

Allan House Limited

Mr R Jeffries t/a Allan House Limited

Inspection report

Allan House, 53 Uttoxeter Road
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Stoke On Trent
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Tel: 01782397018

Date of inspection visit:
14 November 2019
15 November 2019

Date of publication:
18 December 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

Allan House is a residential care home providing personal care to seven people at the time of the inspection. The service can support up to nine people in one adapted building.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Nine people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. Staff did not wear anything that suggested they were care staff when coming and going with people.

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

People were protected from the risk of potential abuse and told us they felt safe. There were enough staff to meet people's needs and people received their medication. Lessons were learnt when things had gone wrong and people were protected from the risk of cross infection.

People had their needs assessed and were supported to eat and drink enough to maintain a balanced diet. Staff worked with other agencies and supported people to access healthcare services. Staff received training in order to support people effectively and the building was adapted to meet people's needs.

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.

People were supported by caring staff who knew them well and respected their privacy and promoted their dignity. People were supported to express their views around their care.

People received personalised support responsive to their needs. The provider was meeting people's communication needs and had a complaints policy in place and people felt able to complain. People were

supported to maintain relationships and partake in activities.

There was a positive culture, person centred culture with the service. The registered manager was aware of their roles and responsibilities. The provider engaged with people who used the service and worked in partnership with others

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

Rating at last inspection

The last rating for this service was good (published 24 May 2017).

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?

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.

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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 was carried out by one inspector.

Service and service type

Allan 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this

information to plan our inspection.

During the inspection-

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the registered manager, assistant manager, quality manager and care workers.

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 provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who works with the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of potential abuse.
- Staff were aware of their responsibilities around safeguarding and who to report their concerns to.
- Safeguarding referrals had been made to the local authority when necessary.

Assessing risk, safety monitoring and management

- People told us they felt safe. One person told us, "I feel safe because I like all the staff here."
- People had personal evacuation plans in place. These plans offer guidance to people on how best to support a person in the event of an emergency evacuation.
- Where people had specific risks, for example around health conditions, plans were in place to guide staff on how best to support the person.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs.
- One person told us there were enough staff and they, "Did not have to wait."
- People received support in line with their commissioned hours. The commissioners are people who pay for people's care.
- Staff were safely recruited. The provider had made referrals to the disclosure and barring service (DBS) when it recruited new staff members. The DBS helps employers make safer recruitment choices.

Using medicines safely

- People told us they received their medicines.
- One person told us if they were in pain they would tell staff and they would be offered pain relief.
- The provider had recently implemented a new medication system to include protocols when people required 'as and when' (PRN) medication, such as pain relief and a new stock check system.
- Staff had their competency to administer medicines checked by management and we saw records of these checks.

Preventing and controlling infection

- People were protected from the risk of cross infection.
- Staff had access to personal protective equipment (PPE) and had received training in infection control.
- The home was clean and free from odours.

Learning lessons when things go wrong

- The provider looked to learn lessons when things had gone wrong.

- Accident and incident forms were completed and if an issue was identified then the provider looked to put this right. For example, a fence had been put up in the garden after a person had fallen over.

Is the service effective?

Our findings

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

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

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

- People's needs were assessed, and the registered manager sought advice from appropriate services when people had more complex needs.
- Where people had specific health needs, for example with their diet, guidance was in place for staff to follow and staff were aware of these needs.

Staff support: induction, training, skills and experience

- Staff received support to undertake their role, which included an induction and training.
- People told us they felt staff had the right training in order to support them.
- One staff member told us their induction was, "Really good." This included shadowing a more experienced member of the team and getting to know people and their relatives.
- Staff told us they received enough training, with one staff member telling us the training was, "Absolutely fantastic."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People told us they liked the food and had a choice of what they wanted to eat and drink.
- Where people had specific dietary needs, such as intolerances to certain foods, staff were aware of these needs.

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

- People were supported to access healthcare services when necessary. One person told us when they felt poorly, "Staff would take me to the doctors"
- The registered manager made referrals to various health professionals, for example the community learning disability team and the continence service.
- The provider was in the process of implementing the red bag scheme for when people went into hospital. This scheme aims to improve communication between hospitals and care homes.

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

- The service had been adapted to meet the needs of the people who lived there.
- People had access to a secure, large garden and areas such as the bathroom had been adapted to the needs of people who had mobility requirements.
- Bedrooms were personalised and decorated to people's individual taste.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA.
- People told us they were offered choice and staff we spoke with were aware of the MCA. One staff member told us they, "Don't assume just because a person has a learning disability and makes an unwise decision it doesn't mean to say they don't have capacity."
- Mental capacity assessments and best interest decisions had been completed when necessary and DoLS applied for.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring staff who knew them well.
- One person told us, "They (staff) treat me kind and they are nice as well."
- One staff member we spoke with said they, "Cared and loved all the people they supported."
- The provider had recently consulted with people on an equality, diversity, inclusion and sexuality and relationship policy. This policy was now in place and had been signed by people who lived at the service. This had given people the opportunity to talk about protected characteristics under the Equality Act with staff.

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

- People were able to express their views. One person we spoke with told us, "We sit down in the kitchen and have residents meeting."
- Another person told us staff listened to them and they could talk to the registered manager if they needed to.
- We saw staff offering people choices, such as when they wanted their lunch and asking permission to give them their medicines.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy respected and independence promoted.
- We observed staff encouraging people to take part in daily living tasks such as laundry and washing dishes and knocking on people's doors.
- Care plans detailed information about encouraging people to be as independent as possible, for example with personal care.

Is the service responsive?

Our findings

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

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

End of life care and support

- The service was not currently supporting anybody at the end of their life.
- Some people had funeral plans in place, however their end of life preferences and wishes were not recorded.
- The quality manager was aware this is something they needed to do and was arranging a session around this topic for people, as they felt this would be the most meaningful way to gather information.

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

- People had their needs assessed in line with their preferences.
- Care plans were personalised, and person centred and had considered people's needs in relation to religion and ethnicity.
- Staff were aware of people's personal preferences such as what activities they liked to do.

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.

- The provider was working in line with the accessible information standard.
- Information for people was provided in alternative formats, such as pictorial.
- People had communication care plans in place, to guide staff on how best to support the person.

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 maintain relationships. One person we spoke with told us their relative visited them at Allan House.
- Another person told us they saw there, "Friends and family."
- One relative told us, "I can visit anytime, unannounced and the staff make me very welcome."
- People said they were happy with the activities on offer at Allan house and they went on holidays.

Improving care quality in response to complaints or concerns

- There had been no recent complaints about the service, however there was a complaints policy in place.
- Both people and a relative told us they felt able to complain if necessary and they would be listened to.

Is the service well-led?

Our findings

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

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

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

- The service promoted a positive culture that was open and inclusive.
- One staff member told us the registered manager, "Empowers us to take initiative".
- A relative we spoke with said, "There is a whole openness about the place."

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

- Staff were aware of their whistle blowing responsibilities and felt sure that management would listen to and act on their concerns.
- The provider had governance systems in place to oversee the running of the home. Quality audits were completed by management, for example wheelchair maintenance audits.
- The rating was displayed within the home as required by law.
- The registered manager was aware of their duty of candour and showed us examples of how they had acted on this, such as sending out letters to people.

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

- The provider engaged with people and relatives using the service. Questionnaire were sent out to both relatives and people for their feedback on the service, with largely positive results.
- Questionnaires were designed in an easy read format for people and support to complete them was offered by someone external to Allan House.
- Team meetings were held, and staff told us they received supervisions and appraisals.

Continuous learning and improving care

- The service had experienced some challenges and the registered manager was keen to continue with improving care provided to people, for example changing the medication system and recruiting a core staff team.
- Staff told us they been involved in the medication system change, with one staff member telling us the new system is, "Much better."

Working in partnership with others

- The registered manager worked in partnership with others.
- One health and social care professional we spoke with said, "Communication with the registered manager is good and they follow up recommendations."