

Allendale Care Limited

Allendale Residential

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

We carried out an unannounced inspection Allendale Residential on 26 January 2017. This was the first inspection since the provider registered with us (CQC) on the 8 March 2016.

The service is registered to provide accommodation and personal care for up to five people who may have a physical or learning disability. At the time of our inspection the service had recently started to provide a service to one person within the last two weeks. This meant we were unable to provide a rating for the service at the time of the inspection as there was not sufficient evidence to us to assess whether the service was safe, effective, caring, responsive and well led. We will provide a rating at our next inspection.

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

We found that the person using the service was kept safe because staff understood how to recognise possible signs of abuse and the actions they needed to take if they had any concerns. Risks were assessed in a way that kept them safe whilst promoting their independence.

Medicines were administered in a safe way. There were systems were in place to ensure people were protected from risks associated with medicines management.

We found that there were enough suitably qualified staff available. Staff were trained to carry out their role and the provider had safe recruitment procedures that ensured staff were suitable to provide support to vulnerable people.

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA and the DoLS set out the requirements that ensure where appropriate decisions are made in people's best interests where they are unable to do this for themselves. We found that capacity assessments had been carried out and staff knew how to support people in a way that was in their best interests

The individual nutritional needs of the person who used the service were met and they were able to access other health services with support from staff.

We saw staff were kind and compassionate. Staff were respectful and promoted privacy when providing care.

Preferences in care were recorded throughout the care plan we viewed and we saw opportunities to be involved with activities and accessing the community were provided.

The provider had a complaints procedure in place, which was available to people and their relatives.

Staff told us that the registered manager was approachable and led the team well. Staff were enthusiastic about their role and what their support meant for people.

The registered manager had systems in place to assess and monitor the quality of the service provided. However, we were unable to assess the effectiveness of these systems as these had not been fully implemented because the service had only recently started to provide a service.

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 safe.

People were kept safe because staff were aware of their responsibilities to protect people from harm. Staff knew people's risks and supported them to remain independent whilst protecting their safety. There were enough suitably qualified staff available to meet people's needs and medicines were managed safely.

Inspected but not rated

Is the service effective?

The service was effective.

Staff received training to carry out their role effectively. People were supported to make decisions about their care and staff understood their responsibilities under the Mental Capacity Act 2005. People were supported to eat and drink sufficient amounts and there were systems in place to ensure people were supported to access health services when required.

Inspected but not rated

Is the service caring?

The service was caring.

Staff were caring and kind and showed patience and compassion when they supported people. Staff treated people with privacy, dignity and respect and gave people choices in their care.

Inspected but not rated

Is the service responsive?

The service was responsive.

Opportunities were provided for people to be involved in hobbies and interests that were important to them. We saw that individual care was provided that met people's personal preferences and relatives were involved in the planning of their relatives care.

There was a complaints procedure available for people and their relatives.

Inspected but not rated

Is the service well-led?

The service was well led.

People and staff felt the registered manager was approachable. The registered manager understood their responsibilities of their registration with us. We found that systems were in place to monitor the service. However, these were not fully implemented due to the provider only recently providing a service to people.

Inspected but not rated

Allendale Residential

Detailed findings

Background to this inspection

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

This inspection took place on 26 January 2017 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection we reviewed information we held about the home. This included notifications that we had received from the provider about events that had happened at the service, which the provider is required to send us by law. For example, serious injuries and safeguarding concerns.

We spoke with one relative of a person who used the service, three care staff and the registered manager. We observed care and support in communal areas and also looked around the home.

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.

We viewed records about one person's care, which included their medicine records. We also viewed records that showed how the home was monitored and managed, which also included recruitment and training of staff.

Is the service safe?

Our findings

A relative we spoke with told us that there were enough staff available to meet their relative's needs. We saw there were enough staff to meet the needs of the person who used the service in a timely manner. We saw staff had time to support the person in a calm and relaxed way, talking and chatting whilst they provided support. Staff told us that there were enough staff available to meet the person's needs and where there had been shortages due to sickness these had always been covered. The registered manager told us that they had recruited staff to ensure that when the service supported additional people there would be enough staff available to meet people's needs.

A relative told us they felt their relative was safe when they were supported by staff. The relative said, "I am happy with the care provided and feel that I can come away knowing my relative is safe with staff". Staff explained what signs people may display if they were being abused such as; unexplained bruising or a change in a person's behaviour. Staff were aware of the procedures to follow if they suspected that a person was at risk of harm and they told us they could speak to the registered manager if they had any concerns. We saw that the provider had a safeguarding and whistleblowing policy available which contained guidance for staff to follow if they had concerns that people were at risk of abuse. The registered manager understood their responsibilities to report suspected abuse to the local authority and the actions they needed to take to keep people safe from harm.

We saw that risks were assessed, planned and managed. For example; one person needed support to move safely. There was a detailed risk management and mobility care plan in place, which detailed how many staff were needed to support the person safely. The care plan also gave staff guidance on how to support this person if they were anxious such as; giving reassurance and encouragement when needed. Staff were able to describe the support this person needed to keep them safe, which matched this person's support plans.

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

We observed staff administering medicines to the person who used the service in a dignified and caring way. For example; staff explained what the medicine was for and gave reassurance whilst they were supporting the person with their medicines. We saw that there were detailed protocols in place that gave staff guidance so they knew when to administer the person who used the service 'as required' medicine. Staff explained why the person needed their 'as required' medicine and how they recognised when this medicine was required. Staff told us that they had been trained to help them administer medicines safely and we saw records that confirmed this had been completed. We found that the provider had effective system in place that ensured medicines were administered, stored, recorded and managed safely.

Is the service effective?

Our findings

Staff we spoke with understood people's nutritional needs of the person who used the service and how these needed to be managed. For example; the person who used the service needed some assistance to eat and drink because they were at risk of choking if food was not prepared and offered in a certain way. We saw that the care plans contained guidance for staff to ensure the person's meal was prepared in a way that lowered risks to their swallowing. We saw that staff prepared this person's food in line with their care plan, which meant they were protected from the risk of harm. We saw that staff supported the person whilst ensuring that they maintained their independence where they were able. This meant the person was supported to eat and drink sufficient amounts in a way that met their needs.

The person who used the service was supported with their health needs and there were systems in place to access health professionals if required. Relatives told us and we saw that the registered manager had arranged an appointment for the person who used the service with the G.P so they could register as a new patient. We saw that the person who used the service's care plan had detailed information with regards to their individual physical and emotional wellbeing and the support needed to keep the person healthy. We saw there were monthly health checks in place which ensured the person's physical wellbeing was maintained. These checks had not been fully implemented because the service had only been provided for two weeks, but the registered manager told us this would enable them to assess if a referral to a health professional was required.

Staff told us they had received an induction when they were first employed at the service. One staff member said, "I found the induction very good. I have completed training which has been very useful, especially with regards to the specialist medication training. I feel confident in supporting [person who used the service]". Another member of staff said, "We all got together as a staff team and had to work together in teams to get out of a locked room. It was really good and it meant we worked together and got to know each other better". Staff showed the knowledge they had gained in training by explaining to us the different procedures and practices they needed to follow to support people effectively, such as safeguarding people from abuse and The Mental Capacity Act 2005.

Staff had received training and understood their responsibilities under the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff were aware of the actions they needed to take when a person lacked capacity to make decisions. We saw that a mental capacity assessment had been completed for the person who used the service, which contained details of who had legal responsibility to make decisions on the person's behalf in their best interests.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes

and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that where it was felt a person's liberty was being restricted there had been a referral forwarded to the local authority to assess the restriction in place and to ensure this was in their best interests.

Is the service caring?

Our findings

A relative told us that the registered manager promoted a caring environment and this came across in our observations of staff delivering care at the service. They said, "The register manager is very bubbly and caring. Their enthusiasm and caring way comes through in the staff that are employed at the service. They all have such a lovely caring nature. We couldn't ask for more for our relative". We observed staff providing support to the person who used the service in a caring and compassionate way. For example; staff spoke in a low calm manner and provided reassurance when they provided support. We heard interactions throughout the inspection such as; "Are you okay", "You are enjoying that, I know it's your favourite". This meant people were supported by caring staff and a registered manager that promoted a caring service for people.

Staff we spoke with were positive about their role and told us they cared about the people they supported and how they made sure people felt comfortable. One staff member said, "I really enjoy my job. I get so much satisfaction from helping people. I make sure that people receive care in a way they like it too". Another member of staff said, "Supporting people is very rewarding and making sure they have a good quality of life". This meant people were supported by staff who ensured people's wellbeing was at the centre of their role.

We observed staff treating the person who used the service with dignity and respect. Personal care was provided in private areas to ensure the person's dignity and privacy was maintained. Staff spoke with the person who used the service in a respectful manner and were mindful of discussing the person's needs in private.

Is the service responsive?

Our findings

We saw that the person who used the service was given the opportunity to access the community and to maintain links with other people that were important to them before they used the service. For example; the person who used the service enjoyed attending the day services and this was encouraged and maintained since they had been living at the service. We also saw that staff had created a plan alongside family members of activities that the person who used the service would enjoy. This meant that the person who used the service was supported to maintain their independence and follow their interests that were important to them.

Relatives we spoke with told us they had been involved in the planning of their relative's care. They said, "We have had lots of meetings to talk about the care needed and staff ring and ask me if they need more information, as I know [person who used the service] best". We saw that the preferences and interests of the person that used the service were detailed throughout the support plans, which showed their lifestyle history, current health and emotional wellbeing needs and what was important to them. The information viewed gave a clear picture of how staff needed to respond to this person's physical and emotional needs. The registered manager told us that they were constantly working with the relatives of the person who used the service to gain a clear picture of their preferences, routines and how they liked care to be provided, which was confirmed by the relatives we spoke with. The registered manager also told us that the person's needs would be reviewed and updated after they had used the service for six weeks.

We found staff understood the individual way of communicating with the person who used the service. For example; the person had their own way of communicating. We saw staff supported this person with their communication by asking short simple questions and staff understood what this person needed when they responded to staff using their way of communicating. We saw that the support plan gave staff guidance on how to understand how this person communicated their needs. This meant that staff were responsive to the person's individual communication needs.

The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. This detailed the procedure the registered manager needed to take if they received a complaint and included a timescale to investigate and reply to any concerns raised. We found there had been no formal complaints at the service, but there were systems in place to deal with any complaints that may be received.

Is the service well-led?

Our findings

Relatives we spoke with told us that the registered manager and staff were approachable and they had helped their relative settle into the service. They told us that the registered manager had helped them to feel more relaxed about their relative living at the service. They said, "It was quite a difficult decision and everyone at the service have been marvellous in helping us all accept the support on offer. Nothing is too much trouble for the registered manager". Staff told us that the registered manager and deputy manager were approachable and they were able to discuss any concerns they had with them directly. One member of staff said, "The registered manager and deputy manager are both very good. I could go to them about anything. It's good because they get involved with the day to day care so they know people's needs". Another staff member said, "The management have been very approachable. I have no concerns at all". This meant relatives and staff felt supported by the registered manager.

Staff told us and we saw that they had attended a team meeting. One staff member said, "I raised an issue with some equipment and felt that a different piece of equipment was needed. The registered manager listened and equipment was provided". We saw minutes of a team meeting, which included updates in care practice from the registered manager and discussions about the care standards expected from staff. This meant staff were encouraged to give feedback and the registered manager acted on suggestions made by staff to make improvements to people's care.

We saw that health and safety audits and checks had been carried out to ensure that the environment was safe and suitable for people who used the service. These included fire safety checks, checks to ensure the water temperatures were safe and windows contained the necessary safety locks and restrictors to keep people safe. This meant that there was a system in place to ensure that people were safe in the environment.

The registered manager had completed a schedule of monthly audits to be undertaken to monitor the quality of the service provided. These included the frequency of audits and who would be responsible for undertaking these. The schedule showed that the audits to be undertaken included medicines, infection control and care plan audits. We found that these systems were not being completed at the time of the inspection because the provider had only recently started to provide a service. The registered manager told us the monitoring systems would be undertaken once people had been using the service for a month. We will assess the effectiveness of the systems at our next inspection.