

## Allison House Thornaby Limited

# Allison House

### Inspection report

Fudan Way  
Thornaby  
Stockton-on-tees  
TS17 6EN

Tel: 01642675983  
Website: [www.allisonhousethornabylimited.co.uk/](http://www.allisonhousethornabylimited.co.uk/)

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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

Allison House is a residential nursing home providing personal and nursing care for up to 40 people living with dementia. At the time of the inspection there were 40 people using the service.

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

The provider had systems in place to ensure people were protected from the risk of abuse and harm. Staff had completed safeguarding training. Risks to people were assessed and managed. Incidents and accidents and safeguarding concerns were recorded. People's medicines were administered and managed safely. Health and safety checks were regularly conducted.

Recruitment record keeping was not always effective. The registered manager found all the missing recruitment documentation and confirmed appropriate checks had been conducted. The provider had sourced the support of an external recruitment provider prior to our visit. People had enough to eat and drink and had access to specialist equipment to remain independent. The home used innovative ideas to support people with hydration.

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 home had been adapted to ensure people were safe and could be as independent as possible. The provider had plans in place to improve the environment.

People were supported by dedicated, and well-trained staff. People and relatives said staff were caring and kind. The home had a warm friendly atmosphere. Relatives told us they were made very welcome. Staff displayed genuine affection and were kind and considerate when supporting people.

Staff were passionate about making sure people received the best care possible. The provider was responsive to changes in people's needs. Care records were regularly reviewed to ensure records reflected people's needs. People had a range of activities to support their emotional, physical and social needs.

The provider worked with external healthcare professionals to support and maintain people's health. The provider monitored the quality of the service. People, relatives and staff were regularly asked for feedback. The culture of the home promoted positive outcomes for people.

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

This service was registered with us on 16 December 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date the service became registered with CQC.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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** ●

# Allison 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

Allison House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Allison House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the home since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

Some people who lived at the home had difficulty communicating, however, we spent time observing people's daily experiences of the care and support. We spoke with six relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, two nurses, cook, and four care staff. We looked at the care records of three people, a sample of medicines records and other records related to the management of the home.

#### 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Individual and environmental risks had been identified and managed. Risk assessments were in place to support staff to keep people safe.
- People lived in a safe environment. Health and safety checks were regularly completed. A plan was in place to ensure people had continuity of care in the event of an emergency. Fire drills were regularly conducted by staff.
- Accidents and incidents were recorded and investigated. A review to learn from trends or patterns of incidents was limited. The registered manager recognised that improvements were needed and had started to develop the analysis of information across the home.

Staffing and recruitment

- Recruitment records were not complete. Recruitment files did not contain all the records to show appropriate checks had been carried out including application forms, references and DBS checks. Therefore, we could not establish if appropriate checks had been conducted prior to the employment of staff.

The registered manager carried out a review of recruitment files and confirmed all checks had been conducted including DBS checks. The provider had recognised they needed support with recruitment before our inspection and had secured an external recruitment specialist to assist in this area.

- Enough staff were deployed to meet people's needs. One relative told us, "Staff are always there to speak with."

Using medicines safely

- People received their medicines as prescribed. Staff were attentive to people's needs and offered support and reassurance when administering medicines.
- Staff had completed medication training and received regular observations of practice to ensure they remained at the appropriate standard.
- The home followed guidance for the receipt, storage, administration and disposal of medicines. Regular audits were completed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. Staff had completed safeguarding training.
- Safeguarding concerns were investigated and reported to the appropriate authorities.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's nutritional and hydration needs were met by the provider. Equipment was available to support people to remain independent at mealtimes.
- The provider used innovative ideas to support with hydration. One person declined to be supported with fluids and at mealtimes which impacted on their health. The provider introduced water jelly drops, and the person's fluid intake increased.

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

- The home was adapted and decorated to meet people's needs. The premises had wide corridors, communal rooms were bright and well-lit. Reminiscence areas were throughout the home to stimulate conversations, including a tearoom and images of shops.
- The environment supported people living with a dementia. Signage was available to support people to navigate the home.
- People had access to outside areas. There was a garden area which was well maintained, it had been designed to support people with their sensory needs.
- The home was clean and tidy, but in some areas, had a tired appearance and needed freshening up. The registered manager told us a programme was in place for redecoration.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The home was working within the principles of the MCA. When people lacked mental capacity to make

specific decisions, a best interests decision meeting had taken place. On some occasions best interests decisions recorded that only the management team had taken part in the discussion. The registered manager addressed this matter on the first day of our inspection.

- The registered manager had submitted DoLS applications to the local authority in line with legal requirements.

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

- People's needs were assessed before they moved to the home to ensure their individual needs could be met.
- People and their relatives were fully involved in discussions about their care and support with information gathered used to develop care plans.

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

- The home supported people to access a range of healthcare professionals. People were regularly reviewed by external professionals involved in their care.
- Staff supported people with their general health. The provider recognised the importance of oral health on people's well-being. Specific care plans had been introduced and the registered manager arranged regular visits by a local dentist and optician.

Staff support: induction, training, skills and experience

- People were supported by a well-trained and experienced staff team. Staff completed face to face training which the provider had deemed mandatory. One staff member told us, "The training is really good and thorough."
- Additional training was sourced around people's specific needs. The registered manager conducted regular competency reviews.
- Staff were given opportunities to discuss their role and development needs through supervision and appraisal. The registered manager acknowledged that some supervisions had not been conducted but had put an action plan in place to address this.
- Staff were encouraged to develop. Some staff were completing an external care qualification. The registered manager told us that a number of staff had left to pursue a career in nursing.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; supporting people to express their views and be involved in making decisions about their care

- Relatives spoke very highly about how caring and supportive staff were. One relative said, "[Person]'s anxieties have reduced, the staff are amazing." Another relative told us, "[Person] is so loved here, I couldn't praise them more."
- People were comfortable in the company of staff. There was a calm, relaxed, friendly atmosphere and we saw staff taking time to sit and chat with people. Staff were patient with people and did not rush them to respond.
- Staff demonstrated empathy for the people they supported. They recognised what was important for each person and supported them to achieve positive outcomes. One person who previously worked in care was given a clipboard and encouraged to do checks throughout the home.
- Staff had extensive knowledge of people, including their likes and dislikes. This enabled them to engage in meaningful conversations and reminiscence with people, creating a strong bond with them and their families.
- Relatives, people and staff had developed meaningful relationships. There was a warmth between people, relatives and staff. Relatives recalled the close bonds established with staff. One relative told us staff had purchased a wedding anniversary card for them from their partner.
- The registered manager was proactive in supporting relatives. One relative told us when the government introduced the essential care giver role during the pandemic, the registered manager contacted them and encouraged them to apply.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and supported people in a dignified manner. Staff were patient with people and allowed them to take the lead.
- People's personal information was kept secure. Staff understood the importance of maintaining people's privacy when discussing their care and support.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans were person centred and developed around people's needs. These clearly outlined how people wished to be supported.
- The home was responsive to people's changing needs. A common theme with relatives was how staff noticed changes in their family members' health and were proactive in seeking support from healthcare 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 were supported to participate in a range of activities. These included both individual and group activities. The provider celebrated many events throughout the year.
- People enjoyed activities and events in the local community. Staff supported people to access the local pubs, restaurants cinema and theatre. One person told us how much they had enjoyed attending a rock concert. Activities were regularly reviewed to ensure they remained relevant to people's interests.
- Staff supported people to avoid social isolation. Care plans outlined different levels of interaction for those nursed in bed to avoid isolation.
- Staff supported people to maintain important relationships. Relatives told us staff supported them as well as their family member.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The home gathered information about people's communication needs. Staff created an individualised communication tool for one person and described how this had a positive outcome for them.
- The provider offered information in various formats, such as easy read. The statement of purpose was displayed in an easy read format.

Improving care quality in response to complaints or concerns

- The home had a process to ensure complaints were investigated and responded to. Relatives told us they had no complaints but knew how to raise a complaint if necessary.

## End of life care and support

- Staff supported people and their relatives in end of life discussions so their needs and wishes could be met at this important time. One care plan detailed the person's preferred music and care to be offered.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 provider and registered manager were passionate about providing quality care. The registered manager had a visible presence in the home and had a hands-on approach. They led by example and worked alongside staff supporting people.
- The provider was invested in supporting staff via encouragement, a foundation of training and a reward system. They proudly told us how staff went above and beyond during the COVID-19 pandemic.
- Staff were very positive about the registered manager and leadership in the home and they told us they were motivated because they felt valued.
- Staff were enthusiastic and knowledgeable about their roles. Staff worked well together and were supportive.

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 provider had systems in place to monitor the quality of the home. They had plans in place to improve the scope of the monitoring to drive improvement.
- The registered manager had submitted the required statutory notifications to CQC following significant events at the home.
- The provider and manager understood their duty of candour. The provider had an open and transparent culture.

Continuous learning and improving care; Working in partnership with others

- The provider had a clear vision for the home and a passion for people to achieve positive outcomes.
- The home worked closely with health and social care professionals to ensure people received joined up care. The registered manager had developed strong relationships with health care professionals.

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

- People, relatives and staff were encouraged to give feedback about the home.
- Staff had opportunities to express their opinions in supervisions and team meetings.