

Optalis Limited

9 Allenby Road

Inspection report

9 Allenby Road
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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

About the service

9 Allenby Road is a residential care home providing personal and nursing care for up to 4 people with learning disabilities. It provides respite care (short breaks) in one adapted building. Two people were using the service at the time of our visit.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. There was minimal signage to show the service is a respite care centre. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Relatives were very complimentary of the service. One described it as "My lifeline," others said "I couldn't do without Allenby" and "I can't praise them enough." A person who used the service said "I enjoy coming here. I like staff. I enjoy the food."

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 service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was managed well. There was a registered manager in place. Staff understood their responsibilities and worked together as a team. There were systems to monitor the quality of people's care to make sure it was effective and safe.

There were enough staff to provide the support people needed. Staff were trained and supervised to make sure they met people's needs effectively. They had been recruited using robust procedures.

People were supported with their healthcare needs. Their medicines were managed well. People were

treated with dignity and respect. Written risk assessments were in place to identify and help reduce the likelihood of people experiencing injury or harm.

The premises had been well-maintained and provided a safe and comfortable environment for people. The garden had been re-landscaped to provide an attractive and accessible outdoor area.

Records, in particular residents' meetings minutes, did not show how everyone present was involved in discussions or contributed to decisions. We have made a recommendation about recording the views of people who have communication difficulties.

Care plans were written to document people's needs. It was not always clear if people had been asked about their choices and preferences for how they wished to be cared for. We have made a recommendation about clearly recording people's choices and preferences.

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

Rating at last inspection

The last rating for this service was Good (report published 12/9/17).

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 ●

9 Allenby Road

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from a commissioner of 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 two people who used the service. We had discussions with the registered manager, two support staff and the external line manager for the service.

We looked at a range of records. These included three people's care plans, two staff recruitment and development files, staff training records and staff meeting minutes. Medicines storage and administration records were looked at. We checked a sample of audit reports, accident and incident forms. Other records included maintenance and upkeep of the premises, health and safety records.

After the inspection

We spoke with three relatives by telephone and emailed further community health and social care professionals to invite them to provide feedback. We reviewed information the provider was asked to send to us.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There were procedures and training for staff on safeguarding.
- Staff at the service knew how to make appropriate referrals to the local authority safeguarding team, when required. The provider knew they must send notifications to us about any safeguarding incidents.
- Appropriate action was taken to keep people safe at the service when safeguarding issues arose

Assessing risk, safety monitoring and management

- People were kept safe and the likelihood of injury or harm was reduced.
- Risk assessments were in place for a range of situations, such as using the kitchen, the potential to self-harm and going out into the community. These assessments had been kept up to date. Appropriate measures were put in place where risk assessments identified potential hazards.
- Staff undertook training in safety systems, processes and practices, such as first aid, moving and handling and fire safety.
- The premises were maintained well. We saw records to show gas and electricity supplies were safe and there were appropriate fire prevention measures in place. Fire alarm and emergency lighting were tested during our visit by an external company. They told us they visited the service every week to complete these checks. Equipment for assisting people to move was serviced, to ensure it was in safe working order.

Staffing and recruitment

- People were supported by staff who had been recruited using robust processes. There were staff available to support people when they needed assistance.
- Pre-employment checks included a check for any criminal convictions or inclusion on lists of workers unsuitable to support people at risk.
- Staff rotas were in place to ensure there was appropriate support for people. One to one support was provided where people required this. The registered manager planned ahead according to who would be staying at 9 Allenby Road. For example, if anyone required nursing support, this was arranged in advance using an external agency.
- There were emergency back up and on call arrangements for staff to gain support out of hours.

Using medicines safely

- People's medicines were managed safely.
- There was training for staff on safe medicines practice. Staff were assessed before they administered medicines on their own.
- There was safe storage of medicines. The room temperature was monitored to make sure medicines were

stored appropriately. Records of medicine administration were in good order.

- Some medicines were prescribed to be given 'as required'. Protocols had been written on when to give these medicines for all but one instance we came across. This was addressed during the inspection.

Preventing and controlling infection

- People were protected from the risk of infection at the home.
- There were procedures and training for staff on infection prevention.
- Staff had access to personal protective equipment.
- Appropriate arrangements were in place to manage laundry. The premises were kept clean and hygienic throughout. A relative commented "It's always spotlessly clean."
- The service had been rated the highest award of 'very good' by the Food Standards Agency. This showed there were very good food hygiene practices in place.

Learning lessons when things go wrong

- The provider and registered manager took appropriate action when things went wrong, to improve standards at the home.
- Appropriate action was taken if people had accidents. Records were kept showing the actions taken by staff.
- The service received information about national and local safety alerts, so action could be taken, if required, to protect people from avoidable harm.

Is the service effective?

Our findings

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

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

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

- People's needs were assessed by the service. Assessments took into account physical and mental health needs and any needs related to disabilities, communication and culture.
- Relatives told us the service met their family members' needs well. This included supporting people with behaviours which challenge. One relative commented "They understand (name of person), they've known him so long they know how to calm him."
- Care plans were written to document people's needs. It was not always clear if people had been asked about their choices and preferences for how they wished to be cared for. For example, if people had a choice of the gender of staff who supported them or particular routines which were important to them.

We recommend people's choices and preferences are clearly recorded in their care plans.

Staff support: induction, training, skills and experience

- People were cared for by staff who received appropriate support, training and supervision.
- People who used the service and relatives felt care workers had the skills and knowledge to meet care needs.
- New staff completed an induction before they work unsupervised. New workers completed the Care Certificate. The Care Certificate consists of a set of national standards which health and social care workers need to demonstrate in their roles.
- Probationary reviews were held before staff were confirmed in post, to ensure they worked to acceptable standards.
- Staff told us they felt supported through supervision and training. Staff meetings took place regularly to share and discuss ways of working and improving standards of care.

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

- People's nutritional needs were effectively met.
- People's nutrition and hydration needs were identified in their care plans. For example, one person's care plan contained information about their allergies.
- People were referred to relevant healthcare professionals where there were concerns, such as speech and language therapists.
- Fresh fruit was available to people.
- One relative commented their family member "Loves the food."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well together and with external agencies such as the local authority, GPs and community team for people with learning disabilities.
- Staff handovers and other methods were used to share information about people's welfare.

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

- People were cared for in a home which was appropriately adapted and designed to meet their needs.
- The garden had been re-designed and landscaped to provide attractive and accessible outdoor space. This included raised flower beds and a sensory area.
- Furnishings were homely and comfortable.
- The building was designed for its purpose and had been fitted with any adaptations and equipment people needed, such as ceiling hoists and a walk-in shower.
- Each bedroom was single and situated close to toilet and bathroom facilities.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to be healthy and to access a range of healthcare services.
- Care plans identified any support people required to meet their healthcare needs.
- Records showed the service referred and liaised with other agencies about people's care.

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 service was working within the principles of the MCA.
- People were asked to give consent wherever possible. For example, staff asked and waited for a response before they entered people's rooms.
- Applications were made to the local authority where people could not consent to their care. Documentation was in place to confirm this. The registered manager notified us of the outcome of these referrals.
- Staff received training on the MCA and DoLS, to keep their skills and knowledge in this area up to date.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 were happy with the care and support they received and felt they were well treated.
- We read thank you cards and compliments about the service. Feedback included "Excellent and much needed service for (name of person). She very much enjoys it." Another relative thanked staff for "Your warmth, care, kindness and hard work."
- We saw staff treated people with respect. They answered questions patiently and politely and spoke in a professional manner when they talked with us about people's needs and requirements.
- Feedback from relatives we spoke with included "The staff are lovely. They talk to (name of person), they give her the bedroom she likes best, they see to her needs. They really do a very good job."

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

- People were involved in decision-making about their care and had opportunities to express their views.
- Residents' meetings were held and minutes kept. The registered manager told us about some of the changes that had been made or were about to be made as a result of listening to people. These included installing Wi-fi and plans to purchase an internet-enabled television.
- Minutes of residents' meetings did not show how people with communication difficulties contributed to the meetings or showed agreement with discussions. The registered manager gave examples of how people's body language and facial expressions were interpreted. However, these were not noted in minutes.

We recommend best practice is followed in recording the views of people with communication difficulties.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected and they were encouraged to be independent.
- Relatives said the support people received helped them to be as independent as they could be. We saw people involved in the kitchen at breakfast time. Staff said people were encouraged to do things for themselves wherever possible, such as bringing their washing to the laundry.
- The registered manager provided a couple of examples of where they had worked with people to increase independent living skills, communication and other skills. This enabled those people to move on to more independent accommodation in the community, such as supported living premises.
- Care plans and other records reflected a dignified approach to supporting people.
- People had been supported to look well-presented.

Is the service responsive?

Our findings

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

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

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

- People received personalised care.
- Care plans were in place for each person. These identified people's needs in relation to a range of areas including protected characteristics under the Equality Act (2010), such as age and disability.
- Reviews were held to check people received the support they required. We noted one person's care plan had not been updated after their review in September 2019. This was brought to the registered manager's attention for them to make the necessary changes.

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.

At our last inspection, we recommended the provider consider training more staff in the use of alternative communication methods, like Makaton. Makaton is a language programme used by people with learning disabilities, which uses symbols, signs and speech to enable communication. At the time of our visit, the provider had not made improvement. However, dates for staff training were confirmed with us after the visit took place.

- People's communication needs were assessed as part of their initial and on-going care needs assessments.
- Easy read and pictorial formats were used to make information more accessible. Photographs were also used. We were shown pictorial cards which were used to facilitate communication, such as showing different emotions to express how people felt.

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

- People were supported to keep in contact with their relatives and friends.
- People were supported with activities inside and outside the home. The people we met attended a nearby day service during the week.
- A relative told us "They really go out of their way to make it nice for people at weekends. For example, they have barbeques, go to the park, the cinema. They do baking." One person told us "I like going into town."
- Relatives told us how important the service was to them, to enable them to have time off from caring to

socialise and spend time with other family members.

Improving care quality in response to complaints or concerns

- There were complaints procedures for people to use. None of the people or relatives we spoke with had any concerns about the service and how people were cared for.
- Records were kept of any concerns or complaints. These were few in number. We could see appropriate action was taken in response to these.

End of life care and support

- The service was not providing palliative care or end of life support at the time of our visit.

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The feedback we received about the service showed it provided effective and compassionate care to people and supported them to be as independent as they could be.
- Relatives spoke positively about the service and how it provided care to people. One relative said "If I had to rate it out of 10, I'd give it 24 out of 10! It's like a second home to (name of person)." Other relatives told us "I can't fault them in any way. They care for the whole family" and "I can't praise them enough...it's been brilliant."
- There was good teamwork at the service.
- One member of staff told us "It's a good place to work." Another said "I'm very proud of Allenby Road."

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

- Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The provider was familiar with this requirement and was able to explain their legal obligations in the duty of candour process.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People were cared for in a service where staff were clear about their roles and what was expected of them.
- There was a registered manager in post. They understood their responsibilities towards meeting the regulations. They had notified us about incidents which had occurred during, or as a result of, the provision of care and support to people. We could see from these notifications appropriate actions had been taken.
- We received positive feedback about how the registered manager ran the service. A relative commented "(Name of registered manager) is the best manager they've ever had there. She knows what she's doing, she's outstanding." A community professional told us "(name of registered manager) has been very professional and has provided me with all the information I have required when asked. She has kept me in 'the loop' of all discussions...also conversations with the family. (Name of registered manager) has been

very accommodating for the person and the family and the feedback I have received from the family has been good."

- Monitoring took place to ensure people received safe and effective care which met their needs. This included audits and service monitoring visits by the external line manager.
- Sensitive information was stored and handled in line with data security standards.

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

- The service engaged and involved people who lived at the service, staff and the public.
- Staff knew how to raise any concerns about people's welfare. There was a procedure on how to raise whistleblowing concerns.
- Staff were supported through regular supervision.
- There were links with the local community. For example, the premises were used by a nearby day service, to help people develop independent living skills. We also saw the mayor had been invited to and attended the service's open afternoon.

Continuous learning and improving care; Working in partnership with others

- Improvements were made as a result of quality assurance processes and feedback.
- The service worked with other organisations to ensure people received effective and continuous care. For example, healthcare professionals and the local authority.