

# London Borough of Waltham Forest

## Alliston Road

### Inspection report

Alliston House  
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London  
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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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Alliston Road is a residential care home providing personal care to 36 older people and people living with dementia. The care home accommodates people over three floors in one adapted building with a lift. The service can support up to 43 people.

### People's experience of using this service and what we found

People were supported by kind and caring staff who treated people as individuals and with dignity and respect. The provider had robust recruitment systems to ensure staff were safely recruited. Staff spoke knowledgeably about the systems in place to safeguard people from abuse. People were supported by staff who were inducted, trained and supervised.

People told us they felt safe. Risks to them were identified and managed. Where required people were safely supported with their medicines needs. Infection control measures were in place to prevent cross infection. The support required by people with health and nutritional needs was identified and provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's privacy and independence were promoted. Systems were in place to deal with concerns and complaints. This enabled people to raise concerns about their care if they needed to.

People had person centred support plans in place. People and their relatives were actively involved in their care and contributed to the development of care plans and reviews. People's communication needs were identified, and their end of life care wishes were explored and recorded.

People and relatives told us activities offered were limited. We have made a recommendation in relation to activities.

The provider had effective quality assurance systems to monitor the quality and safety of the care provided. People were asked for their views and their feedback used to improve the service and make any necessary changes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (Published 21 June 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Alliston Road

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of three inspectors, a pharmacist 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.

#### Service and service type

Alliston Road 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, two senior care workers, five care workers, and the chef. We also spoke with a health and social professional visiting the service on the day of the inspection. 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 reviewed a range of records. This included five people's care records and 11 medicine records. We looked at six staff files in relation to recruitment and at the staff supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us various documents we requested during the inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely. People and their relatives told us they felt the service was safe. One person said, "I feel safe." A relative told us, "It is very safe."
- The registered manager was aware of their responsibilities to report safeguarding incidents to the local authority and the Commission. Records were maintained of alerts made, the outcome and action taken.
- Staff we spoke with had a good understanding of their responsibilities. One member of staff said, "If I saw any concerns I would report it to the manager." Another staff member said, "I report it to seniors and write it down. If the manager doesn't do what he is supposed to do, I will record it and I will report to the local authority."
- Staff completed safeguarding training to provide them with knowledge of abuse and neglect.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. They were for areas such as mobility, personal care, medicines, falls, behaviours that challenge, fire, manual handling and mobilising outdoors.
- Staff we spoke with knew about people's individual risks in detail. One staff member said, "If people's mobility deteriorates, you can [get] physio and [occupational therapist] involved and then change their risk assessment accordingly."
- The environment was checked regularly to ensure that it was safe and appropriately maintained.

Staffing and recruitment

- People were supported by staff who were appropriately recruited. People and relatives told us there were enough staff available to support them and meet their care needs. One person said, "I have never been left. Someone always comes." Another person told us, "Yes, I think there is enough staff including at weekends." A relative said, "Yes, I think that there are enough staff."
- Staff told us there was sufficient staffing levels and their shifts were covered when they were off sick and on annual leave. One staff member told us, "Yes, there are enough staff here because there are three staff on this floor and this is enough to provide individual care. [Registered manager] and the deputy helps out too when needed." Another staff member said, "Yes we have enough staff. No concern there."
- Appropriate recruitment checks had been undertaken. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults.

Using medicines safely

- The provider had systems in place to ensure safe management of medicines. People and relatives told us they received medicines safely and on time. A relative said, "[Relative] is on various medication for diabetes and heart issues. All medication given okay."
- The service had a medicines policy in place which covered the recording and administration of medicines.
- Staff were trained in medicines administration and their competency assessed before they supported people with medicines. Staff were able to demonstrate how they provided safe medicines support
- Medicine administration records showed they were appropriately completed without any gaps and errors. There were processes in place to identify issues and errors, and audits showed issues had been identified and acted on promptly.
- Policies and procedures were in place governing the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse).
- Controlled drugs were stored in a controlled drugs cupboard and the keys held securely. Clear records were maintained in the controlled drugs register.

#### Preventing and controlling infection

- The home environment was clean, and the home was free of malodour. One relative said, "[Relative's] room clean and tidy."
- Staff completed training in infection prevention and control. Records confirmed this.
- Staff had access to and used disposable protective items, such as gloves and aprons. Observations confirmed this. A senior staff member told us, "Staff wash their hands properly after providing care. Staff have to wash their hands after supporting each person. Staff wear different aprons, for example, blue for lunch time support and white for personal care."

#### Learning lessons when things go wrong

- Records showed there were processes in place to learn lessons when things went wrong.
- The manager analysed the information in relation to accidents and kept a log that contained information about the incidents, actions taken, outcomes and lessons learnt.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, emotional and social needs, abilities and choices were assessed before they moved to the service. This enabled the service to decide the staffing levels and whether they were able to meet people's individual needs. Records confirmed this. One relative said, "An assessment was done including my [relative]."
- Staff were heard giving people choices and respecting their wishes. One person said, "I normally choose when I get up." Another person told us, "Can ask [staff] anything you like. They look after my every need very well."
- Staff knew people's preferences, likes and dislikes. One staff member told us, "First start with the assessment. We discuss with [person] and their family. With some [people] you can interact one to one and ask questions about them, their history, their likes and dislikes. You communicate, and you keep asking them because people's preferences change."

Staff support: induction, training, skills and experience

- Staff were provided with regular training, supervision and appraisal to enable them to provide effective care. People and their relatives told us staff were good at their job. One person told us, "The staff are brilliant." One relative said, "The staff all work together. They support my [relative's] needs."
- Staff told us they received regular support and supervision to enable them to undertake their role and records confirmed this. One staff member said, "Supervision every two to three months. If I need in between I would get that too. Appraisals are twice a year. I feel supported in my job."
- New staff had received an induction into their job role. One staff member said, "I got induction where they showed me around the unit, [and] how to provide person-centre care. I shadowed first few days and was observed how I was providing care."
- Training was provided in subjects such as moving and handling, managing challenging behaviour, dementia care, fire safety, medicines, infection control, first aid, end of life, oral health, safeguarding adults, pressure care, Mental Capacity Act 2005, and Deprivation of Liberty Safeguards.
- Staff told us the training helped them to perform their role well. One staff member said, "I like the training, it is good. The trainer is good, and she has sense of humour and makes the training more interesting."

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were met. Most people told us they liked the food and they could choose alternative foods if they did not want what was on the main menu. One person said, "The food is pretty good. There is a choice of mid-day meal." Another person told us, "I like all of the food that is here. I can ask for drinks if I want them." A relative commented, "Food is absolutely fine. The staff come with menus. If they

can't have the main, there are options."

- Staff were aware of people's dietary needs and preferences. The chef told us that people could ask for alternatives to the food choices for that day. Records confirmed this. There was a rolling three-week food menu in place which included at least two hot meal options.
- During the inspection, we observed people were given choices of food and drinks. Food was well presented and the portion sizes were generous.
- The kitchen was clean. The Food Standards Agency had rated the home five stars at their last inspection which meant the hygiene standards were very good.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's health care needs were met. One person said, "I have been seen by the district nurse and someone from [hospital]." Another person told us, "[Staff] take me to the diabetic clinic." A relative commented, "[Relative] has seen the doctor."
- People's care records showed relevant health care professionals were involved with their care, when needed. One staff member said, "The doctor comes in. [District nurse] comes in to do the insulin."
- People's oral health care needs were met. Care records gave detailed guidance about oral care. Records showed people visited a dentist regularly. One relative said, "The staff clean [relative's] false teeth."

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- There were systems in place to assess people's mental capacity to consent to care. People told us staff asked their permission and gave them choices. One person said, "The staff ask my permission about showering." Another person told us, "[Staff] ask my permission. They come and tell me if they want to do something." A relative commented, "The staff do ask consent and it is agreed."
- DoLS authorisations were in place for people who did not have the capacity to make a decision to live in the home. This ensured that their rights were protected.
- Mental capacity assessments had been completed. Where people were unable to make a decision for themselves, decisions had been made in their best interests. Where appropriate, the decision-making process involved those who were important in the person's life.
- During the inspection, we heard staff seeking consent from people before providing support with day to day tasks.

Adapting service, design, decoration to meet people's needs

- The home was accessible, adapted and designed to meet people's needs. The service was over three

floors, with average sized bedrooms, communal lounges, dining areas and lift access to all floors.

- People had personalised bedrooms and the necessary equipment to support them to remain independent and safe, for example, specialist beds, hoists, walking frames and wheelchairs.
- The garden was well maintained and secure and had pleasant seating areas for people to enjoy in good weather.
- Call bells were available for people in communal and private areas to summon assistance when it was needed. We tested the call bell with permission in a person's room. A staff member attended promptly.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported and treated with kindness. One person said, "The [staff] are very caring." Another person told us, "[Staff] are caring." A relative said, "All the staff are lovely. I am in every day. I don't know where they find the patience." A visiting health and social care professional commented, "[Staff] all seem very compassionate and caring and even supportive to us when we come in. I enjoy coming here in the morning."
- Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "Oh absolutely, I enjoy my job, and we have time to meet people's personal needs. It is about listening to the person and understand what they want." Another staff member told us, "For me it's the little things that makes person-centred care. It is about making sure [people] get care as per their choice and wishes. Being aware of [peoples] individual likes and dislikes."
- We saw staff took time to chat with people on a social and personal level and have fun with people. For example, we overheard a staff member ask a person, "You ready to rock and roll?"
- People's cultural, spiritual and religious wishes and needs were identified, recorded and respected. People were supported to attend religious facilities
- Discussions with the registered manager and staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. One staff member told us, "We have been given training on how to embrace diversity and meet people's individual needs." Another staff member said, "I would support them basically by finding out if there are any [LGBT] services in the local area, any specific magazines and leaflets they would like, ask them what they would like support with, [and] celebrate Pride if they wanted to."
- People's care records reflected their needs in relation to their protected characteristics including religion, culture, language, and gender. This enabled staff to provide person-centred care.
- The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- People and families confirmed they were involved in care planning and review, although not all could recall the full details. Records confirmed people and their relatives were involved.
- People and their relatives told us privacy and dignity was respected. One person said, "[Staff] knock when

they come in to my room. They knock on the toilet door to see if I am alright." Another person told us, "The staff treat me with respect," A relative said, "[Staff] support dignity and privacy."

- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "Knocking on the door in the morning not just barging in. Put a towel around them when you take clothes off. Explaining what colour of clothes you are offering especially for those who are blind." Another staff member said, "If I am speaking to someone about something personal I would not do it out in the open. I would ask if they would like to talk in private."
- Staff promoted and encouraged people's independence. A staff member told us, "Don't assume if [people] can't eat or drink on their own. Try to prompt people to do things by themselves where they can. For example, washing their face."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and those who were important to them were involved in planning their care and people said the care they received met their needs. Records confirmed this. One person said, "The staff are quick to help me."
- The care plans reflected people's care needs and were reviewed regularly.
- People's care plans contained information about their life history, hobbies and interests, likes and dislikes and wishes and staff had guidance on how each person liked to be cared for. For example, one care plan stated, "[Person] loves her shepherd's pie and loves her mac and cheese."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained their communication needs, preferred communication methods, and instructions for staff on how to communicate effectively. For example, one care plan stated, "Form structured sentences which are expressive and concise in content. Short term memory recall can be poor. Staff may need to repeat what they have said using clear short sentence when needed. Staff to communicate with [person] in plain English."
- Staff were seen communicating with people with patience and as per their preferred methods.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not always supported to take part in activities. The registered manager and staff told us about activities offered at the service. This included singalongs, armchair exercises, bingo, mothers and toddlers visiting group, films, listening to music, meals in the community, quizzes and arts and crafts.
- Daily records showed activities were being completed. Also pictures on display showed people taking part in activities such as games and an entertainer performing recently.
- During the inspection activities offered were very limited. This was reflected by what people and relatives told us. One person said, "There is not much activities. I don't get offered puzzles or anything." Another person said, "The only thing to do is exercises. There is nothing else. There are not singers or entertainers." A relative commented, "Other than the children coming in there aren't really any activities." However, a relative said, "The staff have tried to get [relative] to go to karaoke. [Relative] needed to be persuaded but then got up to dance. [Relative] loved the mother and baby group."

- Care staff supported activities for people. Staff told us at times it was difficult to provide activities and support people with current staffing levels. Observations during the inspection showed staff at times were busy meeting people's care needs. One staff member told us, "I just wish there was that extra staff member to do activities. We try to do activities but can be difficult as trying to do other things."

We recommend that the provider seeks guidance and advice from a reputable source, in relation to deployment of staff to support with activities.

#### Improving care quality in response to complaints or concerns

- The home had a complaint's process to ensure people's complaints and concerns were addressed appropriately and responded to promptly. The registered provider's complaints policy was displayed within the home.
- People, and their relatives told us they knew how to make a complaint or raise a concern. One person said, "If I were upset or unhappy, I would speak to the manager and he would help. I haven't made a complaint." Another person told us, "I would complain to [registered manager]."
- Complaints were recorded, and records showed complaints were resolved as per the home's policy
- The complaints records contained information about when the complaint was made, description of the complaint, actions taken and the outcome.

#### End of life care and support

- The provider had a policy and systems in place to support people with their end of life care needs.
- At the time of our inspection, the service was supporting one person with end of life care needs.
- Where people wished to discuss their end of life care preferences, these were recorded with personalised detail in their care plans.
- Staff understood people's needs, they were aware of good practice and guidance about end of life care, and respected people's religious beliefs and preferences. One staff member said, "We will make sure we involve the hospice. We have advance care planning in place. Make sure [person] has sufficient fluids, comfort [person] by rubbing [person's] hands, spend time with [person], let [person] know sensitively that we are here if they want. We ask if they have any spiritual needs then make sure we meet them."
- Staff had received end of life care training and worked closely with other professionals to make sure people received coordinated care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted a positive culture which encouraged openness and enabled staff to provide care that achieved positive outcomes for people.
- People and their relatives told us they got on well with the registered manager and were happy with the service provided. One person said, "[Registered manager] is lovely. Very polite and yes, I can speak to him. The best thing about living here is the care I get. I have never known such full care. It is beautiful." Another person commented, "The manager comes in and asks how I am. He is very good." A relative told us, "The manager is lovely. I speak to him all of the time." Another relative commented, "The manager is brilliant. One in a million. Always has time to answer questions and help."
- Many of the staff had worked for the home for a long period of time. This enabled positive relationships to develop. One staff member said, "I enjoy my job. I love it. It makes me feel good when you make a difference in someone's life. Just turning a person's day from bad to good makes me happy." Another staff member told us, "I love my job. This job is meant for me. I have passion for it."
- Duty of candour requirements were met. The registered manager had a good understanding of duty of candour. Duty of candour is intended 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.
- Staff told us they felt supported by the registered manager. One staff member told us, "[Registered manager] is passionate. He wants to make sure we are providing good care. He is a strong leader. He is approachable." Another staff member said, "[Registered manager] is lovely. He is fair, however if you have done something wrong he will pull you [up]. I feel perfectly comfortable in approaching him. He is a nice manager." A third staff member commented, "[Registered manager] is very good. Always giving me great advice and showing me how to deliver good care. He is a great manager. He listens to me."
- A visiting health and social care professional told us the service was person-centred. They said about the service, "It's nice. Everyone friendly [and] accommodating. [Registered manager] is very friendly and caring. Always laughing with relatives and [people]."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had effective systems and processes in place to enable the registered manager to have an oversight of the management of the regulated activity.



- The registered manager was visible about the service and was responsive to the needs of people and supported staff well. They told us they felt well supported by the provider and had access to support and resources to manage the service effectively.
- The registered manager conducted a monthly audit of the home. The audit looked at medicines, staffing, supervision, key working, premises, dietary needs, record keeping, health and safety, statutory requirements, compliments and complaints, kitchen, and people's feedback. Records showed an action plan with outcomes was completed when concerns were found.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to enable people, staff and relatives to give feedback. The provider carried out surveys with people, relatives, and staff.
- The latest annual survey conducted in December 2018 indicated that people and their relatives were happy with the service provided. Comments included, "Always able to get updates on how [relative] is doing" and "Home is always very clean and tidy. Staff are always very friendly and helpful. [Relative] is happy."
- Resident and relatives' meetings were used to encourage people to raise suggestions regarding activities, food, complaints, and feedback.
- Various staff meetings were held on a regular basis. Topics included care practice, staff training, health and safety, infection control, policies and procedures, supervision, key working, activities, accidents and incidents and hydration for hot weather. One staff member said, "They are useful. Every three months, if there are any concerns [then] can have it earlier than three months. We talk about residents, care plans, risk assessments, communication, privacy, choice, dignity, food, medication, staffing, [and] staff express what they want to express."

Working in partnership with others

- The registered manager and staff worked in collaboration with healthcare professionals, community and not for profit organisations, volunteers, and local authorities to improve the service and people's physical and emotional well-being.