

Community Integrated Care Allanby House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this announced inspection on 9 & 13 October 2015. We last inspected this service on 26 April 2013. At that inspection we found that the provider was meeting all of the regulations that we assessed.

Allanby House provides personal care and accommodation for up to six people who have a learning disability, and some people have complex healthcare needs. The home is run by Community Integrated Care (CIC).

CIC are a large national charity providing services for people who are living with a learning disability. The home

is a purpose built bungalow with ensuite bedrooms that have been maintained and furnished to high standards. There are adapted bathing facilities for people with limited mobility. An adapted vehicle and large well-kept garden areas are available for people's use. The home is in a residential area of Flimby in West Cumbria. There are suitable shared facilities including toilets and bathrooms, a sitting room, kitchen and dining area. A new conservatory was in place to add more communal space.

There was a registered manager employed at the home. A registered manager is a person who has registered with

Summary of findings

the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager was registered for this home and to run two other small homes nearby. These were also run by the same provider, Community Integrated Care (CIC).

People told us that they were safe living in this home and said that the staff supported them to stay safe in the local community. We saw that people who lived in the home were comfortable with the staff who worked there.

People were protected from the risk of abuse because the staff in the home understood their responsibility to keep people safe and the actions to take if they were concerned a person may be at risk of harm.

There were enough staff to provide the care that people needed and to support people to follow the activities they enjoyed. People were treated with kindness and respect.

People enjoyed the meals provided in the home. We found that people's nutritional needs were routinely assessed and monitored from time to time to ensure that they had healthy diets and life styles.

All the staff employed in the home had received training to ensure they had the skills and knowledge to provide the support people needed.

The staff knew how to support people to make choices about their lives and how they communicated their wishes. People were given choices about all aspects of their lives and were supported to maintain their independence.

The registered manager of the home was knowledgeable about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, (DoLS). The focus of the home was on promoting individuals' rights and independence and no one in the home had any unlawful restrictions on their right to make their own choices.

Medicines were handled safely in the home and people received their medication as prescribed by their doctor. People were supported to maintain good health because they had access to appropriate health care services, this had included end of life care to people.

There was no restriction on when people could visit the home. People were able to see their friends and families when they wanted.

The atmosphere created in the home was open and inclusive. People had been asked for their views about the service and the care they received and action was taken in response to their comments.

We found that the service was well-led. There was a corporate quality assurance system in place which gave both the registered manager and the provider up to date information as to how the service was performing.

Summary of findings

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.

There were enough staff to provide the support people needed. The staff were trained in how to protect people from the risk of abuse and were aware of their responsibility to report any concerns about a person's safety so that action could be taken.

Risk assessments were in place that helped to identify and minimise hazards to people's safety and welfare.

Medicines were handled safely and people were protected from the risk of the unsafe use of medication.

Good



Is the service effective?

The service was effective.

The staff were well trained and had the skills and knowledge to provide the support people needed.

People's rights were respected because the Mental Capacity Act Code of Practice was followed and there were no unlawful restrictions on their choices or liberties.

People's nutritional needs were being met and people's health was being carefully monitored.

Good



Is the service caring?

The service was caring.

The staff treated people kindly and provided support promptly to ensure that their needs were met in a timely manner.

People were supported in a way that promoted their welfare and wellbeing because staff knew how to communicate with people.

People made choices about their lives and their independence and dignity were protected.

Good



Is the service responsive?

The service was responsive.

The staff knew the people they were supporting and how they wanted their care to be provided.

People were supported to lead active lives in the home and local community and to enjoy a good quality of life of their choosing.

People maintained contact with their friends and families and the relationships that were important to them were respected.

The registered provider had a clear complaints procedure.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The atmosphere in the home was open and inclusive. The focus of the service was on providing high quality, individualised care which respected each person's rights.

There was a registered manager employed. People knew the registered manager and said that the home was well-managed.

The registered provider used formal and informal methods to gather the experiences of people who lived in the home and used their feedback to have a say in the running of the home.

Allanby House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 9 & 13 October 2015.

The inspection was carried out by one Adult Social Care inspector. During our inspection we spoke with four people who lived in the home and one relative who was visiting.

We spoke with the registered manager, the senior support worker and five staff who were on duty. We observed care and support in communal areas and looked at the care records for three people. We also looked at records that related to how the home was managed.

Before the inspection we looked at the information we held about the service and contacted local social work teams for their views of the home. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this to inform our inspection.

Is the service safe?

Our findings

Those people who were able to communicate told us that they felt safe living in this home. They told us that they liked and trusted the staff who supported them and said they would speak to a member of staff if they felt unsafe or anxious. One person said, "I like the staff, they look after us and I can speak to them if I'm not happy".

Some people were not easily able to tell us their views. We saw that they looked comfortable and relaxed in the home and with the staff who were supporting them.

All the staff we spoke with told us that they had completed training in how to recognise and report abuse. One staff member told us, "We have thorough training in safeguarding, we all know how to recognise and report abuse." All the staff told us that they would not tolerate any form of abuse and said that, if they had any concerns, they would report these immediately to the registered manager or to a senior person in the organisation. We noted that the service had clear policies and procedures for staff to follow and that safeguarding literature was displayed in the staff office. We judged that people who lived in the home were protected against the risk of abuse because the staff employed understood their responsibility to ensure people were protected from harm.

We saw that risks to people's safety had been assessed and measures had been put in place to reduce the identified risk while supporting individuals to live as independently as possible. For example people were able to safely access the kitchen with staff support to carry out cooking and baking.

The registered provider had plans in place to deal with foreseeable emergencies in the home. Emergency plans were in place including the action to be taken in the event of a fire. The staff and people who lived in the home knew the actions to take if there was a fire. This helped to ensure people were protected. We spoke with a new member of staff who confirmed that they had received a thorough induction on the emergency procedures for the home, including fire evacuation.

People told us that there were enough staff to provide the support they required when they needed it. During our inspection there were three staff working in the home. One member of staff supported a person to follow an activity they enjoyed in the community and two staff remained at Allanby House to support the other people in the home. We saw that there were enough staff to provide people with the support they needed and to ensure their safety. The home had a senior support worker and a registered manager to assist with the safe and efficient running of the home.

The registered provider used safe systems when new staff were employed. All new staff had to provide proof of their identity and have a Disclosure and Barring Service check to show that they had no criminal convictions which made them unsuitable to work in a care service. New staff had to provide evidence of their previous employment and good character before they were offered employment in the home. This meant people could be confident that the staff who worked in the home had been checked to make sure they were suitable to work there. One member of staff confirmed that all these checks had been carried out before they were employed.

We looked at how medicines were stored and handled in the home. We saw that medication was stored securely to prevent it being misused and good procedures were used to ensure people had the medicines they needed at the time that they needed them. All the staff who handled medication had received training to ensure they could do this safely. We checked the records for the handling of medicines and found these to be in good order. We noted that an up to date list of people's medications was held in each person's file. Where people were taking more complex medicines the instruction for these were set out in individual care plans to give staff clear instructions and issues to watch out for. People received their medicines in a safe way and as they had been prescribed by their doctor, this helped to ensure that they maintained good health.

Is the service effective?

Our findings

People who could speak with us told us that the staff in the home knew the support they needed and provided this at the time they needed it.

We spoke with the staff on the day of our inspection. They were able to demonstrate their knowledge about the people who used the service and the care of people with a learning disability in general.

All the staff we spoke with told us that they received a range of training to ensure that they had the skills to provide the support people required. They told us that all new staff had to complete thorough induction training before they started working in the home. They said they completed further training while working in the home and were not able to carry out specialist tasks, such as handling medication, until they had completed appropriate training. The staff told us that the training they received gave them the skills and knowledge to provide the support people required.

One staff member told us, “I worked in lots of care homes before coming here, and this is the best organisation for training.” A new member of staff told us that they had four full days training before then having shadow shifts, and then only when both the staff member and the manager were confident did they start as a full shift member. They said, “I never felt out of my depth. I had time to get to know the home and the people living here.”

All the staff said they felt well supported by the registered manager and senior care staff. The staff told us that they had formal supervision meetings with the registered manager where their practice was discussed and where they could raise any concerns. One staff member said, “I feel very well supported and can raise any issues at any time. We also have set staff meetings and the regular supervisions were you can be open and honest.”

We looked at the nutritional support offered at Allanby House. We saw that each person had a nutritional assessment which identified what their needs were. The information from the assessment was used to create a support plan. For example if someone was identified as requiring assistance to eat then this was noted in the plan as well as guidance on how to support that person. In addition to this we found people were routinely referred to dieticians and speech and language therapists. This helped

ensure that the service was acting on appropriate professional advice when supporting people with their nutritional needs. This was an example of how people maintained good health because they were supported to access health care services as they needed.

We saw that the member of staff on duty gave people choices about the meal. We also saw from records and from observing meal times that people were supported to make healthy choices.

We observed staff working with people who used the service. We noted that they were careful to ask people's opinions about what they wanted to do and did not act without the people's permission. We looked at people's written records of care. We saw that, on occasion, some people lacked the capacity to make their own decisions. The staff ensured that meetings were held with relatives, other professionals and if appropriate an advocate in order to make decisions in people's best interests. For example we saw that this had been carried out when a healthcare procedure need to be undertaken and a meeting was convened by the home to ensure that all relevant people agreed that this was in their person's best interests. An advocate is someone who supports a person so that their views are heard and their rights are upheld. They are independent and are not connected to the carers or to the services which are involved in supporting the person.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the manager and asked if anyone was subject to a Deprivation of Liberties Order (DoL). A DoL is generally used to ensure that people who may lack capacity are supported in a safe environment. The service was working hard to ensure that people lived with as little restriction to their freedom as possible. For example, we saw that an application had been submitted as the home felt they had to keep the kitchen locked in order to keep one person safe.

We looked at the environment and noted that the manager was steadily improving areas and adapting the home to suit the needs of people living there. We saw that bathrooms had recently been upgraded and a conservatory had been installed to add more communal

Is the service effective?

space. This had included a ramp for easy access to the garden. Sensory and light stimulation equipment had been installed around the home and we saw how people responded positively and gained enjoyment from this.

Is the service caring?

Our findings

People who could speak with us told us that they liked living at Allanby House and said the staff in the home were “nice”. They told us they felt cared for and supported. We asked people if the staff treated them kindly and everyone we spoke with confirmed this.

We found that staff had developed caring relationships with people living in the home. They did this by taking the time to get to know people who used the service and speaking with their relatives and friends.

Relatives told us, “We are always made to feel welcome and made to feel comfortable and we feel able to telephone the home at reasonable times.” And, “We cannot have been happier with the care here. The staff are so caring and we have absolutely no worries. She is receiving the best care possible.”

We saw that the staff were respectful but friendly with people in the home. We observed that all the people were encouraged by staff to express their views. They knew how individuals communicated their needs and how they expressed their choices. Throughout our inspection we saw that people were given choices about their care in a way that they could understand. For example, we observed one person being offered the choice of how to spend their time in a number of different ways and was given time to make their mind up and to communicate their wishes.

The staff in the home showed that they knew how to support people to promote their independence. We saw that people were encouraged to carry out tasks for themselves as far as they were able to. One person told us that they were able to follow activities in the community on their own, as their skills for independent living had increased since moving to the home.

We observed that people made choices throughout our inspection and staff were effective at facilitating these choices. Some people chose to sit in the communal areas watching a television programme that they had chosen and other people spent time in their own rooms listening to music.

Staff expressed strong views about treating people as individuals and spending time with the person to work out what interested them. One said, “We have had a real push on promoting person centred care. It’s really paid off and people are now doing so much more in the community. It’s great to see.”

The staff protected people’s privacy and dignity. People were asked in a discreet way if they wanted to use the toilet and the staff made sure that the doors to toilets and bathrooms were closed when people were using them.

There were policies in place relating to privacy and dignity as well as training for the staff in this area. There were also policies in place that ensured staff addressed the needs of a diverse range of people in an equitable way. Staff received training on equality. This meant that the service ensured that people were not discriminated against.

The registered provider had good links with local advocacy services. An advocate is a person who is independent of the home and who supports a person to share their views and wishes. The staff in the home knew how they could support someone to contact the advocacy services if they needed independent support to make or communicate their own decisions about their lives.

We saw from the service’s records that staff had provided end of life care within the past twelve months. Staff had received training in how to support people at the end of their lives. This meant that wherever possible people could choose to remain at the home up until the end of their life.

Is the service responsive?

Our findings

Some people who use this service were not easily able to tell us their views. We spoke instead to their relatives, staff in the home and checked the homes records to see how care was being organised for people so that their needs were met.

However other people told us that they were included in making decisions about their lives in the home. They said they followed a range of activities of their choice in the home and in the local community. People told us that they made choices about all aspects of their daily lives such as the interests they followed, the meals they had and how and where they spent their time.

People in the home and those relatives we spoke with said they felt they could raise any concerns or issues to staff and that they would be confident in these concerns being sorted out.

The focus of the service was on treating each person as an individual, promoting their independence and ensuring their support centred on their needs and wishes. People told us that they had been included in developing their own support plans and we saw that these were in appropriate formats to ensure individuals were able to read their own plans and to know what was written about them. We saw that this was used to good effect when planning future days or nights out or for planning holidays.

During our inspection one person went out with staff support to visit an elderly relative, another had been out to a café for their breakfast. They both told us that they enjoyed being able to do this. Other people followed activities of their choice in the home. One person chose to go to their room to listen to music and told us that they like to do this. Later in the day another person was out for a drive in the Lake District for their tea. We asked people who were watching the television if they had chosen the

programmes that they were watching and they all agreed that they had. One person was supported to have recordings of their favourite 'soap' played on the television when they want to see it.

We looked at the support plans for people. We saw that thorough assessments had been carried out to identify the support each person required and also the tasks that they could manage on their own. The support plans had been reviewed regularly to ensure they contained accurate and up to date information. Where necessary their relatives and other health and social care professionals were invited to these reviews.

We spoke with the district nursing team who told us the home was good at identifying risk to peoples' health at an early stage and therefore preventing avoidable deterioration in people's health. Healthcare passports were used to ensure continuity of care when a person needed to go into hospital.

We saw that people had set themselves goals of activities they wanted to follow or skills they wanted to learn. The records showed how people had been supported to plan each step they needed to complete in order to achieve their goals. People told us about their goals such as planning to attend a concert or arranging a holiday.

People told us that they were able to maintain relationships that were important to them. One person told us that they liked to stay with their family at the weekend. They said the staff in the home supported them to do this as they chose. People told us they had friends at the activities they followed in the community. They said they also enjoyed meeting their friends at clubs they attended.

The home was also visited by social workers and community learning disabilities nurses who were able to advocate on people's behalf. The staff on duty showed they knew the procedure people could use to make a formal complaint. They said they would be confident supporting people to make a formal complaint if they needed to do so.

Is the service well-led?

Our findings

Some people who use this service were not easily able to tell us their views. However we observed that the atmosphere in the home was open and inclusive. Other people told us they made decisions about their lives including planning their own meals and choosing the furnishings and décor for their own rooms. People said they were asked for their views about the home and about the support they received.

We saw on the visit that people living in the home had an open and friendly relationship with the registered manager and with the staff team. People said they could speak up to any of the staff. For some people we saw that their families and other representatives were fully involved by the home in the care of their relative and in having a say in the running of the home

The registered provider used formal and informal methods to gather the experiences of people who lived in the home and used their feedback to develop the service. This included an audit manager in the organisation doing unannounced visits to the home. Regular checks were carried out to ensure the safety of the environment and the equipment used in the home. We saw that a monthly report was carried out with an accompanying action plan from these visits.

The registered manager of the home also carried out regular checks on all aspects of the service. We saw that

they had a plan for the continuous improvement of the service. The improvement plan included the views of people who lived in the home about how they wanted the service to develop.

All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and senior support staff and said that they enjoyed working in the home. One member of staff told us, "We all pull together to make a really good quality of life for the people here." Another said, "CIC have had a real drive on pushing for support that is really person centred, called 'Golden Thread'. It's all about really getting to know the person and then using the thread image to develop quality support."

All of the staff on duty told us that they were confident that people were well cared for in this home. They said they had never had any concerns about any other member of staff. The staff told us that they were encouraged to report any concerns and were confident that action would be taken if they did so.

Providers of health and social care are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.