E Nanayakkara

Allendale House

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

This inspection took place on the 8 November 2017 and was unannounced.

Allendale House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides accommodation and personal care for a maximum of 20 older people, some of whom may be living with dementia. It is located close to the centre of the market town of Hedon, in the East Riding of Yorkshire, and within walking distance of shops, leisure and health services. At the time of our inspection there were 16 people using the service.

We last carried out a comprehensive inspection of this service on 25 August 2015. At the last inspection we rated the service overall Good with requires improvement for the key question "Is the service safe."

We recommended the registered provider ensured people always received their medication safely according to the policy, which should include information on administering medicines safely, and whenever possible in private to maintain peoples' dignity. At this inspection we found improvements had been made. We found the service remained Good overall.

At the time of our inspection the service did not have a registered manager. The manager in post was in the process of applying to become the registered manager and an application to register with the Care Quality Commission had been submitted in October 2017. 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.

Recruitment processes were safe and staffing levels were sufficient to meet people's needs.

Staff knew how to keep people safe and understood their duty to protect people from the risk of abuse. Risks were managed so that people were protected from avoidable harm.

There were systems in place to ensure people's medicines were safely managed. We found people received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received food and drink according to their needs and were also supported by health and social care professionals when required.

We observed positive interactions between people and staff. People told us staff were kind and caring towards them and the care they received was good.

Each person had a care plan that was suitably detailed to ensure they were at the centre of their care. People's care and support was kept under review and, where appropriate, they were involved in decisions about their care.

People told us they were happy with the activities organised at the service. People were aware of how to raise any concerns they had.

There were effective systems in place to monitor the quality of the service to ensure people received a good service that supported their health, welfare and well-being.

Further information is in the detailed findings below.

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.

Improvements had been made to the administration of medicines, maintaining people's dignity and infection control procedures.

People told us that they felt safe living at the service. Staff received training to protect people from abuse and procedures were in place to ensure staff reported any concerns.

Staff were recruited safely and there were sufficient numbers of staff employed to ensure people received the care and support they needed.

The environment had been maintained in a clean and hygienic condition.

Is the service effective?

Good

The service remained effective.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Good

The service remained well led.

Allendale House

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 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 was carried out on 8 November 2017 and was unannounced.

The inspection team was made up of two inspectors and one expert by experience (ExE) with experience of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We did not ask the provider to complete a Provider Information Return (PIR) before this inspection. 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.

Before our inspection we reviewed all the information we had about the service, including notifications sent by the provider to inform us of events that had occurred at the service. We also looked at the last inspection and spoke with the local authority commissioners and the safeguarding team.

During our inspection, we spoke with five people who used the service and two visiting relatives. We spoke with the manager, deputy manager, four care staff and one ancillary member of staff.

We were shown around the building and looked at communal areas and, with people's permission, some private bedrooms. We observed interactions between staff and people who used the service throughout the inspection.

We reviewed the care records for two people who used the service. We also looked at seven people's medication administration records, accidents and incidents, maintenance and other records relating to the management of the service such as staff duty rotas, meeting minutes, health and safety records, and training records.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person told us, "I love it, everything – the food and the people." Relatives we spoke with did not have any concerns about the staff and felt the service was safe. One said, "Absolutely, [Name of relative] seems happy and content. I know they are getting cared for, you see it around how much care they give. They have been prone to falling but they have put in place safeguards - alarmed pads, they are sat on one and have a guard on their bed."

We found that staff had a good understanding of safeguarding procedures and how to keep people safe. Staff were able to describe different types of abuse and what actions they would need to take following a disclosure. They had confidence in their management to support them effectively with this but understood whistleblowing procedures if they were not satisfied with the actions taken/put in place.

People told us there were enough staff to look after them. One person told us, "It's hard work for the ones (staff) that are in on a weekend, but things are much better than they used to be." We looked at the last two weeks staff duty rotas and saw staffing levels indicated on the record matched the number of staff who were working during our inspection.

We looked at three staff files and saw checks had been undertaken before staff started working for the service. Checks included written references and criminal records checks.

We looked at how the service managed risk. Individual risks had been identified in people's care plans which informed staff how to keep people safe. These were reviewed and updated to reflect any changes in people's needs. There was a clear process in place for the recording of accidents. Information was detailed and recorded what actions were taken following an accident.

The premises were well maintained. The provider had processes to manage environmental risks, this included regular risk assessments and testing and servicing of equipment. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, hoists and fire extinguishers.

We made a recommendation at the last inspection of the service around medication practices. Although medicines were administered in a safe way we felt that it was not in line with infection control practices and also respecting the person's privacy and dignity. During this inspection we found that medicines were administered safely, in line with infection control procedures. We observed staff wearing gloves whilst administering medicines and that people had their dignity respected whilst receiving their medicines.

People had individual medication administration records (MAR) in place. We found that these records were accurate and kept fully up to date.

Procedures were in place to store medication safely. On the day of inspection we found one medication trolley was not locked to the wall and the external door to the medication trolley was not locked. We spoke to the manager about this and they advised that this was not usual practice and would speak to all staff on

duty.

Temperature records were taken to ensure that medicines were stored at the correct temperature to remain effective. We found that when the medicines room was too hot staff were unclear about the process to follow to ensure the medicines were kept at the right temperatures. We discussed this with the manager who agreed they would implement a clear process advising staff of the necessary action to take.

Infection control procedures were visible. All bathrooms and toilets displayed infection control posters ensuring everyone was aware of effective hand washing processes and the importance of infection control. Liquid soap and paper towels were available for hand washing. Staff had access to the use of Personal Protective Equipment (PPE) including plastic aprons and gloves. Staff informed us that they had recently attended infection control training. Records we reviewed confirmed this.

Good

Is the service effective?

Our findings

People continued to receive effective care and support from staff that regularly received training to meet their needs. Staff spoke positively about the training they received and confirmed it enabled them to carry out their roles and responsibilities. One member of staff told us, "It's brilliant now, the moving and handling training was fantastic." Another said, "Training is really good."

Records confirmed staff training included for example, safe people handling, medicines in care homes, MCA/DoLS, safeguarding and equality and diversity. The staff files we reviewed showed training was kept up to date which meant staff were equipped with current guidance to put into practice.

There was evidence of a supervision and appraisal system in place for the staff team. Supervisions had been carried out at regular intervals throughout the past year.

People who lack mental capacity to consent to arrangements for necessary care can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (2005) (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where restrictions on people's liberty had been identified, the appropriate applications had been submitted to the authorising authority.

When we spoke to staff they had a good understanding of the principles of the MCA. Some staff told us that they had been involved in best interest meetings. One told us, "I attend the best interests meeting along with the manager, the General Practitioner (GP) and also the relevant person's representative (RPR)."

We saw staff asking people for consent prior to carrying out any care tasks and we were able to see that care plans held people's consent to their care. The care plans we reviewed contained a risk assessment for dental health. This document considered the person's capacity to make decisions around emergency dental work and recommended were appropriate best interests decisions to be made. We also saw that the service held the documentation for relatives who had power of attorney (POA) for those people who were unable to make decisions for their care.

People's care plans revealed multi-agency working with speech and language therapists (SALT), GPs, district nurses, chiropodist and dentists. People confirmed their health care needs were met in the service. One person told us, "If I wanted to see a doctor I'm sure they (staff) would get one." A relative said, "If (relative) is ever off colour they are on the ball in getting a doctor in if they suspect anything. They recently had a check-up with the dentist."

People told us how much they enjoyed their meals in the service. One person said, "It's excellent (the food). I'm too full for words. There are some marvellous meals, they've built me up from 6 stone, the last time I was weighed I was 10 stones 10lbs. The rice pudding (served for dessert during the inspection) was beautiful. The cook is smashing, always comes and sees what I like." A relative told us, "[Name] does get sufficient. They are sometimes reluctant to drink but they (staff) monitor it and they're always bringing different drinks to try

and tempt them."

The dining area was equipped with modern wooden tables and chairs and a menu was on each table. One side listed the food available that day and the reverse had photographs of the dishes. Most people came to the dining room at lunch time but were able to eat in their room if they preferred. People sat at the tables with people they had chosen to share their meals with. Staff paid particular attention to maintaining people's dignity during their meals. For example, we saw clothes protectors were provided where considered necessary, with consent being sought appropriately from people. Consideration had been given to individual appetites with some plates having larger portions than others.

We saw there was no choice of main course at lunch time but the menu stated, 'If you would like an alternative to the menu of the day please ask.' It was made clear to us from talking to people that an alternative dish would be made available if required. One person said, "The food is very nice, they always fit me in if I don't like it, they know what I like and don't like, they show me where everything is."

The service was maintained with people's needs in mind. For example, there were clear brightly coloured signs around key areas of the building to help people orientate themselves, such as the garden, toilets and bathrooms. People's bedroom doors contained signage showing their name in bold text and a photograph of the occupant. No one appeared to have difficulty finding their way around the service.

Good

Is the service caring?

Our findings

People told us they were supported by kind and caring staff. Comments included, "They (staff) are lovely, they are like my own daughter – it's just like a family here" and, "Very good. They help as much as they can, I wouldn't have been able to cope at home by myself – I've settled in very well."

We saw people's support was managed by staff so that people were treated with compassion and in a dignified way. During the inspection we witnessed staff speaking to people with dignity and respect and we observed them knocking before entering rooms.

People told us staff made sure that toilet and bathroom doors were kept closed when they attended to their personal care needs. One person said, "They always cover me up (when supporting with personal care)." A relative told us, "The door is closed when (relative) is on the commode or they are getting dressed, they (staff) are discreet."

The staff we spoke to were able to describe how they respected people's privacy and dignity. Staff talked about 'shutting the curtains and making sure the doors were closed.' One member of staff told us, "I always imagine if it was my mum laid there how she would feel."

Staff we spoke with had a good knowledge of people and spoke about them in a caring, considerate way. Staff were able to talk to us about what people enjoyed doing. We observed one person colouring in the lounge. A member of staff told us that the person liked to do this and also liked singing. They said, "If you start the song off [Name] will join in with you."

All of the interactions we observed between people and staff were caring and polite. It was clear that people had a good relationship with the staff. For example, we saw one person was not feeling very well. Staff regularly checked how they were feeling and, after lunch, suggested the person might like to have a lie down. The person agreed this was a good idea and a member of staff accompanied them to their room.

We observed that people made choices and decisions about their lives and staff respected these decisions. For example, people chose their meals, what time they got up, when they went to bed and how they spent their day. Some people used communal areas of the service and others chose to spend time in their own rooms. One person told us, "I do what I like, I go out every day." Another said, "You've got to be a bit reasonable. I'm quite satisfied – nobody interferes."

Staff had a good understanding of protected characteristics and talked about promoting people's individuality. We were told about one person who followed a religion and how this has been supported whilst living at the service. The person had regular visits from the local religious leader and other members within the church. We also spoke with a member of staff who told us they had engaged the person in conversation about their religion and arranged for gifts to be brought back for them from a religious pilgrimage.

People kept in touch with their friends and relatives. They were able to visit at any time and we saw during the inspection they were made welcome. People could see their visitors in communal areas or in their own room. We saw one person had their own phone in their room. A member of staff told us another person had relatives living abroad and at a pre-arranged time they brought their electronic tablet in so the person was able to Face Time their relatives. Face Time is a video and audio calling service.

Good

Is the service responsive?

Our findings

We asked people and their relatives if staff were responsive to their needs and knew their likes and dislikes. One person told us, "Oh yes, if I don't like something I soon tell them." A relative said, "They (staff) do everything they can for them (people)."

We found people had personalised care plans in place. We saw care plans and risk assessments were reviewed on a regular basis which meant staff had detailed up to date information and guidance. The plans we reviewed contained clear direction as to how to support a person and included information on their mobility, skin integrity, social and leisure interests, dietary needs and medicines.

The service held separate records about whether a person had a DoLS in place. Information we reviewed also recorded if the person had a 'do not attempt cardio pulmonary resuscitation' order (DNACPR), which is a legal form to withhold cardiopulmonary resuscitation (CPR). This meant staff were provided with the most current information on people's health and care needs.

Staff displayed a good knowledge of people's needs and could clearly explain to us how they provided support that was individual to each person. Records we reviewed contained details about people's life history, their likes and dislikes and what was important to each person. For example, we saw one person's plan stated, '[Name] enjoys 60's music, and can often be found tapping their feet to the music being played on the radio'. Another person's plan included clear information about how the person displayed pain or discomfort, the plan said, '[Name] will go off their food and drink, will not engage in any activities and will keep their head down and not acknowledge any requests.' This showed the service had gathered personalised information to guide staff to deliver support that was responsive to people's needs.

People told us and evidence showed they were supported to maintain their interests and hobbies, both in the service and in their local community. During the inspection a visit to a local pop-in café was scheduled for one person. We saw the person was supported to attend the café and then decided they did not want to stay. The person's wishes were respected and they were brought home. People visited the local pub or the British Legion on a Thursday afternoon where there was entertainment. Some people visited the local library once a month for a reminiscence/memory session. We saw a display of craft work on a wall in the dining area together with lots of photographs from the last Christmas party, a visit from the Zoo Lab and other events that had taken place. This meant people were supported, where they were able, to remain connected to their local communities.

We saw a list of activities displayed near the entrance area. We noted this was not very prominent and was in a small font. We spoke with an activity worker who told us this was a guide and they would tell people what was planned each day. One person told us, "I've got a lot of friends here, there are a lot of curricular activities, and I play bingo." Another said, "[Name of activity worker] comes up on a Tuesday or a Friday, I like the quiz and they bring it upstairs for me as I don't like going downstairs." The person showed us a hat on the wall in their room which contained lots of badges and stickers they had received as prizes for quiz wins.

The service provided some activities and stimulation for people living with dementia. For example, we saw an external company visited the service on a monthly basis to provide activities and stimulation which was specifically aimed to benefit people living with dementia. The service had a 'Music box' which contained a range of musical instruments and twiddle-muffs. A Twiddle-muff is a double thickness hand muff with bits and bobs attached inside and out. It is designed to provide a stimulation activity for restless hands for people living with dementia.

Staff were knowledgeable about people's individual care needs and preferences. For example, one person spent their time with two dolls which they kept in a cot in their own room and another person we observed spent a lot of time colouring. The person had an ample supply of drawing materials to keep them occupied.

The garden area was a reasonable size and made up of part patio and part lawned area. It could easily be accessed through the communal lounge/dining area and was well equipped with seating. We saw a number of colourful decorations and ornaments around the garden. One person told us, "I like sitting in the garden."

There was a process in place to respond and deal with complaints. People we spoke with told us what they would do if they wished to make a complaint. One person said, "I'll ask to see [Name of manager] and it mostly gets sorted." Another told us, "If I wasn't being treated right I'd get your (CQC) address or something and be in touch." We saw that there had been no complaints raised since our last inspection.

We saw in the past people had been supported to remain in the service where possible if they required end of life care. Staff had done training on this subject. No one living in the service was receiving end of life care at the time of inspection.

Good

Is the service well-led?

Our findings

The manager in post at the time of this inspection was in the process of applying to be registered with the Care Quality Commission and an application had been submitted in October 2017. Support was provided to the manager by a deputy manager and the provider, in order for them to support the service and the staff.

People and their relatives told us they thought the service was well-led by the manager. One person said, "My sight isn't very good, they (manager) do come and see me, I can't remember their name though." A relative told us, "Yes, (manager) is lovely, very approachable." When we asked staff if they thought the service was well led, comments included, "Whatever the problem is (manager) works it through with you" and, "The managers work really well together. We are all one big team with one goal."

People looked relaxed and comfortable during our time at the service. One relative told us they thought the culture of the service was, "Very good. A very homely place, it feels a safe environment, all their needs seem to be met and there is good interaction between staff and residents." Another told us the service was, "A warm, friendly place with good staff and good care."

We observed that the staff worked well together in a professional and friendly way and assisted each other as needed. The staff we spoke with told us they enjoyed working at the service. One member of staff told us, "The manager has a lot of empathy. There is an open door policy now."

The service worked in partnership with other organisations to make sure they were following current best practice, providing a quality service and the people in their care were safe. We saw from people's care plans these included GPs, nurses, social workers and DoLS assessors.

The manager held staff meetings and meetings with people who lived in the service. These were part of the quality monitoring system. Minutes of service user meetings demonstrated how people were able to express their views. We saw evidence of this taking place monthly and these were well attended. Discussions included any feedback on food options, any recent trips and activities that people had enjoyed or would like to see more of and if anyone had any concerns. Those unable or unwilling to attend the meeting were consulted with in their own rooms and their feedback was captured. The manager also requested regular feedback from people and their families. We saw the most recent feedback from October 2017 included positive comments which included, 'The service provided is good and the staff are polite' and, 'I like the people at Allendale House.'

Regular audits were completed by the manager and deputy manager. We saw checks on care plans, medication, documentation, nutrition, and any defects in the service. Audits included clear corrective actions which were followed up. These quality assurance activities had resulted in a number of improvements to the service. Amongst these, a new lock had been highlighted as needed for a conservatory door; we saw this had been replaced.