Allendale Rest Home Ltd

Allendale Residential Home Limited

Inspection report

53 Polefield Road
Blackley
Manchester
Lancashire
M9 7EN

Tel: 01617953051

Date of inspection visit:
02 July 2019
04 July 2019

Date of publication:
19 July 2019

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
Allendale Residential Home Limited is a care home providing personal care to for up to 24 older and younger people and people living with dementia. At the time of inspection, there were 22 people living at the home. There were 16 single rooms and four shared rooms at the home.

People's experience of using this service and what we found
People and relatives felt safe at the home. Improvements to the safety of the home had been made and the registered manager and the provider had good oversight of the home's health and safety. Staff were knowledgeable in describing how to keep people safe and how to report any concerns. The staff were confident, any concerns would be acted up on. Staff were recruited safely. Risks to people were assessed and monitored. Staff were aware of the risk people presented and the strategies to manage them.

People were appropriately assessed to ensure the home could meet their needs. People had access to health and medical support when they needed. Relatives were kept up to date with changes to people's health. Staff received induction and training appropriate to their job role, staff felt the training gave them the skills they needed to carry out their role. The home worked in line with the Mental Capacity Act 2005. People's capacity was assessed, and applications were made to deprive people of their liberty to keep them safe.

People and their relatives felt well cared for. The staff team were described as kind, caring and patient. People were supported to make their own decisions and staff could describe people's personal preferences. The staff team encouraged people to be as independent as possible and relatives praised the staff team for the kind care they gave.

Care plans had improved and involved the person and their family. Relatives told us they were involved in reviewing the care plans and attended an annual review of the care. People had access to a large range of activities both in and away from the home. Activities were person centred and everyone we spoke with told us they enjoyed attending them. The home had received no complaints since the last inspection. The registered manager and provider held good relationships with people and their families and welcomed them to the office to discuss any concerns. People were supported effectively should they be at the end of life while living at the home.

The registered manager and the provider were actively involved in the running of the home. Staff told us they were well supported by both and received regular supervision and appraisal. The manager and provider were aware of their responsibilities of being registered with the Care Quality Commission (CQC). Audits to monitor and improve the service were in place.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 10 July 2018) and there were breaches of regulations. 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.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Allendale Residential Home Limited

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.

Allendale Residential Home Limited 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.

This inspection was unannounced.

What we did before the inspection
Before the inspection, we looked at notifications the provider had sent us and spoke with the local authority who did not provide any concerning information.
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
During the inspection we spoke with the registered manager, the care manager and the provider. We spoke with three staff members, three people living at the home and four family members.

We looked at three care plans and associated records, eleven people's medicines records and medicines. We looked at information in relation to the health and safety of the home, the meal time experience and activities. We also looked at audits to monitor and improve the home. We reviewed three staff recruitment files and supervision and training records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

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

This meant people were safe and protected from avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

At our last inspection, the stairwell was not safely monitored, the sluice room was left unlocked and the provider had not taken reasonable risks to protect people from contracting legionnaires disease. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Also, we found the provider did not ensure staff were of good character or have the competence or necessary experience for the work to be performed. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12 and regulation 19.

Assessing risk, safety monitoring and management

● Risks to the safety of the home were regularly monitored and reviewed. Improvements to access of the fire escape meant vulnerable people could no longer access it unless it was an emergency evacuation. Doors where vulnerable people were not permitted were kept locked and improvements to the monitoring of legionnaires disease had improved and water temperatures were regularly monitored. A comprehensive legionella risk assessment was in place.

●Risks to people were assessed, monitored and reviewed. Where people were placed at risk, appropriate strategies were put in place to mitigate the risk. People were monitored for risks of falls, choking and malnutrition. Staff were able to describe the risks each person presented and the strategies in place to reduce each risk.

● Other risks in the home were assessed and monitored. The home had a fire risk assessment in place and staff were aware of the procedures to evacuate people in an emergency.

● Personal evacuation plans were in place for people who needed assistance to evacuate the building in an emergency.

● The provider had oversight of the external health and safety of the home. Regular maintenance checks were completed by professionals on the passenger lift and moving and handling equipment, firefighting equipment, gas, electrical and water safety. Internal checks were also completed on fire alarms, emergency lighting, nurse call alarms and water temperatures.

Staffing and recruitment

● The registered manager and provider were fully aware of their responsibilities to ensure new staff were recruited safely. Improvements to the recruitment process had been embedded and staff were now receiving appropriate pre-employment checks before commencing employment.

● Staffing levels were satisfactory. People, relatives and staff told us there were always enough staff on duty. Rotas reflected staffing levels were consistent. Comments from relatives included, "There have always been enough staff around when I have visited, and I go regularly." and "[Registered manager] and [provider] are always on the floor helping out, there is no concerns about staffing, the girls are lovely."

Using medicines safely

● People were supported to receive their medicines safely and as prescribed from a medical professional.
● Staff were trained to administer medicines and had regular competency checks on their ability to do so. The trained staff felt competent to administer medicines.
● We reviewed medicines for eleven people and the medication administration records were appropriately completed. We also checked the boxed medicines for the same people and found other than one, the numbers correctly reflected what had been administered. The medicine that wasn't correct, was investigated and the error was corrected.
● A nominated senior staff member had good oversight of medicines and had clear records for receipt and disposal of all medicines. Medicines were regularly audited to assure the provider they were being administered safely and as prescribed.

Systems and processes to safeguard people from the risk of abuse

● People and their relatives told us they felt safe while living at Allendale Residential Home Limited. One person said, "Oh yes, I am safe and looked after well here." A relative told us, "I feel so much better now [name] is here, It's the best place for him. I actually feel like I can go on holiday and know he is safe and well cared for."
● Staff received training and were aware of what action to take should they suspect abuse was occurring. Comments included, "I would tell [registered manager] or [provider]." and "100 per cent they would deal with anything I raised."
● Staff could describe signs and symptoms of abuse and they were aware of the whistle blowing policy to protect them should they need to raise concerns. All people, relatives and staff were confident they could raise any concerns with the registered manager and provider and would be listen to and they would be acted upon.
● All safeguarding concerns had been raised appropriately.

Preventing and controlling infection

● The home was clean and well maintained.
● There was personal protective equipment such as aprons and gloves available across the home. We saw staff use them as required.
● Cleaning staff worked across the home each day. All staff were aware of their responsibilities to report any concerns with cleanliness or infection control.
● The provider had a programme of refurbishment to ensure the home remained well maintained.

Learning lessons when things go wrong

● Accidents and incidents were recorded and reviewed. Where accidents were occurring on a regular basis, the manager took action to reduce the occurrence. For example, where someone was becoming a frequent faller, equipment was used such as a crash mat to reduce injury.
● All relatives told us they were informed when an accident occurred, one relative said, "They know I am available 24 hours a day and they have always contacted me if there is something I need to know."

Good

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 meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People received a thorough assessment of their needs prior to using the service. Relatives told us they were able to give key information as part of the assessment process such as likes and dislikes and personal preferences.
- The assessment process highlighted the needs of the individual and the home were realistic about meeting the persons needs and considered the current people living at the home and their dependency levels.

Staff support: induction, training, skills and experience
- Staff received an induction when they began working at the home. Staff we spoke with confirmed this and a copy of the induction record was stored in staff personnel files.
- Staff received training suitable for their job role which was regularly updated. Staff told us, the training was good and equipped them to carry out their role.
- The staff team had a variety of personal, paid and voluntary experience which enabled them to be experienced in providing care for the people they supported. Many members of the staff team had worked at the home over many years and told us the people and their relatives were almost like extended family, although staff were aware of the professional boundaries between them.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to receive a healthy and nutritious diet. Menu choices were set out dally on a pictorial chart in the communal area.
- We observed lunch time and people were served a meal of their choice. People were able to sit with whom they chose and chatted with staff or among themselves. Relatives were kindly asked to avoid visiting at meal times to ensure people were monitored and supported, however, if this was the only time relatives could visit, they were always made welcome.
- People who required assistance with eating and drinking were helped with patience and dignity.
- People who required a modified diet were catered for. Where people needed a soft diet due to choking risk, this was documented in the care plan and discussed with the cook who held a copy of the information.
- Where people were at risk of weight loss or dehydration, medical advice was taken, and food and fluid intake were monitored and recorded. People's weights were regularly recorded.
- Comments about the food were, "It's good food, I have no complaints." and "I can eat what I want, they will change it for me if it's something I don't like."

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

● People moving into the care home were supported to keep their current GP if possible, where they couldn't, they were registered with a local GP.

● The home had recently joined the care homes project which allowed regular reviews of people's health and wellbeing by a team of trained nurses and a GP. The project was in its early stages and people had been assessed by the care home team to enable the team to understand people's needs. This project aims to be able to diagnose and treat people quicker and reduce admissions to hospital.

● People and their relatives told us they could see a GP when they needed to. We saw the home worked with other professionals including district nurses, dieticians, speech and language therapists and physiotherapists to improve people's health and wellbeing. Intervention from professionals was recorded in care files.

●Relatives told us they were always informed when the GP or any other health professional had visited and felt their relative received good levels of health surveillance. All relatives told us, they were kept informed of any changes to their relative's health. Comments included, "Yes, they let me know" and "Yes, I am kept in the loop."

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

● The home was spacious and was able to meet the needs of people living with dementia and those who had mobility difficulties.

● All were furnished with fitted wardrobes and single beds. Shared bedrooms also had single beds and a privacy screen.

● Corridors were wide and clear for people with mobility difficulties to access. The lounge, dining area and gardens were fully accessible.

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.

● People who were being deprived of their liberty were done so under the mental capacity act.

● People had their capacity assessed and where concerns were raised about particular decisions, appropriate referrals were made to the local authority to deprive the person of the liberty.

● People and the families were included as far as possible in decisions about people's care and support and decisions to deprive people of their liberty were made in their best interests.

● All decisions and any restrictions placed on people were recorded in care plans and staff could describe if people had any restrictions in place.

Good

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 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 and their relatives told us they were treated well by kind, patient, respectful and caring staff.
- Comments included, "I like living here, the nurses [care workers] are good, they are good to me." and "The staff are brilliant, they bend over backwards for [name], and he has come on leaps and bounds since he has been here, this is the best place, the staff are so lovely."
- Staff spoke to people respectfully and we observed appropriate conversations and jokes throughout our visit.
- People were encouraged to maintain relationships with their partners and families and were given the opportunity to meet in privacy.
- Staff were able describe how they support equality and diversity which included calling people by their preferred name, supporting people to be themselves and giving them choice and control about how they spend their time. Staff told us they didn't discriminate, and everyone was equal.

Supporting people to express their views and be involved in making decisions about their care
- People and relatives told us they were involved in planning their care. One relative told us, they had been able to sit with the registered manager before their relative moved into the home and describe their needs and wishes.
- People and relatives were able to attend regular meetings with the manager to share information and raise ideas. One person told us, "We can make suggestions to [registered manager] and she listens."
- Where decisions were needed to be made about care and support, such as when people's needs changed, we saw they and their relatives were consulted as much as possible. Relatives told us there were always open lines of communication and had been involved in reviews of people's care.

Respecting and promoting people's privacy, dignity and independence
- We observed staff knocking on doors and gaining permission to enter people's rooms. Staff attended to people quickly when they needed assistance and used appropriate personal protective equipment when assisting people to eat and drink. Doors were closed when people were in the bathroom or having personal care delivered in their rooms. A daisy was place on people's doors when personal care was being completed. This was to alert other staff, not to disturb while people were being assisted.
- People were encouraged to remain as independent as possible. We saw staff encouraging people to remain mobile with equipment and offering encouragement when eating and drinking.

Good

Is the service responsive?

Our findings

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

This meant people's needs were met through good organisation and delivery.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

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

- People had care plans in place which captured their needs and preferences. The plans gave detailed information to staff about how the person needed to be cared for, taking into account, the person's preferences such as what time they got up, who should assist them and how they would like to be assisted.
- Care plans were person centred and were regularly reviewed. Relatives told us they were involved in the reviews and an annual review.
- People had a personal profile in place which gave key information to staff on the persons like, dislikes, how the person likes their tea or coffee and how to support any concerns around mobility.

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.

- Information was presented to people in alternative format such as large print.
- There was signage used around the to identify rooms and areas. The signage was 'dementia friendly' and displayed the name of the room. Dementia friendly signage uses a combination of colour contrast theory, light reflectance, pictorial images and words to aid understanding.
- There was pictorial information displayed in communal areas showing the current date and weather conditions, the menu and activities available each day.

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 take part in activities. The home had recently featured on the local news as a user of 'Lego therapy' which encourages peoples to focus and build objects using creativity and ability.
- Relatives proudly told us, their relative was part of the Allendale choir and the registered manager told us, they were planning an afternoon performance for families and friends.
- We saw people went to the local park and visited the Irish centre to socialise. People attended weekly dementia friendly sessions at another care home and were able to join in a range of activities at the home including, arts and crafts, arm chairs exercises, reminiscence and bingo.
- Regular visitors to the home included singers and dancers and the performance poetry where people pick

words associated with a particular theme and then make a poem from the words.
● Alan, the Allendale life like cat was popular with all people living at the home. We regularly observed people having the cat on their lap and stroking it and joyfully laughing when the cat purred.
● We spoke with the activities organiser who was passionate about their role and they had recently worked with the local authority to improve activities for older people.
● Comments from people about activities were, "I enjoy the armchair exercises, [activities organiser] makes it fun." and "Oh yes, the poetry is good, so are the exercises."

Improving care quality in response to complaints or concerns
● People and relatives told us they knew how to raise a complaint should they need to. People and their relatives were given information on ways to complain and every person we spoke with felt if they had any concerns, they could speak to the manager and were confident they would be taken seriously.
● There had been no complaints made to the home since the last inspection.
● Comments from people and relatives were, "I could complain if I needed, to the, [registered manager] and [provider], they are completely approachable." and "I have no concerns, it's very open, like an extended family."

End of life care and support
● People could be supported should they be at the end of their life and wish to remain at the home.
● Since the last inspection, families had been invited into the home to discuss planning with the staff and the person, should the person be at the end of their life. This was not compulsory, and some relatives and people chose not to take part.
● Following the conversations, care plans were developed which gave information on people's end of life wishes, such as where they wanted to be, who they wanted to be present and what should happen after their death. Relatives told us, this subject had been dealt with, sensitively and delicately. One relative told us, "The way [registered manager] and [provider] handled it was amazing, we knew we needed to have the discussion and they put us as ease. I cried, and they comforted me."
● Some people had 'do not attempt cardio-pulmonary resuscitation' (DNACPR) records within in their care file. The DNACPR is a form completed by health professionals, usually a doctor and in agreement with the person and their family when resuscitation is unlikely to be successful. Staff were clear on which people were for resuscitation.

Good

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 meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

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

- The home had a nice atmosphere and many relatives told us, they enjoyed the traditional style of the home and how everyone was made to feel welcome. Every relative we spoke with told us they had seen improvements in their relative's wellbeing since moving into the home and were confident the culture of the home and the support from the staff team had enhanced this.
- The home had received many compliments from relatives thanking them for their care and support. Comments included, "I can never tell you how grateful we are for everything you have done." and "Thank you for your kind care and support."

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 manager and provider understood their responsibilities under duty of candour and had sent all notifiable incidents to the Care Quality Commission (CQC). They both were keen to stop concerns escalating and had an open-door policy and we frequently saw people and families pop in to see them throughout our visit.

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

- The home had a registered manager in post who was registered with the Care Quality Commission. The registered manager understood their responsibilities of their registration and told us they were keen to improve the home for everyone living there. We noted the improvements that had been made from the last inspection from improving people's safety to the care plans to make them person centred.
- The staff team felt well supported by the registered manager and the provider, comments included, "The management support is really good, they are always there for you."; "We are well supported, on a personal level, they [registered manager and provider] can't do anymore." and "Yes, I am supported, we are a good team."
- The registered manager and the provider were visible throughout the home. People and staff confirmed this and told us that they were always popping in at weekends.

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

characteristics

● People, relatives and the staff told us they were involved in regular meetings to share ideas and plans for the home.

● Staff received regular supervision and appraisal and told us they are encouraged to attend training and gain further qualifications.

Continuous learning and improving care

● The registered manager and provider completed audits to monitor and improve the service. Audits including reviewing care files, health related information such as weight loss and concerns around skin integrity, the management of falls and health and safety and infection control. Medicines were regularly audited to assure the registered manager, they were being given as prescribed.

● A recent survey of food and drinks had been completed with people and their families and responses were positive. Comments for improvements were noted and addressed. We saw one person had requested more salad in the summer months and this had been actioned.

Working in partnership with others

● The registered manager worked with the local authority as part of a monitoring process. We saw each time the local authority visited, there was an improvement in the overall reports and the home was passing each assessment.

● The provider had good links with the local community and was part of a local home watch scheme to assist other elderly people living in the area.