and caring".

Inspection of staff rosters, discussions with staff, people who used the service and their visitors showed there was sufficient suitably experienced and competent staff available at all times to meet people's needs. Staff we spoke with told us the staffing levels were good and they had no concerns in this area.

Although the service did use a dependency tool, this needed to be refined to show the numbers of staff required for the dependency needs of the people who used the service. This was currently calculated in staff hours and did not include the number of staff required for each person and their dependency, for example for people who required the use of a hoist for transfers.

We looked at three staff files and saw a safe recruitment system was in place. The recruitment system was robust enough to help protect people who used the service being cared for by unsuitable staff. The staff files contained proof of identity, an application form that documented a full employment history, job description and two written references. Checks had been carried out with the Disclosure and Barring Service (DBS) or the Criminal Records Bureau (CRB). These checks identify people who are barred from working with children and vulnerable adults and inform the provider of any criminal convictions noted against the applicant. We noted that some of the staff had worked at the home for several years and had DBS/CRB checks that had not been renewed. It would be considered good practice to renew these regularly to help ensure information remained current.

We looked at the safeguarding file held by the service. There was a log for each incident, which included the date, the nature of the allegation, action taken and outcome. We saw that incident reports had been completed for each allegation and notifications made to Care Quality Commission (CQC) as required. The local multi-agency policy and procedure was available for staff to see as well as a quick reference guide to the safeguarding investigation procedure. Staff we spoke with had undertaken regular training in safeguarding and demonstrated a good understanding of the issues involved. All said they would be confident to report any concerns.

Accidents and incidents were documented appropriately within people's care files. There was an incident report log, which was complete and up to date and this included 'lessons learned' from each incident to help ensure continual improvement. There was an accident book which was also complete and included actions taken following accidents. The service had a falls champion amongst the staff who was responsible for keeping on top of any falls issues. A three monthly falls analysis was undertaken and actions taken to address any issues. Falls meetings also took place to discuss good practice and guidance.

There were appropriate general and individual risk assessments, which were regularly reviewed and records were up to date. The care records we looked showed that risk to people's health and well-being had been identified, such a poor nutrition and the risk of developing pressure ulcers. We saw information was in place

to help reduce or eliminate the identified risk.

Each care file included a personal emergency evacuation plan (PEEP) which outlined the level of assistance the individual would require in the event of an emergency. These were reviewed on a weekly basis to ensure information was up to date. We spoke with the registered manager about having a 'grab bag' near the entrance of the home, containing all PEEPs and a plan of the building. This would enable fire officers to have the correct information very quickly. This was implemented immediately.

We looked around the home and found that the home was clean and fresh. We observed that the fire escape routes were clearly marked and were free from obstruction.

The service had an infection prevention and control file which included information and guidance. Training was undertaken by all staff and there were two staff members who were infection control champions, meaning they would keep up to date with best practice guidance and disseminate this to other staff. Regular hand hygiene audits were carried out and infection control meetings were held, for which we saw the minutes. We saw that improvements from the previous audit were highlighted and reminders given to staff around good practice.

Health and safety records were complete and up to date at the service. These included legionella and water hygiene risk assessments and certificate, gas and electrical safety certificates, lift and lifting equipment maintenance, service and repair records and fire safety records. Fire drills had been undertaken regularly, fire training was undertaken by all staff and fire equipment was checked and serviced as required. There was a business continuity plan in place to be implemented in the event of an emergency.

We looked to see how the medicines were managed. We saw there was a medication policy and procedure in place and medicines were securely stored and only administered by suitably trained staff. We observed the morning medicines round. Many of the medicines were in blister packs and were administered as directed. The Medicine Administration Record sheets (MARs) showed that people were given their medicines as prescribed, ensuring their health and well-being were protected.

At the time of our inspection there was no one on thickened fluids (substance added to drinks to prevent choking) or controlled drugs. These are some prescription medicines are controlled under the Misuse of Drugs legislation. We saw that systems were in place to administer and record these medicines should the need arise.



## Is the service effective?

### Our findings

A health and social care professional we spoke with told us, "I have no concerns over the general care and no major concerns have been raised to me by family members. They [the service] refer back to us appropriately. There have been a lot of improvements recently". Another health professional said, "Staff ask for advice if there are any issues, such as equipment required. Their referrals are appropriate and they follow advice given. Staff are aware of what is needed and have good knowledge of service users. This makes our visits more effective".

We saw the induction programme that all newly staff employed at the home had to undertake when they first started to work at the home. It contained information to help staff understand their roles and responsibilities and what they needed to be done to ensure the safety of people who used the service. We spoke with a new member of staff about their induction programme, which was thorough and included a range of mandatory training and shadowing a more experienced member of staff.

We looked at the training matrix which demonstrated that a significant amount of training was undertaken by all staff members. This included both mandatory training and refreshers and extra training courses, such as dementia awareness, dysphagia (swallowing/thickened fluids), falls prevention, end of life care, advanced care planning and continence training. Staff we spoke with felt there were lots of opportunities for training and development.

It came to light during the inspection that one staff member's moving and handling training was out of date. This was a new staff member who had worked in a care setting previously and carried forward some of the training to the new post. The fact that this training was out of date had been overlooked. We discussed this with the registered manager who immediately arranged the training and agreed to ensure that all mandatory training would be done during induction in future, even if some certificates from previous employment were still in date. This would eliminate the risk of this happening again.

Records we looked at showed systems were in place to ensure staff received supervisions and appraisals. These meetings provided staff with the opportunity to discuss with the registered manager any concerns or issues they may have and any further training and development they may wish to undertake.

Appropriate health information was held, including nutrition and hydration records and we saw that food and fluid intake and weights were recorded where appropriate. There was a nutrition and hydration folder containing information and guidance and the home had appointed a nutrition champion. Quarterly nutrition meetings were held and we saw that the home liaised with people who used the service around nutritional issues.

We saw that consent forms were signed, sometimes by the person who used the service and other times by a relative or representative. We spoke with the registered manager about making it clearer why an individual had not signed consent forms themselves.

The service cared for people with early onset of dementia. We looked around the home and saw there was some signage to assist people with orientation. Some of the bedrooms had photographs on the doors to help people identify their own room.

The home used an environmental assessment tool to check to see if the home was dementia friendly and how they could improve. For example the registered manager had identified the garden needed attention to make it more dementia friendly; signage needed to be improved throughout the home and more pictures, calendars and large clocks would assist with orientation. This was still work in progress.

We looked in several bedrooms and found that some required attention to décor and furnishing. We noted that in one room the curtains were thin and ripped and would not block out the light. In a number of rooms there were chipped and broken vanity units. We discussed the standard of décor with the registered manager. We were told by the registered manager that there was a rolling programme of maintenance and the concerns raised would be discussed as a matter of urgency. The ripped curtains were addressed immediately following the inspection.

We checked to see if people were provided with a choice of nutritious food and drink to help ensure their healthcare needs were met. The cook worked to a four week menu cycle and explained that the menus were currently under review to add people's suggestions. We observed the cook asking people earlier in the day of their preferred choice of meal at lunchtime. We looked in the kitchen and found good stocks of fresh and dried food were available. The cook told us that food was homemade and that all soups made were from fresh ingredients.

We undertook a Short Observational Framework for Inspection (SOFI) at lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. There were two main dining rooms and a smaller dining room which was used for people who required assistance with their meals. We saw that some people preferred to eat their meals in way from the dining tables and their choice was respected. We spoke with two people in one dining room following their meal. They said they had enjoyed their lunch and one commented the food was always good.

There was appropriate soothing music played and we saw that tables were set nicely with cloths, flowers and condiments and food was covered when being brought in from the kitchen. Staff wore appropriate personal protective equipment (PPE), such as aprons when serving food and some clothes protectors were used for those people who wanted them. Menus were on the tables, in the form of small blackboards, and we saw that people were given two choices of meal. However, when an individual said they did not want either choice, they were immediately asked what they would rather have and this was accommodated. Staff were patient and kind and assisted people who required some help. We observed that drinks and snacks were available throughout the day.

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 so that they can 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 saw evidence of capacity assessments within care files, but more were required to ensure all decision making issues were covered. There were records of DoLS in place and applied for in the form of a DoLS log, which documented whether a DoLS was required, if it had been authorised and noted the expiry date.

Staff we spoke with could demonstrate a good understanding of decision making, best interests and DoLS. They had undertaken appropriate training and were aware of the people who required help with decisions and those who were subject to restrictions. Staff could explain how conditions of DoLS were executed.

## Is the service caring?

### Our findings

People who used the service were complimentary about the staff. One, person told us, "The staff are very nice and caring, they look after me very well". Another said, "They look after us really well. All the girls are nice and I am happy here".

A relative told us, "The care is wonderful. As good as you can get. Staff are very polite and they are respectful, I can't find fault with any of them. I am involved in reviews – you need clarity, you need to be told. They [staff] have got great compassion. I've nothing but praise for them".

A health and social care professional told us, "Staff always remain calm and don't speak inappropriately to each other. No residents are inappropriately dressed and they are presented with dignity" . Another professional said, "We are always made very welcome".

We saw people looked well cared for and wore clean appropriate clothing. Some ladies had their nails painted and others had jewellery on. We saw that the hairdresser visited the home every week so people could have their hair done.

Discussions with staff showed they had a good understanding of the needs of the people they were caring for. Staff interaction with people was friendly and respectful and it was apparent that good relationships had been made between people who used the service and staff. The atmosphere within the home was friendly and relaxed.

We asked how staff ensured people's privacy and dignity was maintained. We saw the home had a dignity champion and information called 'The 10 Dignity Dos' was available for staff to refer to as a prompt. Prompts included: Support people with the same respect you would want for yourself or a member of your family. Another read, assist people to maintain confidence and positive self-esteem.

We saw from care plans we looked at that people who used the service and their relatives, where appropriate, were involved in care planning and reviews. People we spoke with confirmed that they were asked to be involved. Some of the information within the care plans was produced in easy read format to make it more accessible to people who used the service who may have cognitive issues. The activities calendar and newsletters were also produced in easy read format to make them as inclusive as possible to all.

Information was produced for people who used the service and their relatives. There was a statement of purpose and a service user guide. The service user guide included a summary of the purpose of the home, information about the service and the staff, description of the accommodation, fees and complaints procedure.

We saw that staff were required to sign a confidentiality agreement on commencing work. There was also an external workers' confidentiality policy and workers, such as the hairdresser, were required to sign this to

agree to the terms.

The service had participated in the Six Steps training. 'Six Steps' is the North West End of Life Programme for Care Homes. This means that for people who are nearing the end of their life they can remain at the home to be cared for in familiar surroundings by people they know and can trust. The service had been revalidated with regard to this recently and they showed us the register of people sent to GPs regularly to ensure they were aware of the status of each individual.

## Is the service responsive?

### Our findings

One health and social care professional commented, "Residents are all happy. There are lots of choices given".

Care plans were person-centred and included a range of health and personal information. People's preferences and lifestyle choices were documented, such as times they wished to rise and retire, what food they liked and where they liked to eat, social life, friends and family, spiritual and religious requirements and culture.

There was a leisure and social activities questionnaire completed for each individual on admission. This helped the service know what people liked to do and any hobbies they may wish to pursue. At the time of the inspection the activities coordinator was working through all of these questionnaires to try to incorporate people's wishes within the programme of activities.

Hospital passports, which are documents containing essential information about people's care needs, were not in care plans. However we saw a copy on the computer that the registered manager was in the process of completing to add to the care plans.

To help ensure the comfort and care needs of people were being met an 'intentional rounding' took place every hour. This is where staff checked every person to see if they wanted a drink or anything to eat, if they needed to go to the bathroom, or if they were in pain.

The home employed an activities coordinator and there was a range of activities on offer including games, quizzes, bingo, crafts, pampering, movies, exercises, entertainers and relaxation therapy. We saw minutes of monthly activities meetings where recent events were discussed and any upcoming trips and activities talked about. Activities sheets were completed for each individual, saying what the activity was, whether the person had participated and how their mood was during and after. This helped inform future events. There were photographs in the front area of the home showing people enjoying activities such as karaoke, mocktail (non-alcoholic cocktail) making, armchair exercises and gingerbread man making. People's spiritual needs were met with visits from the local church to offer communion.

Newsletters were produced by the service on a monthly basis. They included details of new residents, information about volunteers, upcoming events and activities, keyworkers and domestic issues, such as laundry.

The service had a complaints policy which was displayed prominently within the home. It was also outlined within the service user guide. There had been one recent complaint which had been documented and addressed appropriately in accordance with the policy.

# Is the service well-led?

## Our findings

The home had a registered manager in place. 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.

One visitor we spoke with told us, "The management welcome you. They listen to you and deal with concerns". A staff member said, "I am definitely supported by management. They listen to ideas and points of view and see both sides of the question. I could speak to the manager any time". Another staff member commented, "I feel supported and the manager is approachable. I love it, I enjoy it thoroughly. The caring is spot on – good team work".

We saw that 'handover' meetings were undertaken on each shift to help ensure that any change to a person's condition and subsequent alterations to their care plan was properly communicated and understood.

Staff supervisions and appraisals were undertaken on a regular basis. This helped them feel supported in their employment and gave them an opportunity to discuss any gaps in knowledge or training requirements.

We saw that a range of meetings took place; these included day and night staff meetings, residents and relative meetings, housekeeping meetings. Minutes of these meetings were recorded. We saw that the meetings were planned throughout the year.

There were monthly audits of the environment fire safety, equipment, such as wheelchairs, medicines and care plans. There were quarterly catering and infection control audits and activities were audited on a six monthly basis. These audits included issues identified and actions taken to address these. We also saw evidence of night spot checks by the management. The pharmacist also undertook regular medicines audits, the most recent one being carried out in April 2017.

There was a falls champion amongst the staff who took responsibility for this area. We saw a three monthly falls analysis and the results were fed into regular falls meetings, where good practice was discussed. We saw that the incident report log included detailed sheets about individual incidents and a log with lessons learned. This helped the service improve with regard to the number of incidents and accidents. Bed rail risk assessments were in place to help ensure these were necessary and fit for purpose. Checks on these were carried out regularly.

There were regular provider visits where checks were undertaken. These involved talking to people who used the service about meals, environment, carers, staffing and activities. The provider also spoke with relatives and professional visitors, looked at fire safety, menus and the grounds. Comments were made on the findings and improvements made as a result of these. The provider had a business plan in place for 2016 – 2017.

