

Allendale Limited

# Allendale Care

## 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

We inspected Allendale Care on 17 January 2017. The inspection was announced so that we could ensure people and records we would need to see were available. Allendale care is a domiciliary care agency registered to provide personal care for people who required support in their home.

At the time of inspection, Allendale Care was providing care to one person and the registered manager was providing this. There were three members of staff available on a self-employed basis for when the service expands.

At the time of our inspection, there was a registered manager at the service. 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.

This inspection at Allendale Care was the first inspection under our new methodology since its new registration in February 2017.

Medicines were being managed safely by people who were trained and competent to do so. Medicine administration records were up to date with no gaps. Guidance was available on the medicines that people had.

People were protected against abuse and harm. New staff had to undergo safeguarding training. The registered manager had systems in place to investigate and report safeguarding concerns.

People's needs had been assessed and detailed care plans developed. Care plans contained appropriate risk assessments that were specific to the person's need.

Staff would have access to supervisions and yearly appraisals to identify any areas for improvement and achievement.

People's records show that medicines were being managed appropriately. Checks were being carried out weekly to identify if any changes were required.

The principles of the Mental Capacity Act 2005 (MCA) were adhered to. The registered provider had an effective policy and systems were in place to assist staff when needed. Staff were expected to complete MCA training prior to starting work for the service.

People were supported to have a healthy and nutritious diet. People were encouraged to choose what they wanted to eat. Staff had access to information about people's preferred choices.

People were being referred to health and social care professionals appropriately. Records showed involvement of GP's, occupational therapists and social services.

People and their relatives were involved with the planning, development and reviews of their care. Records showed people and relative were involved in care planning.

People's privacy and dignity were respected at all times. Care plans gave staff guidance on people's personal preferences for personal care.

People were supported to pursue activities and had freedom of choice. Records showed that decisions were respected.

The registered provider had ensured that there were effective processes in place to fully investigate any complaints. Methods of complaining were communicated clearly to people using the service.

The registered manager knew when the Care Quality Commission needed to be notified of any significant events. There were appropriate policies and procedures in place that would be communicated to staff.

The registered provider had systems in place to carry out appropriate audits and assess quality control. These had not been fully implemented due to there being only one person using 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?

Good ●

The service was safe.

People were protected against abuse and harm.

Risk assessments were appropriate and personalised to people's needs.

Medicines were managed safely.

There were safe recruitment practices in place.

### Is the service effective?

Good ●

The service was effective.

The principles of the Mental Capacity Act 2005 were adhered.

Staff had to undertake training that gave them the knowledge needed to provide care safely.

People were being referred to health and social care professionals.

### Is the service caring?

Good ●

The service was caring.

People and their relatives were involved with the planning and review of their care.

The registered manager demonstrated good knowledge of the person that was being supported. Feedback we received regarding the care was very positive.

People's private information was securely stored.

### Is the service responsive?

Good ●

The service was responsive.

People received full pre-service assessments to guide staff to

provide safe, personalised care from the start of receiving a care package.

People were supported to pursue interests and activities. These were appropriately risk assessed.

Care plans identified any change in need.

A robust complaints policy and procedure was communicated to people in an appropriate way that considered their needs.

**Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager had sought different methods of support to assist with any concerns raised.

The registered provider had appropriate policies and procedures in place.

There were systems in place to carry out audits and quality assurances.

# Allendale Care

## **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.

The inspection took place on 17 January 2017 and was announced to ensure that the registered manager was available and all documents could be seen. The inspection team consisted of one inspector. This was Allendale Care's first inspection since it registered with the Care Quality commission in February 2016.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and any information shared with us by the local authority. The registered manager had not received 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.

As part of the inspection, we spoke to the registered manager and one person using the service. We looked at one care plan, two staff files, staff training records and quality assurance documentation.

# Is the service safe?

## Our findings

All staff are required to have safeguarding training. If there were serious concerns these would be reported to the local authority." Records showed that staff that have been recruited for when the service expands have had appropriate safeguarding training. The registered manager had systems in place to accurately record any safeguarding concerns.

Risk assessments were completed by the registered manager and were appropriate to people's needs. Risk assessments included moving, handling, and mobility. Risk assessments were personalised to people's needs and included any activities they may wish to participate in. Risk assessments identified people's preferences and gave staff guidance to reduce risk safely. The registered manager also identified environmental risks that staff needed to be aware of when providing care in peoples' homes. The environmental risks included certain areas where there is an increased risk of slips, trips, falls and when using a car. The registered manager also completed a home safety check to identify any other areas of risk such as, appliances, equipment and infection control. The registered provider had continuity plans in place to ensure safe practice during certain situations. Continuity plans included emergencies such as, fire, flood, heating failure or power failure. The plans gave staff guidance on what they should expect from the registered provider and how they should act. The continuity plan for snow told staff that any non-emergency activities should be renegotiated, for example, if a shopping service is planned.

The registered provider had effective processes in place to investigate and record accidents and incidents. The registered manager told us, "We only have one client and there has been nothing to report. If staff were to witness an accident or incident then they should complete appropriate forms and inform me."

The registered provider followed safe recruitment practices that ensured that staff were safe to work in a care setting. We looked at two staff files and these included completed application forms, two references and photo identification to ensure that the members of staff were allowed to work in the United Kingdom. Records showed that checks had been made with the Disclosure and Barring Service to make sure people were suitable to work with vulnerable adults. The registered manager told us, "Staff will not start working with people until I have satisfactory references and appropriate security checks." Staff were being deployed effectively at the service and there were systems in place to ensure that staff would be covered during times of absence.

Medicines were being safely managed by trained and competent staff members. People's records identified what medicines they were taking and clearly identified if any medicines had been introduced or stopped. Any allergies were made clear in people's care plans. There was guidance available to staff on the medicines people were taking. The registered provider had information to support staff to administer medicines to people on a 'when required basis' (PRN). PRN medicines were made clear in people's records and identified how a person would let staff know if they were required.

## Is the service effective?

### Our findings

The registered manager had effective processes in place to ensure that staff had appropriate training in place prior to starting with the service and that training would be regularly reviewed. The registered manager told us, "As staff are self-employed we identify the training they need and they provide us with the appropriate certificate when it is completed." Staff records showed that staff did have appropriate up to date certificates for identified training. The registered manager had a supervision and training matrix in place for staff. This included competency tests for manual handling, general care and medicines. Essential training included first aid, medication, safeguarding and lone working. The registered manager told us, "Once we are fully up and running I can introduce spot checks on staff so that I can identify any improvements." The training and supervision matrix had an area to identify when spot checks would be completed for staff.

The registered manager had systems in place to ensure that the principles of the Mental Capacity Act 2005 (MCA) were put into practice. 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager had appropriate forms that could be completed when needed to identify any decisions where people lack capacity to make them. These forms also included areas to complete best interest decisions to identify the least restrictive option. The registered manager told us, "I and all staff receive training on mental capacity. Any decisions we have to make will only be in their best interest." Staff records showed that all staff had received appropriate MCA training.

The registered provider had systems in place to ensure that people would receive appropriate support with their nutrition and hydration needs. Records showed that people were being supported to be weighed on a regular basis. The registered manager told us, "If we have concerns we would get the GP involved and a dietician. If we had someone who was diabetic we have a diet sheet and blood sugar charts in place."

People had access to healthcare professionals and were having their health and care needs met. The registered manager told us, "We refer people to the relevant health authorities when required. We also refer to the social services if people are not receiving everything they should be receiving. For example, equipment to assist them around the home." Records showed that appropriate referrals were being made to health and social care services.



## Is the service caring?

### Our findings

The registered manager told us, "We provide a bespoke service to people who want a high level of care." All feedback received about the service was positive in nature. One person told us, "The service is excellent and we cannot fault it." The registered manager told us, "When I provide care I ensure that people have all the time they need and are supported every step of the way." Records showed that people were encouraged to maintain their independence and support was only to be given when instructed.

Records showed that people were involved with the planning and reviews of their care. The registered manager reviewed care plans on a monthly basis and care plans included any information from people using the service and their relatives. The registered manager ensured that people received information about their care and this was kept with them in their homes. People also had access to policies and procedures and when appropriate these were produced in an easy to read format.

The registered manager demonstrated in depth knowledge of the person that care is provided for. Daily care plans ensured that any staff used by the service knew how to provide care in a way that was personalised for that person. Care plans gave guidance on how a person liked to be washed and how to maintain their privacy and dignity. The registered manager told us, "When providing care I always ensure that a person's privacy and dignity is maintained by closing doors and curtains."

The registered provider had ensured that people's confidential information was kept safe and secure. The registered provider used a secure computer program to log daily records and to review and change care plans. Any information that was held at the provider's location was kept in a secure environment in a locked cabinet.

## Is the service responsive?

### Our findings

People who use the service received an assessment carried out by the registered manager that identified needs so that staff can provide effective care. The assessments included areas on mobility, personal care, medication, diet, maintaining their home, mental capacity, social functions and activities. Details were then given on the exact care required that included daily, occasional care and live in care. Guidance was given on people's desired goals; for example, eating properly, maintaining proper nutrition, and ability to participate in social activities and hobbies, and the level of assistance required to achieve their individual goals. The assessments also included people's wellbeing and included areas on 'personal dignity' and 'control over your day to day life'.

Care plans were tailored to individual need and included personal preferences of the person involved. Records showed that the registered manager had taken into account personal preferences, likes and dislikes when developing and reviewing people's care plans. This approach included people's interests and pursued activities. Care plans showed that consideration was taken to ensure that people carried on pursuing their hobbies and interests and were provided with appropriate support. Each activity recorded included a risk assessment that identified the potential risks and how staff could safely mitigate these risks. For example, when attending an activity staff had guidance on how the person likes to be supported. The registered manager told us, "It is very important that we support people to pursue everything they have always enjoyed." Care plans showed that updates were being undertaken when there was an identified change in need. For example, when new equipment was put in place care plans had been updated to include risk assessments and guidance on how these should be used along with updates on any changes to care.

Records showed that people were supported to make choices. Care plans gave staff guidance on people's preferred options. For example, care plans identified what people liked to eat for breakfast and that staff should ensure that these options are given. Daily records showed that choices were being given and when refused this was respected by staff.

The registered provider had a clear complaints policy and procedure that informed people how to complain and who else they could contact to discuss any concerns. People who use the service were also given an easy read complaints procedure. The registered provider had processes in place to ensure that any complaints received would be recorded and responded to appropriately. This was in line with the complaints policy and procedure.

## Is the service well-led?

### Our findings

The service and the registered manager had both received positive feedback. The registered manager was fully committed to the service and ensured that the culture was focussed on people. The registered manager told us, "We provide care to the person's own specification to ensure that it is a very personalised service." The registered manager had a clear set of visions and values and hoped to develop the service in the future. The registered manager told us, "I would like to expand the service to have ten people with three permanent carers for each person. I already have carers available to start taking on new people."

The registered manager, who was also the registered provider, ensured that support was readily available. The registered manager told us, "I am part of a cooperative of care workers and managers so support is always available. If I have a question that needs asking I put it to the cooperative and we have a discussion to identify best methods." The registered manager also had links with registered managers of other local services and professional bodies such as social services.

The registered manager was aware of the obligations of their registration. The registered manager had good knowledge of when notifications were required to be sent to the Care Quality Commission. A notification is when a registered person is supposed to inform the Care Quality Commission of a significant event. For example, if a service has to stop providing care, safeguarding referrals, or any serious accidents and incidents. The registered provider had in place up to date policies and procedures that were suitable for the service. Policies and procedures included medicine management, lone working and safeguarding. There were also systems in place to ensure that staff would see the policies and procedures prior to commencing work with the service.

The registered provider had systems in place to check the quality of the service. However, as the service had only one person, who had only been using the service for three months and the care was being provided by the registered manager, these had not been fully implemented. The registered manager was carrying out safety audits that included a weekly medication audit to ensure that medicines were being accurately recorded and stocks were at the correct level. The staff supervision procedure showed us that there would be audits on daily logs, medicines, time logs, financial transactions and accidents and incidents. These also showed that there would be spot checks on all carers on a regular basis. The records of the care plans we saw were all up to date and there were no gaps in the daily logs or medication administration records.

The registered manager had in place systems to ensure that people's voice was heard through regular surveys. However, due to having only one person using the service and the registered manager providing the care, these have not been fully implemented. The registered manager told us, "I will be conducting surveys on a regular basis to assist to identify areas to improve. These will also be used to assist with staff supervision as we will be obtaining people's view points on the service received."