

Allendale Care Limited

# Allendale Residential

## 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 Residential on 6 and 9 October 2017, which was unannounced. At our last inspection on the 26 January we were unable to rate the service because there were no people using the service at the time of the inspection. Therefore this was the first ratings inspection since the service registered with us (CQC) on the 08 August 2016.

Allendale Residential is registered to provide accommodation and personal care for up to five people. People who used the service predominately had a learning disability. At the time of our inspection there were four people who used the service.

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

People were kept safe because staff understood how to recognise possible signs of abuse and the actions they needed to take if people were at risk of harm.

People's risks were assessed in a way that kept them safe whilst promoting and enabling people to be as independent as possible.

We found that there were enough suitably qualified staff available to meet people's needs in a timely manner. The registered manager made changes to staffing levels when people's needs changed.

We found medicines were managed in a way that kept people safe from potential harm.

Staff were trained to carry out their role and the provider had safe recruitment procedures that ensured people were supported by suitable staff.

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

People were supported with their individual nutritional needs and staff supported people to maintain a healthy diet. People were able to access health services when needed with support from staff.

People were treated with care, kindness and respect and staff promoted people's independence and their right to privacy was upheld.

People were supported to be involved in hobbies and interests that were important to them.

People and their relatives were involved in the planning of their care and people's preferences in care were gained and followed by staff.

The provider had a complaints procedure that was available to people in a format that they understood. There was a system in place to investigate and respond to complaints received.

People, relatives and staff told us that the registered manager was approachable and they were encouraged to provide feedback on the service provided. The registered manager had systems in place to assess and monitor the quality of the service provided.

## 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 from the risk of abuse. Staff supported people to be as independent as possible, whilst taking account of their assessed risks.

There were enough staff available to meet people's needs who had been employed in line with the provider's safe recruitment procedures. Medicines were managed in a way that protected people from the risk of harm.

### Is the service effective?

Good ●

The service was effective.

Staff received training to carry out their role effectively. People were supported to make decisions about their care and staff understood their responsibilities to ensure people who lacked capacity were supported with decisions in their best interests. People were supported effectively with their nutritional needs. People were supported to access health services to maintain their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind and caring. People were supported to make choices about the way their care was delivered. Staff ensured people's dignity was promoted and their right to privacy was upheld.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to be involved in hobbies and interests that were important to them. People received individual care that met their personal preferences and were involved in the planning and review of their care. There was a complaints procedure available in a format people understood.

## Is the service well-led?

Good 

The service was well led

People and their relatives were encouraged to give feedback about the quality of the service. Monitoring of the service was in place to ensure that people received care in line with their assessed needs. The registered manager was committed to making improvements to the quality of the service people received.

# Allendale Residential

## Detailed findings

### Background to this inspection

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

This inspection took place on 6 and 9 October 2017 and was unannounced. The inspection team consisted of one inspector.

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

We spoke with two people living at Allendale Residential. We also spoke with three relatives as people who lived at the service were not always able to communicate their experiences due to their disability. We also spoke with two staff, a professional who regularly visited the service, the deputy manager and the registered manager. We observed care and support in communal areas and also looked around the service. We viewed two records about people's care and records that showed how the home was managed which included training and induction records for staff employed at the home and records that showed how the registered manager monitored the service. We also viewed three people's medication records.

# Is the service safe?

## Our findings

Relatives told us they were assured that their relatives were safe. We were told that the staff treated their relatives very well. One relative said, "I know they are in safe hands, I have no worries about the way they are treated at all". Staff explained what signs people may display if they were being abused such as; unexplained bruising or a change in a person's behaviour. Staff understood the procedures to follow if they suspected that a person was at risk of harm. One staff member said, "I would report any concerns immediately. Signs that would concerns me would be bruising, a change in a person's emotional wellbeing and if they looked uncomfortable with certain staff". We saw that the provider had a safeguarding and whistleblowing policy available which contained guidance for staff to follow if they had concerns that people were at risk of abuse. The registered manager understood their responsibilities to report suspected abuse to the local authority and the actions they needed to take to keep people safe from harm. This meant people were protected from the risk of abuse because procedures were in place which staff understood.

We saw that people were encouraged to be as independent as possible, whilst taking account of their assessed risks. People were encouraged to make drinks themselves and were involved in the preparation and cooking of their meals where they were able. Risk plans were in place which contained details of people's risks and how many staff were required to provide appropriate and safe support to keep people safe. We saw that one person needed support to manage their continence and this had been assessed and reviewed on a regular basis. We spoke with this person's relative who told us how the management of their continence had improved since they had been supported at Allendale Residential. We also spoke with the health professional who had been involved and they said, "The staff have been fantastic and have made such an improvement to the person's life because they have managed their risks regularly and made changes where needed". This meant people's risks were monitored and mitigated to keep them safe.

Relatives told us and we saw there were enough staff available to meet people's needs. One relative said, "There are always enough staff available. My relative goes out such a lot and there is always enough staff to enable them to do the things they want". We saw staff had time to support people in a calm and relaxed way. Staff sat with people and chatted to people and there was always a staff member available to people when they needed them. Staff told us there were enough staff available to meet people's needs and we saw that the registered manager had a system in place that assessed the staffing levels against people's needs. Staff told us that they covered any shortages in staff between them so that people received consistent support which was important to them and lowered any potential anxieties. This meant that there were enough staff available to support people and the provider had a system in place to ensure staffing levels were maintained.

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

People were supported to take their medicines in a dignified way. For example, people were given time to take their medicines and staff explained what the medicine was for. We saw that there was guidance for staff

to follow when administering 'as required' medicines; such as medicine for pain and to control people's anxieties. Protocols were in place that gave staff guidance so they knew when to administer the medicine. Staff explained why 'as required' medicines would be needed and how they recognised when this medicine was required. Staff told us that they had been trained to help them administer medicines safely and we saw records that confirmed this had been completed. We found that the provider had an effective system in place that ensured medicines were administered, stored, recorded and managed safely.



## Is the service effective?

### Our findings

People we spoke with were happy with the food. One person said, "I like the food here". One relative said, "My relative's eating has increased since being at the home because the food is good". We saw that people were offered choice and where they were able they were supported to prepare their own meals. We saw one person preparing their meal and staff gave support and encouragement whilst they promoted their independence. We saw staff sat with people and chatted with them whilst they were eating and gave encouragement and asked if they were okay. We observed people were happy and the mealtime experience was relaxed and unrushed.

Staff we spoke with understood people's nutritional needs and knew people's nutritional risk and how these needed to be managed. For example; one person's health was at risk because of their weight. This person had been referred to a dietician to help lower their weight to a healthy level. We saw that this advice had been followed and the person's weight had gradually reduced and staff continued to support this person to maintain a healthy diet. Another person needed support to manage their diabetes and staff we spoke with had a clear understanding of the support required. This meant that people were supported with their nutritional risks to keep them healthy.

People were supported to access health professionals. One relative said, "My relative is supported with their health needs and if they are unwell the staff ensure they see a doctor. I am always kept informed too". Records we viewed showed that people had accessed dentists, nurses, G.Ps and consultants. The records we viewed showed that people's health was assessed and monitored regularly. For example; we saw that people were weighed regularly and advice sought from health professionals had been acted on to ensure that people's physical and emotional wellbeing was being monitored and maintained.

Staff told us they had received an induction when they were first employed at the service. One staff member said, "I had an induction, which was good. I have completed lots of training and regularly complete refresher training". The records we viewed confirmed staff were trained to carry out their role effectively. On the first day of inspection we saw that the registered manager had organised an inspirational talk from a person who was registered blind. The registered manager had identified that this would be beneficial for staff as they supported a person who was registered blind. We spoke with staff after the talk and they told us that they had found this useful as the person who gave the talk told them how this affected them, which would help staff to support the person who used the service effectively. Staff told us they received supervision on a regular basis, where they discussed any issues and their development. One member of staff said, "I have supervision regularly. It's useful we discuss lots of different things and I always feel listened to". This meant staff were supported to carry out their role and received bespoke training to enable them to support people effectively.

We observed staff gaining consent from people before they provided support and talking with people in a patient manner and in a way that met their understanding and enabled them to make decisions about their care. Staff we spoke with understood their responsibilities under the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own

decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff were aware of the actions they needed to take when a person lacked capacity to make decisions and we saw that mental capacity assessments and best interest discussions had been completed for people who used the service, which ensured decisions were made in their best interests. This meant the provider acted in accordance with the MCA where people lacked the capacity to make informed decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that where people had restrictions placed on them to keep them safe the registered manager had applied for a DoLS. For example; one person had a DoLS in place because they required monitoring and care 24 hours a day and the DoLS showed how staff needed to support this person in the least restrictive way. Staff we spoke with understood how to support this person in line with their DoLS and in their best interests. This meant where restrictions were needed procedures were in place to ensure these were lawful and in people's best interests.

# Is the service caring?

## Our findings

People were treated with care, kindness and respect and staff promoted people's independence and their right to privacy was upheld.

People told us and we saw that the staff were kind and caring. One person said, "The staff are really nice to me". Without exception relatives were happy with the care their loved ones received from the staff at Allendale Residential. One relative said, "The staff are very caring and when my relative comes to visit me they have no issues going back with staff. They smile when they see staff and I know they are happy. I am so very pleased with the caring and patience staff show them in everything they do. I would highly recommend the home". Another relative said, "Staff are very caring with my relative and the atmosphere within the home is relaxed and friendly". We observed caring interactions between people and staff throughout the inspection. For example; we saw staff spoke with people in a polite and caring way and showed patience when people asked them for support. We heard staff making people feel good about themselves with phrases such as; "What a beautiful voice", "You look lovely today", and "You've done really well making your drink".

Staff knew how to communicate with people in a way that met their individual needs. One relative told us that their relative's communication had improved. They said, "Their [relative who used the service] communication is much better now, they can tell me things and these little things mean such a lot to me as it was a difficult decision to let someone else take care of them but it has been such a positive thing for my relative". We saw staff gave people time to respond when they had asked a question and if people had difficulty understanding the staff member repeated the question in a different way to help people to understand. One person had difficulty communicating their needs at times and staff told us how they recognised different physical signs and facial expressions which enabled them to provide the support needed. The records we viewed confirmed what we saw and what staff had told us. This meant that people were supported and enabled to express their views in a way that met their needs.

Relatives told us their relatives were treated with dignity and respect by staff who provided support. One relative said, "Staff treat my relative with dignity at all times. Staff explain things in a way my relative understands and speak with them respectfully". Another relative said, "I have always seen my relative treated with dignity and respect by staff". We saw that staff spoke with people in a dignified and patient way and ensured that they gave people time when they were being supported. Staff explained the support they needed to provide and waited for people to acknowledge that they agreed to the support. We saw that people could freely access all areas of the home. This enabled people to access private quiet areas when they needed time alone. This meant that people were treated with dignity and respect and their right to privacy was upheld.

People were supported by staff to make choices in the way their care was carried out. For example, we saw that people were dressed in line with their individual preferences and people were supported to participate in activities that they had chosen with their keyworkers. This was confirmed by people's preferences that were detailed in their support plans. We heard staff confirmed people's choices in a way that promoted their individual way of communication and understanding to enable people to make informed choices. Staff

listened to people's wishes and carried out support how people wanted. This meant that people were enabled to make choices about their care and these were respected and promoted by staff.

## Is the service responsive?

### Our findings

Relatives told us that people regularly went out and were supported to undertake hobbies and interests that were important to them. One relative said, "My relative has a great social life now and they go to lots of different places. I think it's wonderful". We saw that people were occupied with various interests throughout the day, which included helping around the home, chatting with staff and some people were happy watching television in their rooms or in the communal lounge. One person was supported with sensory activities, which they liked. For example we saw the person listening to music which made them happy and they were relaxed participating in this activity. They had also been supported with various items to touch and feel because they were registered blind and they enjoyed touching certain items. Records we viewed contained details of people's interests and what was important to them and we saw that people had been out such as, regular shopping trips, meeting family and visiting local attractions. This meant people were supported with their social wellbeing.

We saw that people's preferences and interests were detailed throughout the support plans, which showed people's lifestyle history, current health and emotional wellbeing needs and what is important to people. For example; the records we viewed showed that one person needed routine in the way they received their support as this alleviated any potential anxieties. This person also liked to meet anyone who had arrived at the service and also say 'Goodbye' when they left, which reassured them. This included people, staff and professionals. On the day of the inspection the staff ensured that this person met with the inspector and when the inspector was leaving they were supported by staff to say 'Goodbye'. This showed that staff carried out support in line with this person's preferences and responded to their individual needs. We saw staff supporting other people throughout the day in line with their preferences and staff we spoke with knew people well and explained how they supported people in a way that met their preferences and assessed needs.

People and their relatives were involved in reviews of their care. Relatives told us that both they and their relative who used the service were involved in the assessment of their care. One relative told us that they were kept fully involved because this was important for them to know that their relative was happy, settled and receiving the care they needed. We saw records of reviews that had been undertaken which showed involvement of people and contained details of any changes to their individual needs. For example; one person's continence needs were regularly under review and we saw that improvements had been made to the way this was managed which lowered the anxieties this person had around their continence. Staff and the registered manager had worked alongside other professionals to ensure that this person's anxieties lowered. We spoke with a professional who was also involved in this person's care. They said, "The staff have followed advice we provided and the registered manager had also undertaken assessments which meant they implemented a different way of managing this person's continence needs. This worked well for the person and the new approach responded to their needs well to make improvements for them. The way this person's risks have been managed has turned their life around". This meant that people received care and support that was responsive to their changing needs because their care was reviewed regularly.

Relatives we spoke with told us they were aware of the provider's complaints policy and understood how to

complain if they needed to. One relative said, "I would speak to [registered manager's name] if I had any concerns. I have never felt the need to complain though as I'm happy with everything". Another relative said, "I know I could speak with [registered manager's name] and I have confidence that they would sort things out straight away". The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. We saw that people had access to a pictorial version of the complaints procedure, which meant that the provider ensured that people who used the service understood what action to take if they were unhappy. We found there had been no formal complaints at the service since the last inspection, but there were systems in place to deal with any complaints that may be received.

## Is the service well-led?

### Our findings

People and relatives told us that the registered manager was friendly and approachable. One person said, "[Registered manager's name] is nice and helpful". One relative said, "[Registered manager's name] is very good. I can talk with them if I need to as they are very approachable". Another relative said, "The registered manager is always available and I can talk with them any time I need to. They are very friendly and open". Staff told us that the registered manager was approachable and supported them to carry out their role. One member of staff said, "The registered manager is very good. I am not afraid to approach them at all, they have an open door policy and I would go to them if I had any concerns". We observed both people who used the service and staff approach the registered manager during the inspection and they were comfortable asking questions or advice. We saw that the registered manager made time for people and stopped what they were doing to ensure people had their full attention when they needed it.

People and their relatives were encouraged to give feedback on their experience of the service. One relative said, "I have received a questionnaire to complete, but I would also discuss any issues I had with the registered manager and if I have ever raised anything it gets dealt with straight away". We saw that people's voice was promoted in a way that met their needs. Staff had worked alongside a person who had sensory needs and had developed items for them to touch so they were able to feedback their opinions. For example; different faces had been made by staff and the person, which had raised expressions so they were able to show if they were happy or sad if they were unable to communicate effectively. The registered manager told us they were developing the way people were able to feedback their experiences and the work with this person was being rolled out to other people who were not always able to express their experiences through verbal communication. This meant that people's feedback was gained in a way that met their individual needs to make improvements to the way people received their care.

We saw that the registered manager had completed audits which showed how they monitored the quality of the service provided to people. The audits we viewed such as medicines, infection control and a clinical file audit contained details of the actions taken where issues had been identified. For example; we saw that the audit had identified the stock of a person's medication did not balance with the Medication Administration Records (MARs). The deputy manager had devised and implemented a checklist to be completed at each shift handover to ensure that all medicines balanced and were signed for by staff. We saw this had been effective as the occurrence of medicine errors had lowered. This showed that the audit had been effective in monitoring the service and improvements had been made to the service provided. This meant that there were effective systems in place to monitor and manage the service.

We saw that the registered manager had developed a '12 month Vision' for the service. This was a document that clearly detailed the planned improvements that the registered manager was working towards. This included; developing person centred care, bespoke training for staff, accreditation schemes for staff recognition and delivering training sessions to local schools and colleges to promote community awareness of people living with a learning disability. We saw that the registered manager had started to implement some of the improvements in the 12 month vision such as inspirational talks to staff from people who have experience in various conditions, such as a person that was registered blind. This showed that the

registered manager had a clear view of how they planned to make improvements to the standard of care people received and were dedicated to continually make improvements to the service provided.

Staff were encouraged to give feedback and were able to suggest where improvements may be needed. Staff told us and we saw that they had attended team meetings. One staff member said, "We have staff meetings quite regularly. They are a good opportunity for the staff to get together and share information and any updates in care. They are the kind of meeting where you feel able to speak up and voice your opinions". We saw records of team meetings which included updates in care practice and discussions about the care standards expected from staff. The registered manager told us that they ensured that all staff were involved in the meetings and arrangements were made to ensure all staff were able to attend. This meant that staff were involved in the service and encouraged to give feedback on the standards of care.