Central Bedfordshire Council

Allison House Residential Home

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

Overall summary

This inspection was carried out on 07 January 2016 and was unannounced. This was our first inspection of this service which provides care and accommodation for up to 42 people, some of whom may be living with dementia. At the time of our inspection there were 40 people living at the home.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People told us they felt safe living in the home because they had staff to support them and that they knew who to speak with if they felt unsafe. The provider had put in

Summary of findings

place effective systems to protect people from avoidable harm. Staff were trained in safeguarding and were able to tell us the actions they would take to ensure people's safety.

Personalised care plans that gave members of staff clear guidance on how to support people were in place as were risk assessments to reduce the risk of harm to people. The provider had also put in place appropriate health and safety risk assessments connected to the running of the home.

Medicines were administered safely and people were supported to access other healthcare professionals to maintain their health and well-being.

There was evidence that people were involved in decision making around the care that they received. They were involved in choosing nutritious food and drinks that were offered to them throughout the day.

People were encouraged to maintain their interests and hobbies. They were encouraged to develop and maintain their independence as much as possible.

People were aware of the provider's complaints system and information about this and other aspects of the service were available in an easy read format. People were encouraged to contribute to the development of the service.

There were enough skilled, qualified staff to provide for people's needs. Robust recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home.

People told us that staff were trained and knew how to support them. The staff understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards.

Staff were caring and respected people's privacy and dignity. They were encouraged to contribute to the development of the service and understood the provider's visions and values.

There was an effective quality assurance system in place that included weekly medicines and care plan audits that were completed by the management team.

Summary of findings

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.

Staff were aware of the safeguarding process and appropriate referrals had been made to the local authority.

Personalised risk assessments were in place to reduce the risk of harm to people.

There were robust recruitment processes in place.

Good

Is the service effective?
The service was effective.

Staff were trained and supported by way of supervisions and appraisals.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People had sufficient nutritious food and drink to maintain their health and well-being.

Good

Is the service caring?
The service was caring.

Staff interacted with people in a kind and caring way.

Staff treated people with dignity and respect.

People were provided with information regarding the service.

Good

Is the service responsive?
The service was responsive.

People's needs had been assessed before they entered the home and these were reviewed regularly to ensure that the care and support provided was appropriate.

There were easy read versions of people's care plans available to inform agency staff as well as the full care plan and risk assessment documents..

There was an effective complaints policy in place.

Good

Is the service well-led?
The service was well-led.

There was a registered manager in post.

The registered manager was visible and approachable.

There was an effective quality assurance system in place.

Good

Allison House Residential Home

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.

This inspection took place on 07 January 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information available to us, such as notifications and information provided by the public, staff and the Local Authority. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with five people and two relatives of people who lived at the home. We also spoke with a regular visitor to the home, four care staff, a cook, the registered manager and the provider's regional manager.

We carried out observations of the interactions between staff and the people who lived at the home. We reviewed the care records and risk assessments of four people, checked medicines administration records and reviewed how complaints were managed.

We also looked at three staff records and training for all staff employed at the service and reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe living at the home. One person said, "Of course I feel safe, I've got 24 hours care and knowing someone is always around makes me feel safe." Another person said, "I feel safe, knowing that I have staff to call on makes me feel safe." One relative told us, "Yes, I feel [Relative] is safe living here." Another relative said, "People are safe living here, there is somebody here all the time.

The provider had up to date policies on safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. Information about safeguarding people was displayed within the home. Staff told us that they had been trained in safeguarding and were able to explain the procedures on keeping people safe. They also told us what actions they would take if they had concerns about people's safety and wellbeing. One member of staff said, "I've done safeguarding training, I would definitely know the signs [if there was a concern] and would report it immediately." Staff also said that they were aware of and understood the provider's whistleblowing policy. One member of staff told us they are confident to use it and that they know they will be supported by the home if they use the whistle blowing policy in the future.

We saw that home was secure and access to it is only granted after staff answered the door. Visitors were required to sign in and out in a visitor's book which is record of who is visiting the home, at what time and the purpose of their visit or where they are visiting from. This we found promoted a sense of security for people and did not restrict their visitors. People's relatives we spoke with told us they can visit the home when they wished. One person said, "They have put up notices asking people not to visit during meal times but even if you come to visit then, they are accommodating."

Risks to people who lived at the home were assessed by the home and plans put in place to minimise these risks. We saw that each person had an individualised risk assessment and risk management plan which detailed what could cause them harm; the steps to be taken to reduce the risks of harm and the actions to be taken by members of staff should an incident take place. Staff told us they that people's risk assessments were accessible and where things change, they were made aware and documentation updated. One member of staff said, "We talk with our Team Leader about risks to people living here during shift hand overs and changes are communicated to the whole team." This ensured staff had up to date information around risks to people enabled them to provide the required support. The risk assessments included actions that should be taken when people displayed behaviour that could have a negative effect on others. A member of staff said, "We talk with people, change the subject or use distraction techniques, like singing and dancing to de-escalate the situation." We saw that assessments that identified and addressed risks to people by the environment had been carried out. These included fire risk assessments, infection control and hazardous substances.

There was a business continuity plan in place and a fire evacuation plan was displayed in the entrance hall. One member of staff told us, "We all know where we go in an emergency situation and I am aware of the home's emergency plan." People also had personal emergency evacuation plans in place. This gave staff the information needed to keep people living at the home safe in an event of an emergency.

Accidents and incidents had been reported to the manager. There was a record of all incidents, and where required, people's care plans and risk assessments had been updated. A member of the home's senior management team said, "We review accidents and incidents reports during our weekly visits to identify trends and take action to reduce the possibility of recurrence," This enabled learning from accidents and incidents to identify measures that could be taken to reduce the risk of harm in the future.

People told us also that there was enough staff available to provide for their needs. One person said, "There is enough staff and they come round and see you and check on you to make sure you are okay." However, relatives of people living at the home told us on occasions they felt there were not enough staff. One relative said, "Over the Christmas period there was a bit of a staff shortage but not a great deal." Another relative told us, "There isn't enough staff at weekends and it is not always three members of staff on each floor." The registered manager told us that the provider was in the process of recruiting more permanent staff. The registered manager told us, "We use regular agency staff to cover shifts and we never go lower than six

Good

Is the service safe?

care staff on shift. Where there is a chance that we are going to, a member of the management team will step in." We reviewed staff rotas which confirmed that there were three members of staff on each shift for time period we looked at.

The provider had robust recruitment and selection processes in place and had taken steps to ensure that the staff who worked at the home were suitable for their roles. We looked at three recruitment files and saw that appropriate checks had been carried out prior to the staff starting work at the home. These checks included Disclosure and Baring Service Checks (DBS), written references, and evidence of their identity.

People's medicines were managed in a safe and effective way. People and their relatives told us that they had no concerns with medicines. One relative said, "I have no concerns around medication, [Relative] get their medication religiously."

People's medicines were audited regularly by the provider and six monthly by the pharmacy that supplied the medicines. Of the four medicine administration records (MAR) we looked at, the records had been completed appropriately and the amount of medicines in stock corresponded with the records held. Medicines were stored securely in rooms accessible only by authorised people. Systems were in place for managing controlled drugs.

Good

Is the service effective?

Our findings

People and their relatives told us that care and support was carried out by members of staff who were skilled, experienced and knowledgeable. One person said, "Staff know how to look after you here." A relative told us, "The care is really effective." A regular visitor to the home said, "Staff seem absolutely on the ball, I wouldn't mind being here myself."

Staff told us that they had completed an induction programme when they started working at the home. One member of staff said, "I have been inducted, new staff do all their induction, training and shadowing before working here." This was confirmed by the training records we checked. When talking about the impact the training received had, one member of staff said, "The training made me change my thinking and working practices." Another member of staff told us about the training they had received on the prevention of pressure areas. They said, "It makes you realise what can happen and how quickly things can go wrong."

The training records identified the areas that the provider considered to be mandatory training to enable staff to carry out their role effectively. One member of staff told us, "Opportunities are given for staff to develop like further training and positions are always offered in house first." The home had a dedicated trainer who arranged courses for the staff when training was required to be refreshed.

Staff told us that they felt supported in their roles and received regular supervision sessions and appraisals. One member of staff said, "We talk about all sorts of things during supervision. We use it as an opportunity for suggestions of improvements." We reviewed the home's supervision records which confirmed that supervisions were being carried out regularly.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We looked at the home's records around the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards and saw that these had been followed in the delivery of care. Records showed that, where applicable assessments of people's mental capacity had been carried out and decisions had been made on their behalf in their best interest. We found that an authorisation from the relevant supervisory body to deprive a person of their liberty in order to safely care for them was in place.

People told us that their consent was sought before care and support was provided by staff. One person told us, "Mostly staff ask if they want to give you care." A relative said, "[Relative] makes decisions for themselves with their food, care and all and staff go with it." One member of staff said, "Residents make their own decisions and we only offer suggestions." Another member of staff told us, "We ask people for their consent. Some people are very private and wouldn't want help with personal care. We will run the bath for them and they will see to their own personal care." We saw consent forms had been signed by people giving the home and staff authorisation to provide care and support to them.

People were supported to have sufficient food and drink. We were told by people that choices of good, nutritious food was provided. One person told us, "The food is quite good here. We have a good cook. You know the days when she is not here but she is here mostly." Another person told us, "The food is good. It is varied, there is enough of it." They went on to say, "If you asked them for something different they don't complain. They say I'll see what I can do."

During a conversation with one person they told us they were hungry. A member of staff checked that they had eaten breakfast but when the person requested more to eat they made them a snack of their choice. This demonstrated flexibility around meal times and offering of choices around food to people.

People's weight was monitored regularly and advice and guidance regarding people's nutritional needs obtained from other healthcare professionals as appropriate. We saw that people's food and drinks intake was monitored regularly by the home when this was required.

Good

Is the service effective?

People were supported to access health care services when required to maintain their health and well-being. A relative told us, “The Chiropodist recommended skin care, I told the office and they got support from the district nurse and got equipment in. They also got the continence nurse when it was needed.” Another relative told us, “[Doctor] visits [Relative] regularly.” The care records we viewed showed that referrals were made to other health care professionals in a timely way.

Good

Is the service caring?

Our findings

People, their relatives and a regular visitor to the home spoke about staff in a positive way. One person told us, "The staff are very good and caring. The always look to help you and do things for you that you wouldn't expect." Another person told us, "I get on alright with them [Staff]. You can have a laugh and a joke with them." They went on to say, "One or two are a bit bossy but I get on all right with all of them [Staff]." One relative told us, "They [Staff] are caring. It's the little things that matter you know, they even buy them gifts on birthdays and make sure they are warm and have blankets on because they don't want them to feel cold."

We saw that members of staff were kind and caring when they were interacting with people. People were not rushed and staff were friendly. One person told us, "Staff are caring. They know me. I have been here long enough. When new staff come, they introduce them to you."

Staff were knowledgeable about people's care needs as initial assessments had been carried out and people and their relatives were able to provide detailed information on them as individuals. One member of staff told us, "We have a caring and dedicated staff team who are observant and want what's best for them [People]. This is their [People] home, we want them to feel happy here and that they are safe." They went on to say that they treated people as individuals and delivered personalised care.

People told us that their dignity was observed and their privacy respected. They told us that staff supported them in a caring and compassionate way and we saw that staff knocked on the doors prior to entering people's bedrooms. One person told us, "They tap on my door and wait for me to tell them to come in." People had decorated their rooms with personal possessions and pictures of their family members.

People were encouraged to be as independent as possible. One person said, "I do things myself if I can do it and if I can't, I call for someone." The registered manager told us, "We are very caring here. We offer choice and encourage people to be as independent as possible by making sure people do as much as they can themselves."

Information about an independent advocacy service that people could contact to support them was displayed in communal areas of the home. People's relatives told us that they were welcome to visit their loved ones at any time. There was a poster on display that advised visitors of the protected meal times that requested that these times be respected and asked visitors avoid them if at all possible. However, visitors were able to visit during these times if they wanted to. The notice boards around the home displayed various information for people and visitors, including information on safeguarding, residents meetings and activities.

Good

Is the service responsive?

Our findings

People's care needs had been assessed prior to them moving into the home to determine the level of care and support they needed and whether the home could meet this. These assessments were reviewed regularly. People and their relatives had been involved in deciding the care and support provided to them by the home and how this was done. We saw that people had care plans in place which followed a standard template used within the home that included information of people's history, their preferences, interests and needs. Care plans were person centred and included clear guidelines for staff on how to care for people.

Reviews of care plans involved people, their families and their circle of support. There were evaluation forms in place which captured reviews of care plans and documented who had been involved in the review. People's relatives were kept informed of changes to people's needs, their health and wellbeing. This was also recorded in people's care plan folders in a form that was put in place by the provider. We saw that one person's relative had been contacted recently and informed of the outcome of a GP's visit to their relative.

An easy read 'at a glance' version of people's care plans were in place which gave staff a snap shot of people's needs. These covered areas such as: people's mobility needs, their preferences around nutrition, personal care and skin integrity, hobbies and interests, day and night time care needs. Agency staff, as well as permanent members of staff, accessed these as a quick reference as to how best to provide support to people.

People told us that there was quite a lot to do at the home. One person said, "There is quite a lot going on. The entertainment is good. [Activity Co-ordinator] puts a lot of work into it." Another person told us, "There is different things going on in the afternoons. I can always find something to do here." On the afternoon of our inspection we saw that people played bingo and enjoyed a glass of sherry whilst playing. There was a schedule of planned activities in the entrance hall so people knew what was happening and could take part if they wished. The home had an activities co-ordinator who worked three days a week. Activities people undertook included flower making, race night, colouring and craft work.

People and their relatives told us they were aware of how to make complaints, who to complain to and were confident that their complaints would be addressed. One person told us, "I will speak to the manager and if [they are] not in, I will see [a member of staff] when they come in on Wednesday." One relative told us, "The other day I mentioned [Relative's] eyes were not looking good. They listened to my concerns and it was noted and logged." There was a complaints policy in place and the registered manager had placed a folder in the entrance hall inviting people and their relatives to make comments, compliments and complaints. We saw that a complaint had been made about the doorbell not working. This had been investigated and the doorbell had been repaired the next day. This showed that the management at the home had listened to people's concerns and had acted upon them.

Good

Is the service well-led?

Our findings

The home had a registered manager in place who was supported by the provider's area manager.

People, their relatives and staff told us they knew who the manager was and had confidence in them. We were told that the manager was visible and approachable. We saw that the manager interacted positively with people and members of staff. One person said, "The manager is nice, I see [Them] a lot." Another person said, "[Manager] is all right, comes and says hello, quite nice." One member of staff told us, "I like [Manager] they are very hard working and passionate about what they do here. Their hard work reflects and has an impact on everyone else." We found the atmosphere within the home to be relaxed.

Staff were knowledgeable about their job roles and knew what was expected of them. They were aware of the provider's visions and values and how these were embedded in working practice, which they discussed at team meetings.

There was an effective quality assurance system in place. Quality audits were completed on a regular basis by the management team which covered a range of topics; including infection control, manual handling, care plans and medicines management. Additional audits were carried out by the home's Operations Manager and also by a compliance officer who looked at safeguarding, compliments, complaints and talked with the person responsible for maintenance, on a regular basis. Action plans had been developed where required to address any improvements required that had been identified by these audits. The results of the audits were reported to the provider's compliance team and through the governance structure to the Directors of the service.

The registered manager told us that the home was taking steps to recruit volunteers to support people at the home. It had links with a local school which had supported the home during the Christmas period by organising a party. The manager informed us of the plans to build stronger ties with the local community by encouraging people who lived at the home to spend more time at community events.

The registered manager was supported by an out of hours on call system provided by senior managers to enable staff at the home to access support, advice and guidance around the clock..

People were encouraged to participate in regular meetings where they could contribute in discussions as to the way in which services were provided. The minutes of a meeting held in August 2015 showed that they had discussed the food provided and activities. A meeting was scheduled to take place on the evening of our inspection. Staff were also encouraged to participate in meetings at which they could discuss service provision and ways in which this could be improved. The minutes of a meeting held in October 2015 showed that topics discussed had included falls prevention, training and documentation.