

Allenbrook Care Limited

Allenbrook Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Allenbrook Nursing Home is a nursing home providing personal and nursing care to up to 43 people. At the time of our inspection there were 37 people using the service. Accommodation at the home is provided over 3 floors. There are large gardens and patio areas which provide a safe and secure private leisure area for people living at the home.

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

People told us they felt safe living at Allenbrook Nursing Home. We received consistent positive feedback from people and their families as well as health professionals. One person told us, "I'm very happy here. I feel safe because they look after me."

Medicines administration records (MARs) confirmed people had received their medicines as prescribed. Staff felt well supported and able to approach the manager with any concerns. An action plan was in place to support further development of staff supervision.

People were supported with their nutritional needs and told us how much they enjoyed the food. One person told us, "I like the food and they work hard on the choice they offer us. They bring the menu around so I can choose what I want."

Staff had received training in safeguarding adults and knew how to identify and report abuse. There were enough staff to keep people safe.

Staff worked collaboratively with health professionals to support people with their healthcare needs. There was a system in place to enable people and their relatives to express any concerns or complaints they may have.

Relevant recruitment checks were conducted before staff started working at the home to make sure they were of good character and had the necessary skills.

The provider sought feedback on the service it provided, this information and outcomes were used to drive improvement.

Governance systems in place were effective at driving improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
The last rating for this service was good (published 19 June 2019)

Why we inspected

The inspection was prompted in part due to concerns arising from our review of notifications received from

the service. A decision was made for us to inspect and examine those concerns.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Allenbrook Nursing Home on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Allenbrook Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was conducted by 2 inspectors 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

Allenbrook Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under 1 contractual agreement dependent on their registration with us. Allenbrook Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make.

During the inspection

We spoke with 8 people who used the service and 8 relatives about their experience of the care provided. We spoke with 9 members of staff including the nominated individual, the registered manager, the clinical lead, regional manager, support and development manager, chef and 3 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 8 people's care records and multiple medicines records. We looked at 6 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Following the onsite visits, we continued to seek clarification from the provider to validate the evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were administered safely. One person told us, "Yes, I get my medicine, it is delivered, and the staff give me my medication." A relative said, "They manage her medication and tell me if there is a change and every time the doctor visits which is great." Another relative told us, "They are reviewed regularly, and we are informed of any changes."
- People's medicines were, stored, administered, and disposed of safely. Nurses were trained in medicines administration and were checked for competency. One person told us, "Medicines are on time, they have real nurses doing those 4 times a day."
- Protocols for 'as required' medicines contained sufficient detail to guide staff when and how to administer these medicines safely.
- In line with current legislation, medicines that needed enhance safety arrangements were stored correctly and 2 staff had signed when these medicines had been administered.
- Some people were prescribed paraffin based topical creams that can under certain circumstances act as a fire accelerant. The provider was reviewing these risk assessments to ensure all of the information needed to help mitigate this risk was available to staff.

Assessing risk, safety monitoring and management

- Information was available for staff on how to avoid or reduce the risk of harm to people. This included assessments of the risks of poor mobility and nutrition, the maintenance of skin integrity and the use of bed rails.
 - There were robust systems in place to manage the safety of the environment. For example, electric and gas safety certificates were in place. Overall, routine maintenance and servicing of equipment, such as firefighting and manual handling equipment had been completed and regular checks had taken place. Environmental risk assessments were kept under review by the provider.
- Systems and processes to safeguard people from the risk of abuse
- People felt safe living in the home. One person told us, "This is the best home. I've been in others; this is the best. The food is great. The staff are very good, and they make feel safe."
 - Relatives felt confident their family member was safe. One relative told us, "I don't live locally so it is important to know my mum is safe. The registered manager and the head nurse are really communicative. I feel totally confident mum is safe." Another relative told us, "I feel mum is safe living here. They have people here who know what they are doing."
 - The provider had effective systems in place to safeguard people from abuse. Robust safeguarding policies and procedures were in place to protect people from abuse and avoidable harm. Staff had a good understanding of what abuse was and how to report it and were required to complete safeguarding training

annually.

- The registered manager liaised with the local authority if safeguarding concerns were raised, and documents demonstrated this occurred in practice.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- People told us there were enough staff. One person told us, "At nights and weekends the staffing is no different. On the whole it is the same faces. There are 1 or 2 new ones, but they are friendly."
- Relatives also thought there were enough staff. One relative told us, "I think there are enough staff, they are busy, but they never seem too busy to make eye contact which is really nice. The staff here have time for people." Another relative told us, "Yes, there are enough staff. We have seen some different people, generally we see the same faces."
- We observed staff were not rushed and responded promptly and compassionately to people's requests for support. Staff rotas were planned in advance, and we observed sufficient staff numbers during the inspection.
- Robust recruitment policies and procedures were in place to ensure staff were recruited safely. Appropriate pre-employment checks were completed.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting was managed in line with current guidance. We observed multiple visitors coming and going throughout the inspection.
- The registered manager told us visitors were welcome. A person told us, "My friends and family visit often." A relative told us, "I visit regularly. I don't live that far away so it is easy to pop in whenever I can. The staff are

always welcoming."

Learning lessons when things go wrong

- The registered manager had systems in place for monitoring incidents and accidents to ensure there had been an adequate response and to help identify any patterns or trends that might need further mitigation. For example, all falls were recorded in detail and action had been taken to mitigate future risks.
- The registered manager described an example of when something had gone wrong and described what had been put in place to mitigate the risk. They told us they shared the learning with other homes owned by the provider.

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 our last inspection we rated this key question good. The rating for this key question has remained 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 culture of the home was positive, and people lived in a homely and friendly environment. Our observations indicated people were treated equally, with compassion and they were listened to.
- People received person-centred support and care delivery ensured people were enabled to maintain skills and independence.
- People told us they were happy living at the home. One person told us, "I've never been anywhere they look after people so well. The best thing is they are so friendly and helpful, there is no chance to be miserable, even if you are." Other people's comments included, "I'm very happy here. I have no worries. I wouldn't change anything."
- Relatives also praised the home. One relative told us, "This is the happiest Mum has been for 2 years. She has been in and out of hospital and this is the most settled she has been for a while." Other relatives' comments included, "The care is very good and there is around the clock care" and "The best thing about this home is that we feel as visitors and family very welcome, we can work together with them, we are not on our own and we don't worry because we know they are doing things."
- The registered manager told us, "We have people here who have self-admitted to Allenbrook Nursing Home. We've had visitors who now live here."
- We observed part of a music session during the inspection. Each resident had an instrument to move along with the music. The music played was familiar to the people. There were some quiz questions about the music. It was an interactive session, and the facilitator knew and used every person's name. Most people were engaged and appeared to be enjoying the session.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- The previous inspection ratings were displayed in a prominent position within the home, as well as on the providers website.

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

- Quality assurance systems were in place to enable the management team to monitor and identify any

shortfalls in the quality of the service people received. Audits were undertaken covering health and safety, the environment, fire safety and medicines management. These enabled the registered manager and provider to monitor and identify any emerging risks.

- A service improvement plan was completed to identify any improvements required as a result of audits and quality checks. Action was taken in response to the findings and checks made to ensure improvements were being embedded. This included an action plan to ensure staff received regular supervisions going forward.
- The registered manager and deputy manager shared the clinical lead role, this meant people's nursing needs and care were monitored.
- In line with requirements, CQC were notified of all significant events that occurred within the service.
- The management team kept up to date with developments. The registered manager told us, "I receive emails from CQC about their updates. I am aware there is a webinar to share the changes within CQC. We have a weekly meeting with our regional managers who share information."
- The registered manager and nominated individual responded and acted in a timely manner during and after our inspection to rectify any shortfalls found during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had effective arrangements in place for gathering people's, and their representatives, views of the service. The feedback gathered was consistently positive.
- Staff were encouraged to contribute to the development of the service through meetings and surveys. Staff told us they felt valued and listened to. One staff member told us, "The manager is very approachable and open to our suggestions and trying things."
- Appropriate and up to date policies were in place to ensure people's diverse needs were considered and supported. We observed people and staff were treated fairly and individually respected. People's relatives and staff confirmed this. One staff member told us, "They have been brilliant in supporting me with my personal health problems."
- The staff team worked closely with other professionals to ensure people received effective, care, and documents confirmed this. Visiting professionals told us, "If we ask for information, we receive it in a timely manner. I have no concerns, we have developed good relationships with [Registered Managers name] and the team", and "We have very positive relationships. They [Managers and staff] are responsive, reactive to advice and provide information on request."
- The provider shared that they facilitated, 'Manager's talk time'. This provided a robust support network of experienced individuals to support managers across the organisation. Meetings took place online fortnightly, any relevant issues, concerns, or opportunities for shared learning were discussed. Managers/deputies also visited each other's homes to observe good practice and share ideas.
- People told us they would be comfortable raising concerns about their own or other people's safety. One person told us, "I would complain to the manager, she would deal with it." Another person told us "I could complain to nurses. No doubt they would deal with it."