

Allambie Enterprises Limited

Allambie House

Inspection report

40-42 Coundon Road
Coventry
West Midlands
CV1 4AW

Tel: 02476525011

Date of inspection visit:
11 February 2020

Date of publication:
28 February 2020

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

About the service

Allambie House is a residential care home providing personal care to 30 people aged 65 and over. At the time of the inspection the service was supporting 22 people. The home is in an adapted building with accommodation over multiple split-level floors. These are accessible by stairs, stair chair lifts and a passenger lift.

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

Quality monitoring systems were in place to identify and address any areas needing improvement. We found some records related to people's care were not sufficiently clear to confirm care provided, however this had not resulted in a negative impact on people.

There was an open culture within the home led by the registered manager and provider. People felt their needs were met and the service was managed well.

People said they felt safe with the staff that supported them. Staff had a good understanding of how to protect people from harm. They recognised the different types of abuse and knew to report any concerns to their line manager. The provider's had a recruitment policy that required a number of checks to be completed before staff were employed to ensure staff were safe and suitable to work with people.

There were enough staff on duty to keep people safe and meet their needs. Staff completed ongoing training to update their skills and knowledge and this included medicine management training. People said they received the medicines they were prescribed at the times they expected.

Risks associated with people's care were assessed and detailed within individualised care plans for staff to follow. Staff followed safe practice to reduce the risk of the spread of infections. People had access to a doctor when needed, this was arranged by staff as required. People had access to visiting opticians, dentists and district nurses as required to support their care needs so they would remain well.

People had access to a range of social activities and some outside visits organised by an activity co-ordinator. People were offered a choice of meals each day and any specialist or cultural needs were provided for. Where people needed support with meals this was provided.

People's mental health was assessed to ensure any support they may require was identified. 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. The provider had a system in place for responding to complaints. People knew who to contact if they had any concerns.

People told us that staff were kind and caring and treated them with dignity and respect. All the interactions

we observed were respectful. People were supported to maintain their independence and arrangements were in place to support people's religious and cultural needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 9 March 2019). There had been one breach in the regulations relating to the safe care and treatment of people.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Allambie House

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 was carried out by two inspectors 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.

Allambie House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 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 eight people, two relatives, five care staff, the maintenance person, the activities co-ordinator, the registered manager, two occupational therapy students, the chef and the provider. We reviewed a range of care records including four people's care plans, and multiple medication records. We looked at two staff recruitment files, training records, accidents and incident records and a variety of records relating to the management of the service. This included policies and procedures and quality monitoring records.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Individual risk assessments had been completed for people in the home and these were followed by staff to reduce the risk of any avoidable harm and to provide safe, consistent care. Some records relating to skin care were not sufficiently detailed. The registered manager addressed this during our visit.
- Arrangements were in place to manage risks associated with people's skin. Those who had skin problems or wounds either visited a clinic to have their dressings replaced or received support from visiting district nurses.
- People at risk of falls had been identified and were monitored to help prevent the risk of further falls.
- People had personal evacuation plans detailing the support they would need in the event of an emergency such as a fire. Staff completed regular fire drills so they would know what to do.
- Checks to the home environment were completed regularly to ensure it was safe for the people who lived there. These checks included fire safety and prevention, legionella, electricity and safety checks on equipment people used. The registered manager said they checked window retainers to make sure they were secure during their daily walk around the home.

Systems and processes to safeguard people from the risk of abuse

- People told us they liked living at the home and felt safe. One person said, "I'm safe, ... It is always nice and clean here. They keep me safe, always here for me."
- Staff were aware of the signs of abuse and the action to take if they had any concerns such as making their manager aware. For example, one staff member stated if they saw an unexplained bruise they would, "Record it in daily report and complete a body map where the bruise is and record it in daily record and call the senior out."
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. There had been no safeguarding concerns since the last inspection.

Staffing and recruitment

- The provider had a recruitment procedure that involved completing numerous checks to satisfy themselves staff were safe and suitable to work with people. Contracts were not available to confirm start

dates but the provider told us this was because they had been sent to staff to sign. We discussed maintaining copies on files.

- People and staff said there was enough staff to support people's needs. One person told us, "I think there are enough staff, certainly for me."
- We saw there were sufficient numbers of staff to respond to people's needs and keep people safe.

Using medicines safely

- People received their medicines as prescribed by suitably trained staff but some medicine records did not show accurately the amount of medicines available to enable effective audits to be completed. The registered manager told us this would be addressed immediately.
- Medicines, including prescribed creams, were managed, stored and administered safely.
- Staff monitored the effectiveness of medicines and acted upon any negative side effects to make sure they did not impact on people's health. One person told us, "I take [Name] for my arthritis, I was tried on [Name] but it didn't suit me, I came out in a rash, so they stopped it and returned to the [Name]."

Preventing and controlling infection

- Staff completed infection control training and followed good practice to help prevent the spread of infections to others. This included wearing personal protective equipment (PPE) such as gloves and aprons.
- The home was visibly clean and there were specific staff employed to complete the cleaning of the home on a regular basis.

Learning lessons when things go wrong

- During our previous inspection, some people's topical creams were not managed safely. This was because they were stored in the wrong bedrooms with the potential for them to be used on the wrong person. Lessons had been learnt and lockable cupboards had been installed into each bedroom for cream storage. No concerns regarding creams being used inappropriately were identified at this inspection.
- Accidents and incidents were regularly analysed to identify any patterns and trends and actions had been taken to reduce risks where appropriate.
- Previously the risk of people falling had not been effectively managed. At this inspection, the registered manager had taken effective actions to manage these risks. This had included fitting a temporary stair gate to reduce the risk of one person falling and moving a person to a different bedroom which had significantly reduced their falls.

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 now 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 needs, including their lifestyle choices, physical and mental health needs were assessed before they moved into the home to ensure these could be met.
- Assessment information was used to develop people's care plans to support staff in meeting people's needs.
- Staff understood the importance of recognising people's diverse needs and ensured choices in relation to their daily care were provided.

Staff support: induction, training, skills and experience

- Staff completed an induction to the home and completed a range of ongoing training to update their skills and knowledge to enable them to support people safely and effectively.
- People were confident in the knowledge and skills of staff. People were able to tell us how staff responded to their needs demonstrating staff training was effective.
- Staff completed training linked to people's specific needs such as Parkinson's disease, dementia care, spirituality in practice, and degenerative diseases to help them understand how to support people effectively.

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

- People were provided with a choice of meals including vegetarian options daily and were provided with alternative choices if they did not like the meals on the menu. One person said, "There is always a choice of food and it's nice."
- Staff provided people with support at mealtimes where needed. One staff member said, "Here you are [Name], your lunch, do you need any help with cutting it up?" Staff knew the importance of supporting people in bed to eat sit upright when eating and we saw this happened.
- "Taster days" were planned where people could try new recipes before they were included on the menu. Staff told us people had enjoyed participating in 'international days' where they had tried foods from other countries.
- Staff knew about people's specific dietary needs. Some people's food and fluid intake was monitored to ensure their dietary needs were met. The chef accommodated specific needs such as pureed meals, fortified food (calories added), sugar free and egg free diets in accordance with people's needs. One person told us, "There's certain foods I can't eat so they don't give me them, simple as that."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People had access to a range of health and social care professionals to support their needs when required. This included dentists, GP's, district nurses and speech and language therapists.
- People's mouth care was checked and confirmed in oral health assessments. The registered manager told us a dentist visited the home to support people's dental care needs on a regular basis.
- A relative told us, "They call the doctor if [Name] is ill and let us know too." The person said "They (staff) keep me comfy and I now know the staff well."
- Care plans included information about the support people needed to stay healthy and records were kept of people's health appointments.
- One person attended a clinic each week to support their ongoing healthcare needs. The registered manager told us how this had helped to improve the persons health.

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

- The provider had continued to improve the environment for people and had taken into consideration challenges faced by those people living with dementia. Signs with visual images were in place throughout the home to help direct people to where they wanted to be. Street signs had been added to the different corridors to emulate a street and help people locate their rooms.
- People had furnished their bedrooms with personalised items to make them homely. Plans were in place to make the garden area more accessible and pleasant for people to use in the warmer months.
- There was a passenger lift and chair lift (on some stairs) to ensure people could access all areas of the home. A wet room was available to support people with a shower in addition to other showers and bathroom facilities.
- Walls contained pictures of interest to people to help them reminisce and generate discussions with others. This was in addition to art works people had completed during art and craft sessions at the home. There were many photographs of people smiling and participating in social events.

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 when this is in their best interests and legally authorised under the MCA. 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.

- The provider worked within the requirements of the MCA. Mental capacity assessments had been completed to identify if people had capacity to make specific decisions about their care.
- The registered manager had made the necessary applications for authorisation to restrict people's liberty where they considered people lacked capacity to make decisions themselves.
- Staff completed MCA training and worked within the principles of the Act by gaining people's consent before they provided care or assistance. One person told us, "Whatever they do for me is in line with what I want and I'm sure if I wanted anything different, it would be ok."

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 now remained the same. 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 described the staff as "very caring". One person said, "They treat me with respect and are very caring. The staff, they are nice." Another said, "They are very caring, they look after me very well."
- Staff had completed equality and diversity training and understood the importance of learning about, and respecting, people's differences to ensure person centred care was provided.
- We saw caring interventions between staff and people. For example, when a member of care staff came on duty they gave some people a hug as they greeted them. There were big smiles all round from people demonstrating staff had developed genuine caring relationships with them.

Supporting people to express their views and be involved in making decisions about their care

- People were provided with daily living choices about their care. For example, choices about where to sit, what they would like to eat, if they wished to remain in their room or in the communal lounge and if they wished to participate in activities or not.
- Relatives told us they were involved in decisions about their family members care (where appropriate) and staff kept in contact with them as requested. One relative told us, "The most important thing to [Name] is that people are kind to [Name]. The team (staff) is constant, they get to know [Name] ... We had a conversation about when I want to be contacted."
- Staff understood the importance of involving people in decisions about their care. One person told us how staff had left them in bed for longer that morning because staff knew they were not feeling as well as they usually did.

Respecting and promoting people's privacy, dignity and independence

- People said staff were respectful towards them and we saw this was the case. Staff maintained people's privacy and dignity by supporting people with personal care in bathrooms or their private bedrooms.
- Staff knew what was required of them to ensure people privacy and dignity was maintained. One staff member told us, "We ask for their permission and explain what we are going to do. If they say 'yes' we do ensure windows and curtains are closed and maintain as much dignity as we can. We put a towel over them. Encourage them to dress themselves, if they can."
- People were encouraged to maintain their independence such as using their walking aids to move around the home. Staff sometimes walked beside people to provide them with reassurance.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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 were involved in decisions about their care and experienced personalised care. One person told us, "They bathe me, help me to comb my hair, they help me to dress. I feel refreshed after this. They look after us, even when we're not at our best. When I'm not so good I say to them. 'You'll have to help me a bit more today.' They are so lovely."
- Staff knew people well and understood their needs and were responsive to people's requests for assistance.
- Care plans contained information to support staff in providing care and support in accordance with people's needs and preferences.

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.

- The registered manager had made some provision to ensure people could access information in a format they could understand.
- Information people may need was available in different formats including, pictorial and large print. This was in line with the 'Accessible Information Standard' which is a legal requirement to ensure people with a disability or sensory loss are given information in a way they can understand.
- Communication care plans provided guidance for staff on how to support people's communication needs. For example, one instructed staff to speak slowly and to make sure the person understood what had been said.
- Staff told us there were some people whose first language was not English. These people were either supported by staff who spoke their language or staff told us they used sign language. The registered manager told us they also used a translation book and other translation tools to ensure they could effectively communicate with people.

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 had access to a range of social activities they enjoyed. One person told us, "We all get on just fine here. That's a good thing you know. I really enjoy singing, there's opportunities here to sing, I enjoy the

activities."

- Social activities were organised and provided by an activities co-ordinator. They told us, "I go around to all the residents in the morning to get an idea of who wants to do activities, I also then have an idea of who I will pop in to see who might choose to stay in their rooms for the morning. We are playing musical bingo this morning."
- We saw people in the lounge engaged in an activity for most of the morning. These activities included singing using musical instruments and musical bingo. There was constant laughter and smiles around the room showing this was enjoyed by all. These activities were also supported by two occupational therapy students on placement at the home.
- Staff were mindful that people should not become socially isolated. Several people had their bedroom doors open and told us this was their wish. One person said, "I like my door to be left open when I'm in here as I feel less cut off that way." We saw staff waved and greeted the person as they walked past.
- People were supported to maintain contact with people important to them. One person told us how arrangements had been made for an advocate to support them on an outside visit and how they planned to purchase a mobile phone, so they could maintain contact with their friends.
- Relatives felt able to visit whenever they wished to see their family member. One relative told us, "We can visit anytime, we are always welcomed, all of us."

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns and felt at ease to approach staff or the registered manager if needed.
- A complaint procedure was on display on a notice board in the communal area of the home. There had been no recorded complaints since the last inspection.

End of life care and support

- People had been asked about their wishes when they approached the end of their life. This information was detailed in specific care plans and included if they wished to remain at the home or go to hospital.
- Care plans contained information such as music people may wish to listen to, whether they wanted curtains open or closed and what family members they would like present to help ensure people's wishes were followed.
- Staff completed training on end of life care, so they could support family members at times of grief and loss.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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

- The registered manager felt supported by the provider. The provider, registered manager and staff spoke of their commitment to ensuring people received person centred care.
- Staff told us they wanted to achieve good outcomes for people and felt supported in their roles. One staff member told us, [registered manager] will come downstairs (from the office) and make sure and encourage you do everything. [Provider] is alright, they are a good person, if I need anything they will listen and are wonderful."
- A relative told us, [Name] is happy here. It is important staff are kind, nice, and consistent. I have been made to feel welcome, it's been very, very good."
- A staff member told us, "I am happy working here. It is respectful person-centred care, we value what people tell us. It is a happy place."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 and provider had effective systems in place to monitor the quality of the care and services provided and to make the necessary improvements.
- There was a handover meeting with staff at the start of each shift where staff shared information about people from the previous shift including anything that may need to be acted upon. The senior care staff member allocated roles to staff so they were clear about their duties each day.
- Staff received support and guidance through individual and regular team meeting with management.
- The provider understood their responsibility to be open and honest when things went wrong. Staff had been engaged in decisions regarding change and were subject to additional learning if something had gone wrong. For example, changes had occurred following topical cream storage concerns.

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

- Feedback from people, relatives and staff was encouraged through meetings and questionnaires. All felt at ease to approach the registered manager or provider with any issues they had.
- The analysis of questionnaire comments did not show what improvements were made or planned to demonstrate changes happened. However, the provider and registered manager were able to share this information to confirm improvements had taken place. This had included improvements to social activities

provided.

- People and relatives said they regularly saw the provider at the home. One relative told us, [Provider] fixes things for us too, the [equipment] went and he fixed it the same day, they're always doing stuff to make the home better. This is the best home we've experienced."
- Links had been established with local schools and religious services who had visited the home to spend time with people.

Continuous learning and improving care; Working in partnership with others

- The provider engaged with people and families and worked in partnership with other agencies to support people's needs. This included a range of health professionals.
- One professional involved in a person's care had provided positive comments stating the person was "more alert" and "engaged" than they had seen them before.
- The provider was "React to Red" accredited. This is a campaign introduced to respond to any concerns regarding people's skin to prevent skin damage such as pressure ulcers developing.
- The registered manager had attended 'registered manager network' meetings with other managers where they shared ideas for improvement. The registered manager had also completed a leadership support certificate for their professional development demonstrating their commitment to improve and lead cultural change for the benefit of the service.