Community Integrated Care

Allanby House

Inspection report

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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

Allanby House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides care and support for six people who have a learning disability and is run by Community Integrated Care (CIC). The home is a purpose built bungalow with ensuite bedrooms that have been maintained and furnished to high standards. There are adapted bathing facilities for people with limited mobility. An adapted vehicle and large well kept garden areas are available for people's use.

This was an unannounced inspection that took place on 5 December 2017. The inspection was conducted by an adult social care inspector and an expert by experience.

At the last inspection, the service was rated as good. At this inspection we found the service remained good.

There was no registered manager in post but a senior support worker was leading the home with support from another 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 provider was advertising for a new manager for this and another service as their previous candidate had moved to another post. An experienced and trained senior support worker was acting as manager of the service.

Staff had received training on safeguarding and understood how to protect people from harm and abuse. CIC had a confidential phone line for staff to report any concerns.

We made a recommendation about increasing security in people's bedrooms to ensure people's medicines and money continued to be managed safely.

Good risk assessments and emergency planning were in place. Accidents and incidents were monitored and analysed and action taken to reduce risks.

We saw that staffing levels were suitable to meet the assessed needs of people in the service. Staff recruitment was thorough with all checks completed before new staff had access to vulnerable people. The organisation had suitable disciplinary procedures in place.

Medicines were appropriately managed. People had their medicines reviewed by their GP and specialist health care providers.

Staff were trained in infection control and the home was clean, orderly and well maintained.

Staff received induction, training and supervision had helped them to give good levels of care and support. They were trained in principles of care in relation to people living with a learning disability and specialised care of people who also lived with a physical disability. Restraint was not used in this service.

Consent was sought, where possible. The service operated within the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to health care and staff ensured that they saw specialists like consultants, occupational therapists, dieticians, dentists and opticians.

People were happy with the food provided and the staff were aware of how to support people to get good nutrition.

The home was well maintained and well decorated and furnished. The home was secure and staff careful about who came into the house.

Staff on duty displayed a caring attitude and were affectionate, empathic and kind. People in the service responded warmly to them. Staff understood how to support people to maintain their dignity and privacy. Staff showed both empathy and respect for people living with a learning disability. People in the service had access to advocacy and some people had a family member who took on this role.

People's needs were assessed and care plans in place. People received appropriate care and support because care plans were detailed and responsive to their needs.

People went out to shop and for meals. Some people enjoyed sport and going to social events. Other people preferred quieter activities in the home. Everyone in the home could go out to meals, holidays and days out together or singly as they preferred.

Staff had been trained in end of life care and had helped people at this stage in life.

Quality monitoring was evident in all aspects of the service with detailed audits and reports completed on a regular basis. Changes were made when issues were uncovered during the process as quality monitoring was used to improve the 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 remains good	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Allanby House

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.

Allanby House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides care and support for six people who have a learning disability and is run by Community Integrated Care (CIC). The home is a purpose built bungalow with ensuite bedrooms that have been maintained and furnished to high standards. There are adapted bathing facilities for people with limited mobility. An adapted vehicle and large well kept garden areas are available for people's use.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. (Registering the Right Support CQC policy.)

This inspection took place on 5 December 2017 and was unannounced.

The inspection was carried out by an adult social care inspector 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. The team members had experience of the care and support of people living with a learning disability and of older people.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We met all six people who lived in Allanby House, spoke with them, listened to them and observed them during the day. We also met three visiting relatives and the expert by experience spoke to three other relatives by telephone.

We spoke with one of the senior support workers who was acting as manager of the service. We also spent time with a registered manager of another CIC service who was acting as the regional manager for Cumbria. We spent time with five support workers and we observed them undertaking household tasks and supporting people in personal care and in activities.

Prior to the inspection we spoke with social workers and health care professionals about the care and support given to people in the home.

We read three staff recruitment, supervision and appraisal files. We also looked at records of training for staff.

We looked at all six care files. These included risk assessments, risk management plans, assessments of need and care plans. We also read daily notes and charts of daily care delivery.

We looked at the fire log book which included records of checks, drills, instructions and evacuation procedures.

We looked at money kept on behalf of people in the home by reconciling receipts with money kept for two people.

We went into the kitchen and looked at the food provided, menu plans and paperwork around food safety.

We also looked at safeguarding records and the policies and procedures about this and about the arrangements for whistleblowing.

We checked on a variety of audits and reports which were part of the quality monitoring system.

Good

Is the service safe?

Our findings

When we last inspected the home in January 2015 we judged that the rating for 'safe' was good. We again judged at this visit that the home was rated as good for safe.

People were relaxed in their own environment and intimated that they felt secure in the home.

Relatives we met on the day or who we spoke to by telephone told us, "I am sure [my relative] is safe, very much so" and "There always seems enough staff and they are so welcoming." Another relative said "[My relative] is very safe there and I am always surprised at the amount of staff they have, in other homes it was never like that."

Staff on duty spoke in depth about their responsibilities in relation to safeguarding. They told us that they had training in safeguarding and that this was also discussed in supervision and in team meetings. Staff were aware of how to contact senior management and outside agencies if necessary.

There were suitable risk assessments and risk management plans in place for each person. Risk management plans included reference to individual human rights. Staff were aware of the tension between risk and independence. We saw the accident records and these showed that risk was suitably managed.

We walked around the building. Good infection control measures were in place. We saw records related to the premises and to the equipment in the home. We also looked at equipment and saw it in use. The environment was well maintained to ensure safety. There had been some changes to the way medicines and personal moneys were stored. This had been done to personalise the way care was delivered. Some storage was not as secure as it could be. The acting regional manager told us that they were in the process of improving the security within each person's room.

We have made a recommendation about storing medicines and cash in individual bedrooms so that people have individual choice but also have secure storage facilities.

We looked at rosters and judged that staffing levels were appropriate with three or four support workers on duty by day and two waking staff at night. We looked at recent recruitments and spoke to staff who confirmed that background checks were made prior to them having any contact with vulnerable people. We looked at personnel records and these were in order. The provider had suitable disciplinary procedures in place. There had been no concerns around matters of staff conduct.

We checked on medicines. Most of these were kept in people's bedrooms and each room had lockable cupboards. The provider was undertaking a review of the storage of medicine to ensure that this change still allowed for good security. People had their medicines reviewed on a regular basis. 'As required' medicines guidance was detailed so that staff knew when and how to give medicine. The service did not rely on sedative medicines. We saw medicines being given in a timely and appropriate way.

Staff had suitable training in infection control and clothing and equipment was readily available. We walked around all areas of the home and found them to be clean and hygienic. Bathrooms and toilets had been retiled to help with infection control. There had been no outbreaks of infectious illness reported.

Staff told us that when anything went wrong the team would discuss the issue. The acting regional manager said that any problems were discussed with her and that together with the team and with people in the home, if appropriate. She discussed some issue where changes had been made. We also noted in staff files that staff were supported to learn from any errors they might make.

Good

Is the service effective?

Our findings

When we last inspected the home in October 2015 we judged that the rating for 'effective ' was good. We again judged at this visit that the home was rated as good for this outcome.

People told us that they enjoyed the food and "A nice cuppa."

A visitor said, " The staff seem to know their jobs...I think they do a good job." Another relative said, "I am involved in decision making, along with the staff and the social worker..."

We looked at assessment and saw that the team looked at all aspects of a person's needs and preferences, without discriminating against them. Staff took advice from health and social care professionals and paid attention to any relevant legislation.

The acting manager was aware of her duty of care under the Mental Capacity Act 2005. 'Best interest' reviews had been held where people lacked capacity to consent. The team had considered that some people had been deprived of their liberty to ensure they were kept safe. 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 authorisation 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. We found that the authorisations were in place, where necessary, and that new applications were waiting approval by the local authority. Staff supported people in the least restrictive way possible to comply with the authorisations.

We looked at individual staff records related to the training the provider deemed to be mandatory. These met people's basic needs and staff also had specialist training on, for example, understanding some complex home nursing processes or end of life care. Staff said they enjoyed both e-learning and face-to face learning.

We had evidence to show that staff had effective induction, supervision, appraisal and training. We had evidence of this in records and in discussions with staff. The notes we saw were detailed and staff told us they felt they could discuss their needs in an open manner and would be listened to and action taken to help them develop.

We looked at menus, nutritional plans, risk assessments and weight records for people in the home. These were appropriate. We also went into the kitchen and looked at the food available. We saw that the staff team helped people to have home cooked meals and healthy snacks. Staff understood how to help people who

found maintaining a healthy weight difficult. We saw that dieticians advice had been taken. Some people had professional swallowing assessments on file and we saw that staff followed the advice to help people stay safe but enjoy their food. People were discreetly supported to eat their meals.

People were supported to maintain or achieve good health. We saw that the local GPs and community nurses visited and staff recorded their advice on the care files. People had also seen chiropodists, dentists and opticians. They had hearing tests and assessments from physiotherapists or occupational therapists when any problems arose. We noted from records and discussions with staff that people recently admitted to the home had been helped to better health and well being because staff had supported them in personal and health care.

Allanby House is a purpose built bungalow located in a village setting. There is suitable shared space and each person has an ensuite bedroom. Some people in the home had problems with mobility so their bedrooms had overhead tracking and the staff used specialised seating, hoists and the adapted bathing facilities to ensure people were safe and comfortable. The acting regional manager told us that the registered provider was considering how best to use assistive technology in all their settings and this would include Allanby House. Individual needs were assessed and equipment and technology provided as needed.

Good

Is the service caring?

Our findings

When we last inspected the home in October 2015 we judged that the rating for 'caring ' was good. We again judged at this visit that the home was rated as good for this outcome.

People said the staff were, "Very good" and "They look after me."

Relatives were very positive about the staff team. One said, "It's just like home really" and another relative said "I can't fault how they treat [my relative] they are really good with them and really kind." We also spoke with a relative who said "I couldn't ask for a kinder family home for [my relative]. They try so hard to understand what they want, they do try hard to find out what they like." Another relative we spoke with said, "[My relative's] care is just wonderful...we come in when we want, just as you would at home".

We watched people's responses to staff and we saw genuine regard and affection on both sides. One person asked the acting manager about his key worker. This person had been absent from work and when the support worker returned we saw how pleased both the person and the staff member were. This reunion was touching and very genuine. We saw a lot of other caring, affectionate and kind interactions. Several staff members said, "We don't do this for the money...we like the residents and want the best for them."

People were comfortable in their own home and used the space as they wished. They were relaxed and approached staff for support. We judged that this showed that staff responded to needs and that the bond of trust between people in the home and staff was strong. Staff approach was sensitive and kind, yet professional and people were treated equitably and diversity acknowledged and responded to appropriately.

The home had lots of photographs on display that showed the life of the home. One member of staff said to us, "We are like a family. Some people have no one and we are their family. We do things together...and these photographs are of residents that have passed away. We still remember them and miss them." We also saw photographs of people attending the wedding of a member of staff. We judged the service to be inclusive, caring and that people were involved in the life of the home.

We met families and spoke with some other relatives after the inspection and we noted that some people acted as advocates for their relatives. We also saw that people could have independent advocates if they had no family or if they did not want to involve family members.

Good

Is the service responsive?

Our findings

When we last inspected the home in October 2015 we judged that the rating for 'responsive' was good. We again judged at this visit that the home was rated as good for this outcome.

People said, "There are things to do. I go out and I pick my own clothes" and showed us puzzles and colouring they liked to do. People also showed us photographs of activities and told us, "I go out to this and I like it..."

Relatives said that they were happy with the delivery of care, support and activities. One said, "It is so much better here than where they were before, so much better" and spoke about the opportunities for activities as well as the delivery of care. Another relative we spoke with said, "My relative is off out quite often...went on the train to Carlisle and they go to Workington and [my relative] just loves it."

Full assessment of needs had been completed for everyone in the home. These covered physical, psychological, emotional and social needs. The care plans were detailed and comprehensive. Staff recorded the outcomes of care and care plans were reviewed on a regular basis. Care files contained a lot of details about needs, preferences, goals and wishes. We judged that care plans were followed appropriately. Staff said they read the care plans. "All the time...and the notes and the charts we fill in. You don't want to give the wrong kind of support." A member of staff who had been away was being given time to read and ask about care delivery to make sure she was up to date with people's needs.

During the day we saw that people listened to music, watched TV or looked at magazines or newspapers. The staff had started to talk to people about using new technology and some people were interested in learning some new skills. Everyone went out either locally or further afield in the home's transport. There was a weekly planner on the notice board that showed the range of individual and group activities people attended. Some people went swimming, went to discos or to other events. Everyone had been on holiday. Some older people had gone to age appropriate activities in the village. Local groups came in to the home and people went to local shops and to church if they wished. We heard about meals out and trips to coffee shops and pubs.

Not everyone in the home could state their preferences but we saw that activities were person centred with, for example, someone from a farming background visiting a local auction mart where people knew them and they could see the 'beasts'. This was a way for this person to reconnect with his roots and keep in touch with the community. We saw a lot of activities where staff had tried to give people options and choices that they might enjoy.

There had been no formal complaints made by people in the home, their families or advocates. The service had a suitable complaints policy and procedure in place. People and their relatives said they would talk to the senior support workers in the first instance. A relative said, "I have had no complaints and if there was anything I would go straight to the acting manager and talk to her."

We spoke with staff about training in end of life care. Some staff who had been in post for some time had completed this and had supported people at this stage of life. We learned that the community nurses would give the staff support and that, in the past, this had worked very well and allowed people to die at home. Staff said they tried to ascertain people's wishes for this life stage and would talk to families if this was appropriate.

Good

Is the service well-led?

Our findings

People in the service responded well to the acting manager and to the registered manager who was supporting her. They obviously knew them well and were comfortable with the way the service was being managed.

A visiting relative told us, "I am in four times a week and other relatives are in several times, so I talk to the manager every time I am in about my relative and what they need, so we are formal only sometimes with the reviews...everything is fine in this home. "

There was no 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 2008 and associated Regulations about how the service is run.

A manager had gone through the registration process but had resigned some two weeks prior to this inspection to take up a post elsewhere. The last registered manager had moved from this location in February 2017 but was still involved in the management of the service along with a senior support worker who was acting as manager during our inspection. The provider was actively recruiting for a new manager. Both of these members of staff were experienced and qualified to support people and manage staff and resources. We judged that suitable arrangements were in place to ensure the service would be well led until the recruitment was completed. People and their relatives were aware of who was running the home in this interim period.

The staff told us they were "more than happy" with the arrangements and were looking forward to a new manager being in post. One team member felt that the home was "as stable as its been for a long time...happy with [the acting manager]...approachable, works with us and is open but knows how to manage staff." We spoke with relatives and staff who all confirmed that the acting manager was routinely in the home and led the team to support people in an open, positive and empowering way.

We met staff who believed in the vision and values of the provider and were dedicated to giving people a good quality of life. Staff told us they learned about these at induction, in training and as part of their day to day work. Staff had a person centred approach and encouraged people to have the best choices possible, no matter their challenges.

We had evidence to show that planning was in place to ensure the home continued to operate appropriately. Recruitment, supervision, appraisal, staff meetings and quality monitoring had all continued during this period of change. Much of this had been done by the now acting manager and the registered manager who was supporting her. We saw that care planning was being progressed and that all records and plans related to people's well being had been routinely reviewed and improved.

Senior officers of the provider had visited the service and had checked on quality matters. We saw reports of

their visits. We noted that finances were audited, people and their relatives sent questionnaires and invited to meetings and to social events. We also heard people being asked about preferences on the day. Improvements had been made to the environment, care planning and to activities as a result of quality monitoring.

We saw a wide range of records and these were, for the most part, detailed and up to date. We discussed some minor changes that would strengthen the systems and the acting manager put these in place on the day. We judged that the staff team were good at recording daily achievements and experiences related to the care plans and that team members communicated well with each other to ensure people's care needs were met.