

# Bondcare Willington Limited

# Allington 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

### About the service

Allington House is a residential care home that provides accommodation and personal care for up to 49 people, some of whom were living with dementia. On the day of our visit there were 46 people using the service.

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

People were happy living at Allington House and felt safe. Appropriate safeguarding procedures were in place to protect people from abuse. Staff were confident any concerns raised would be taken seriously by management. Medicines had improved; however, work was still needed to make sure staff made clear records, so they could be understood.

There were enough staff to meet people's needs and staff were recruited safely. Staff received appropriate training and support to enable them to carry out their role effectively. 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 home supported this practice. People were happy with the food provided

We have made a recommendation about up to date guidance for kitchen staff and updating the menus to include all preferences.

Staff were caring and treated people with kindness. People were treated with dignity and respect.

People had clear, detailed and person-centred care plans, which guided staff on the most appropriate way to support them. People received kind and compassionate end of life care.

There was a clear management structure and staff were supported by the registered manager and provider. Quality assurance systems were now completed in a robust and consistent manner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 22 August 2018) and there were multiple breaches of regulation. 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 not always 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 ●

# Allington 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 team consisted of one inspector, one assistant inspector 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.

#### Service and service type

Allington House 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

The first day of the inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). 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. The PIR was completed prior to the last inspection but still provided relevant details. We received feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 13 people who used the service and three relatives about their experience of the care provided. We spoke with 10 members of staff including the regional support manager, registered manager, deputy manager, training manager, senior care worker, care workers, activity coordinator and the cook.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

# Is the service safe?

## Our findings

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and work was needed to make sure medicines were stored and administered safely. 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.

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.

### Using medicines safely

- We found improvements to the management and storage of medicines. Concerns we found at the last inspection had been addressed.
- Medicines were administered safely. However, records that staff made were not always clear. For example, some staff were recording when a medicine was administered and the quantity given, others were not, therefore it was hard to reconcile the amounts in the home.
- The provider had introduced topical medication administration records. Some of these records were pre-populated with dosage times that were not the same times as prescribed. The deputy manager removed and replaced these immediately.
- One person received their medicines covertly (hidden) this was managed in the persons best interests and all recorded correctly with exceptional detail.

### Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded in their care plans and updated when people's needs changed. Risk assessments were in place for areas such as falls, smoking and self-neglect and provided information on how to mitigate the risk.
- Where people were at risk of malnutrition and dehydration, we saw clear and up to date information within their risk assessment with guidelines from the Speech and Language Therapists (SALT) on how the food should be prepared and if drinks needed to be thickened. Monitoring charts for people's food and fluid intake were in place. Although people were receiving plenty of fluids, the target fluid intake had only been recorded in the care plan but not on the fluid intake chart.

### Preventing and controlling infection

- There were systems in place to ensure people were protected from the risk of infection. The home was clean and free from bad smells.
- Staff used effective infection control procedures. We saw staff using personal protective equipment and good hand washing techniques.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and secure living at Allington House. One person said, "I feel secure here."
- There were robust processes in place for investigating any safeguarding incidents. We saw records which confirmed where abuse was suspected, action had been taken immediately and thoroughly investigated. There were systems in place to ensure any concerns would be reported to CQC and the local safeguarding team when needed.
- Staff were knowledgeable about safeguarding processes and how to raise any concerns, internally and externally.

Learning lessons when things go wrong

- Accident and incident analysis were in place and appropriate action taken to avoid reoccurrence.

Staffing and recruitment

- Staffing levels were sufficient to meet the needs of the people living at the home.
- Recruitment checks had been completed to ensure new staff employed were suitable to work at the home. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- We raised concerns about the lack of diet controlled diabetic puddings and vegetarian options on the menu. Two people living at the home were vegetarian and their choices were limited. For people who were diet controlled diabetics, their pudding option each day was sugar free yogurts.
- We spoke with the cook who, although passionate about what they did, demonstrated little knowledge regarding up to date guidance for people who required specific adapted diets. We were also provided with conflicting information about who prepared fork mashable meals. We discussed this with the registered manager who stated they had already recognised a training need for staff. They had developed a form which included the new guidance and were in the process of laminating it for the kitchen. They had also sourced training and were in the process of arranging this.

We recommend the provider updates the menu to include all dietary needs and obtains training on up to date guidance for staff.

- People were very happy with the food provided and they themselves raised no concerns. Comments included, "The food is good, better than I could cook" and "Food is very good, you never go hungry." People chose where they wished to eat their meals, and this was respected.
- Food stations were set up around the home which had juice, fresh fruit, biscuits, cakes and savoury snacks. One staff member said, "I am going to theme this on a weekly basis, such as make everything (not food) blue, such as blue balloons, cloths etc. I feel people are not seeing the stations anymore and I want to keep bringing it to their attention."

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

- We saw improvements had been made to the environment with homely touches such as pictures, people's artwork and appropriate pictorial information to help people navigate the building.
- People could access different communal areas and an enclosed outside space.
- People had personalised their own rooms how they preferred them.

Staff support: induction, training, skills and experience

- Staff were inducted safely, they completed shadow shifts and the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- Staff received regular support through supervisions and a yearly appraisal.

- Staff told us they received appropriate training and records confirmed this. One person who used the service said, "Staff are good, well trained."

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

- Everyone who moved into the home on a respite or permanent basis had an assessment of their needs before starting to live at the home. This ensured they had access to appropriate resources and the home could meet their needs.
- The information from people's assessments was the basis for the care plan. Care plans were reviewed monthly or more often if required.
- Staff talked about people's individual needs and explained how they provided the support people needed. Staff knew people well and encouraged them to make choices and decisions about their day to day support and care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There were good links to external health and social care professionals and visits or appointments were made when needed.
- Care records showed other professionals were involved in people's care and were consulted to make sure people's health care needs were met.

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.

- Where people needed to receive their medicines covertly, we saw detailed MCA assessments and a best interest meeting had been held with the person, their representatives/relatives and external health care professionals.
- Staff had completed MCA training and ensured people had choices and could make decisions.
- People had their capacity assessed and applications for DoLS had been made appropriately. At the time of the inspection 17 people had a DoLS in place.

# 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 good. 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

- Without exception, people who used the service were complimentary about the attitude and kindness of the staff. Comments included "All the staff are amazing, the care here is overwhelming" and "The staff are brilliant, I cannot praise them enough."
- Staff were observed providing respectful, kind and considerate care. One relative said, "They treat [named person] with dignity and respect."
- Staff knew people's preferences and how they preferred to be supported. For example, one person was extremely private and did not like to be monitored in any way. Staff had worked out an agreement with the person, so they could make sure the person was safe and cared for but with minimum interruption.
- The service has an equality and diversity policy and we saw evidence to show staff supported people's individual and diverse needs. One staff member said, "We treat everyone the same no matter who they are."

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

- People were involved in decisions around their care. For example, they chose who they wanted to be their key worker.
- A resident of the day system had been put in place in which staff discussed the person's care plan with them and any preferences they had.
- Meetings for people who used the service took place regularly and people were asked for their views and to share ideas.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- We observed staff knocking on doors and requesting permission to enter.
- Staff knew the people who didn't like to be disturbed, these people kept their doors shut and staff kept any visits to a minimum.

# 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 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 received care and support which was focused on individual needs, preferences and routines.
- People had details about their previous jobs, achievements and things important to them as part of their care plans.
- Care plans documented people's goals. For one person their goal was to keep their room free from clutter and to be tidy.

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.

- People's communication needs were identified and recorded in their care plans. For example, one person's care plan stated, 'Staff to use a physical approach with [person's name] using hand under hand touch, as this is important to [person's name], don't touch until you have given a visual and verbal clue, don't approach from behind and always mirror [person's name] emotions, such as if they are laughing you laugh.' The record went on to say how the person's communicates, such as they will touch their head saying 'ouch' if they had a headache. This information was shared appropriately with others, including professionals.

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 said they enjoyed the activities on offer. The activity coordinator kept an album of photographs of all events and activities which took place.
- During the inspection a singer came in and local nursery children to visit and play games such as hungry hippos or skittles and do arts and crafts and Play-Doh.
- People went out regularly, such as to the local shops and also enjoyed the inhouse activities. One person said, "I join in everything I love the activities."

Improving care quality in response to complaints or concerns. The provider had systems to analyse complaints and concerns to make improvements to the service.

- The provider had systems in place to analyse complaints and concerns to make improvements to the service. All complaints had been actioned.
- Information relating to how to make a complaint was readily available throughout the service. At the time of our inspection the registered manager had no ongoing complaints

- Everyone we spoke with said they were very confident if they ever had any concerns these would be dealt with professionally.

#### End of life care and support

- Staff had received training to support people as they neared the end of their lives.
- People's end of life choices were recorded in their care plan if they had chosen to share this information.
- We observed one person who was receiving end of life care was never alone, if family were not there a member of staff always sat with them.
- A relative said, "My mam lived here for over five years and died just before her 100th birthday. The fire brigade were booked in to help celebrate her 100th birthday [her choice] but her health deteriorated, the staff arranged for the fire brigade to come straight away. She had great fun, wearing the helmets holding the radios etc. She died not long after. When it would have been her 100th birthday the service still celebrated it and invited all the family to a party. The staff here are marvellous, they couldn't do enough, and I can't thank them enough."

# 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. The service was consistently managed and well-led. Leaders and the culture they created promoted person-centred care.

At our last inspection the provider had failed to assess or monitor and improve the quality and safety of the service and records were not stored securely. This was a breach of regulation 17 (Good governance) 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 17.

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

- Staff were knowledgeable and enthusiastic about their working roles. All staff had a clear understanding of their job roles and how to provide safe, responsive and effective care. One staff member told us, "The managers involve you and allow you to have initiative, I feel valued."
- The registered provider had systems and procedures to monitor and assess the quality and safety of their service. Audits were used to assess standards and drive up improvements. We saw these were regularly completed and reviewed.

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

- People and relatives said there was a friendly and relaxed atmosphere at the home. Our observations confirmed this. The registered manager and management team positively engaged with people, visitors and staff. Comments included, "I love this place, I know who the manager is, I talk to her every day" and
- Staff worked in all areas of the home which allowed them to have good knowledge of everyone's needs. One staff member said, "I work on both floors, which is great and means I know everyone."

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

- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.
- The management team knew how to share information with relevant parties, when appropriate.
- The registered manager understood their role in terms of regulatory requirements. For example, the registered manager notified CQC of events, such as safeguarding's and serious incidents as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had established forums in place to communicate with people. This included meetings and formal surveys.
- The home worked in partnership with health and social care professionals who were involved in people's care.
- Regular staff meetings occurred; staff said they felt listened to and were able to contribute.
- The registered manager had developed links to ensure the home was part of the community. Children from a local nursery came to mix with people and undertake activities and they had links with the church next door.

Continuous learning and improving care

- The management team were committed to continuously improve the home. They had made some changes and improvements since our last inspection such as changes to the décor and records.
- The management team were open and responsive to our inspection feedback.