

Maria Mallaband 16 Limited

Allingham House Care Centre

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Allingham House Care Centre provides accommodation, nursing and personal care for up to 86 adults living with age-related health problems or dementia. At the time of our inspection, Allingham House Care Centre accommodated 67 people in three units over three floors, each of which had separate adapted facilities. The ground floor unit provided nursing and dementia care. The first-floor unit provided nursing care, and had a segregated wing allocated as a designated setting for people recovering from Covid-19. This unit had no people staying on it at the time of our inspection. The second-floor unit provided residential care.

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

People received the care and support they needed to keep them safe and well. Staff used risk assessments and care plans to support people with their individual care needs. People received their medicines safely. The home had a full staff team who knew people well. The care home had very high standards of cleanliness and hygiene.

People looked well cared for. The home offered them a good choice of healthy food and drink. They received the healthcare they needed from other professionals such as GPs and district nurses. Staff received the appropriate training and supervision to help them support people effectively. People received support that gave them maximum choice and control of their lives. 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 service promoted high quality, person-centred care. People and their visitors gave positive feedback about their experiences. They spoke highly of the staff describing them as dedicated, caring and attentive. Staff showed a strong commitment to keeping people safe and well. Managers used a range of governance systems, tools and processes to assess the quality of the service and identify areas that needed attention.

Rating at last inspection

The last rating for this service was Requires Improvement (published 17 March 2020).

Why we inspected

This was a planned inspection based on the previous rating. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-Led.

We also reviewed the information we held about the service to check that no areas of concern were identified in the other key questions previously rated Good (Caring and Responsive). Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

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 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 well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Allingham House Care Centre

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.

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

The inspection team comprised two inspectors, a member of the Medicines Team 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

Allingham House Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave the service 48 hours' notice of the inspection. This was because of the Covid-19 pandemic and the need to ensure the safety of inspectors, care home staff and people.

Inspection activity started on 30 April 2021 and ended on 7 May 2021. We visited the location on Wednesday 5 May 2021.

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 and professionals 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.

During the inspection

We spoke with five people who used the service and 10 relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, the clinical lead, nurses, senior care workers, care workers and hospitality staff.

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.

We reviewed a range of records that included six people's care records. We reviewed nine medicine administration records, two medication care plans and observed a medicines administration round. We looked at three staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate the evidence we found. We looked at training data and quality assurance records.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems and processes in place to safeguard people from the risk of abuse and avoidable harm.
- Staff received training in safeguarding as part of their mandatory training. The staff we spoke with knew how to recognise and report safeguarding concerns and felt confident to do so.
- The registered manager and senior staff ensured they reported any concerns to the appropriate agencies such as the local authority.
- The provider completed their own investigations into safety incidents, safeguarding concerns and complaints as well as cooperating fully with external partners in their investigations.
- The provider analysed the data on incidents, accidents and complaints to identify any themes, patterns and learning. The provider shared the learning and any changes made with all staff.

Assessing risk, safety monitoring and management

- The provider had an electronic records system that held full care records, which were easy to navigate and accessible to all staff.
- Care records we reviewed showed up-to-date risk assessments with individual care plans for each risk identified, for example, relating to oral health, mobility, and nutrition.
- Staff knew people's needs and risks associated with eating and drinking. The dining room held a discreet white board that gave staff an 'at a glance' summary of people's special needs. The provider employed hospitality staff for each unit who acted as a link between care staff and kitchen staff. This helped ensure that that kitchen staff received regular up-to-date information on people's dietary needs.
- The provider made sure all servicing of the premises and equipment took place at the appropriate time. The provider commissioned an external agency to complete a thorough audit on the safety standards in the home. The last such audit took place on 19 April 2021.
- Four people had safety gates fitted in their bedroom doorways for their safety or the safety of other people. The provider had completed the appropriate risk assessments and care plans to cover this practice. The care plans included an action for staff to regularly check that the gates were in working order. In addition, the manager had asked the maintenance team to inspect the safety gates on a monthly basis.

Staffing and recruitment

- At the time of our inspection, the care home had a stable staff team and no staff vacancies. The registered manager had recently recruited some new staff who would start work soon.
- Most staff, people and their relatives told us that the home appeared to have enough staff to provide care. Staff said that it was always busy, but they now had a stable staff team, low staff turnover, and they received

extra help when they needed it. Relatives also commented on staff retention. They liked that the same staff had worked at the home for some years as this helped with relationships with people and continuity of care.

- The provider managed staffing gaps, for example, due to sickness absence, by asking staff if they wished to work extra hours or by using agency staff.
- The provider used a dependency tool to estimate the staffing levels required on each unit, which was reviewed monthly. In addition, the registered manager, unit managers and the clinical lead met weekly to discuss any changes to people's needs and their impact on staffing levels and skill mix.
- The registered manager employed agency staff from time to time when people needed additional support. The manager used a single staffing agency and block booked staff who had worked at the care home before.
- The staff personnel records we reviewed contained the appropriate information and documents and were in good order.

Using medicines safely

- The service had very good medicines management policies, procedures and practices that had improved further since our last inspection.
- People received their medicines safely. The service stored medicines securely and at the right temperature. Staff administered medicines at the right time, and safely managed 'when required' medicines. Staff completed records of the use of emollients and thickening agents accurately.

Preventing and controlling infection

- The provider had very good infection prevention and control policies and practice in place. Staff used personal protective equipment (PPE) effectively and safely.
- The care home had very high standards of cleanliness and hygiene. Staff and people took part in the regular Covid-19 testing programme.
- The provider welcomed visitors such as relatives into the home in line with current government guidance, for example, they had to take a Covid-19 test on arrival and don PPE.

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service assessed people's individual needs holistically and developed associated care plans. The care records we reviewed showed up-to-date assessments with individual care plans for each need identified, for example, oral health, repositioning, and personal care.
- People's care records showed that the service made appropriate referrals to health and social care professionals and kept in touch with the professionals involved in people's care, for example, speech and language therapists, district nurses and GPs. GPs visited the home each week to conduct a face to face 'ward round'.
- The relatives we spoke with confirmed their loved ones received the healthcare they needed at the time they needed it, for example, emergency hospital care, podiatry, dermatology and optometry.

Staff support: induction, training, skills and experience

- All staff underwent a full induction and a comprehensive mandatory training programme when they commenced employment. Staff received annual refreshers on much of the mandatory training. The staff training matrix showed high levels of compliance with training requirements.
- The provider offered staff a good range of training and development opportunities. For example, new staff enrolled on the Care Certificate; staff could apply to do a national vocational qualification (known as NVQ) in health and social care; staff could train to become a care practitioner.
- Some staff we spoke with expressed interest in further training and skilling up on specific conditions that reflected the different health needs of the people they supported, for example, diabetes and epilepsy. Managers planned to discuss staff's training requests during the annual appraisal round.
- Staff received regular supervision with their line managers.

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

- Staff supported people to eat and drink enough and maintain a balanced diet. We saw that staff took the time needed to support people to eat and drink properly.
- The care records system showed the minimum fluid intake required by a person. Staff logged a person's fluid intake into the system throughout the day. The system deducted this from the amount set for a person per day and alerted staff when levels were low.
- The provider employed hospitality staff on each unit whose role included serving meals and drinks, maintaining stocks of drinks and snacks on the unit, and assisting people with eating and drinking. In

addition, the hospitality staff ensured that kitchen staff received regular up-to-date information on people's dietary needs.

- The home had a seasonal menu that offered a good choice of hot and cold meals at every mealtime. Staff described the kitchen staff as flexible and responsive to individual requests and preferences not included in the daily menus.
- Each unit had a good supply of hot and cold drinks and snacks that included healthy options such as fruit and cereal.

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

- The home looked very clean and had a good standard of decor and well-maintained furnishings. It had dementia-friendly features such as handrails in bold colours and pictorial signs. The corridors were spacious and clutter free.
- The home had a good range of facilities inside and out, for example, a hairdressing salon, a cinema room, communal lounges, a conservatory and pleasant gardens. The home had special touches to enhance people's experience, for example, the dining room on the first floor had dining tables set up in a restaurant style with tablecloths, flowers and a menu.
- People had large bedrooms with ensuite facilities. We saw that people personalised their rooms if they wished to do so.
- All the relatives we spoke with described the care home as clean, tidy and well maintained. One relative described the gardens as "immaculate."

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.

- Staff had received training on the Mental Capacity Act (MCA) as part of their mandatory training. Staff assessed people's capacity for making decisions in line with the MCA and in their best interests.
- The provider submitted appropriate applications to deprive people of their liberty if needed to keep people safe.
- We found some good examples of recording of decision-making where staff had assessed a person's capacity in regard to a specific issue. These showed details of the decision-making process and the key people involved in the discussions. However, not all records showed the same level of detail and clarity on the decisions made and those involved in them. The service planned to review the records to ensure consistency.
- Some people had safety gates installed outside their bedroom doors. Records showed clear evidence of

discussions about risks, safety and the person's capacity that helped explain the need for this restrictive practice.

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. 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 staff we spoke with understood the values of the service to keep people safe and well.
- The care home had a warm, friendly and relaxed atmosphere. We observed good rapport between people and staff. We saw good person-centred care and attentive staff throughout the home. Relatives we spoke with said the home had a good atmosphere. One relative said, "It is very relaxed, and I get a friendly "hello" very often, and there is a lot of familiarity." Another relative said, "It's good, it's jolly and there's good banter!"
- Staff spoke highly of the new manager and said he was visible, proactive and supportive. Staff described an improvement in staff morale and operational management since his arrival. For example, one staff member said that the home was "now a good place to work." Another staff member commented on the improved staff retention and the home benefiting from a stable staff team.
- Staff appreciated the updates and information they received from the weekly staff newsletters and the feedback from daily flash meetings.
- People spoke positively about the staff and the support they received. One person said about staff, "I like them all, I like them very much." People felt they were cared for in a way they wanted and needed.
- Most of the relatives we spoke with gave overwhelmingly positive feedback about the service. The feedback we received included such comments as "The staff are lovely," "They keep me informed", "They staff are more [like] family." Many relatives commented on the improvements they had experienced in recent months, for example, more staff, and better communication.

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

- Managers understood their responsibility on the duty of candour and showed commitment to openness and honesty when something went wrong. They informed people if something went wrong and acted to rectify the issue where possible.
- The provider had good working relationships with local agencies such as the local authority and clinical commissioning group, and shared information appropriately.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a range of governance systems, tools and processes that helped assess the safety and quality of the service and identify areas that needed attention.

- The registered manager showed a strong commitment to ensuring good governance of the service. Managers and staff carried out a range of audits to monitor the safety and effectiveness of the service provided. These included audits on care plans, records management, medicines, infection control, health and safety and equipment. In addition, external provider staff visited the service to carry out inspections such as health and safety checks.
- The registered manager had started to identify areas for further improvement in order to develop a continuous improvement programme for the home. These included improving communication with staff and relatives; consulting people on activities and reviewing the menus.

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

- The registered manager held daily 'flash' meetings to inform senior staff of any news, updates and changes, which senior staff then shared with staff on their units. The registered manager produced a weekly staff newsletter to communicate with staff and keep them informed on matters that affected the home. The staff we spoke with appreciated these initiatives, which kept them informed and made them feel involved.
- The service had recently consulted people who lived at the home about the activity programme asking for any changes and suggestions.
- The registered manager sent letters to relatives to provide general updates and information on the home. The relatives we spoke with confirmed they received weekly and monthly communication from the home that provided updates, information and news.
- The provider consulted people and their relatives and requested feedback on their experiences of care at the home. In September 2020, the provider had commissioned an external agency to collate feedback from people and their relatives. The feedback received was overwhelmingly positive. Most respondents praised the standard of safety and care at the home and stated they would recommend the home.

Working in partnership with others

- The service worked closely with key stakeholders and agencies including the local authority, the local clinical commissioning group and GP practices.
- The service kept in close contact with its key partners for the benefit of its people. For example, it arranged for GPs to hold weekly clinics at the home.
- The local agencies we spoke with gave positive feedback about the home. They spoke highly of the new manager and described improvements in the service since he arrived. They experienced good and regular two-way communication with the service; the service shared information with them appropriately and responded to their queries in a timely way.