

Allswell Care Services Limited

Allswell Lodge

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 ●

Summary of findings

Overall summary

This announced inspection took place on 7 June 2016. We last inspected this service in April 2014. At that inspection we found the service was meeting all of the regulations we assessed.

Allswell Lodge provides accommodation for up to five people who require personal care and support on a daily basis in a care home setting. The home specialises in caring for adults with a learning disability. At the time of our visit, there were three people using the service full time and two people using the service for respite care at the weekends.

The home had a registered manager at the time of the inspection.. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were safe at the home. The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm. Staff understood what constituted abuse and the action they would take to protect people if they had a concern.

Risks were managed so that people were protected and supported in a non-restrictive way. We saw that risk assessments and support plans were appropriate to meet people's needs. Where risks were identified, risk management plans were in place. We saw that regular checks of maintenance and service records were conducted. This helped to keep people and the environment safe.

We observed there were sufficient numbers of qualified staff to support people and to meet their individual needs. We saw that the provider's recruitment process helped to ensure that staff were suitable to work with people using the service.

People were supported by staff to take their medicines when they needed them and records were kept of medicines taken. Medicines were stored securely and staff received annual medicines training to ensure that medicines administration was managed safely.

Staff had the skills, experiences and a good understanding of how to meet people's needs. Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for.

The service had taken appropriate action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. DoLS authorisations were in place to protect people where they did not have capacity to make decisions and where it was deemed necessary to restrict their freedom in some way, to protect themselves or others. We saw that each person's mental capacity in respect of this decision had been assessed and the provider had applied to the local authority to verify their

findings. Each person had a time specific DoLS authorisation and this was clearly displayed in the person's care plan.

Detailed records of the support people received were kept. People had access to healthcare professionals when they needed them. People were supported to eat and drink appropriate amounts to meet their needs.

People were supported by caring staff and we observed people were relaxed with staff who knew and supported them. We saw that people had the privacy they needed and they were treated with dignity and respect at all times.

The provider had arrangements in place to respond appropriately to people's concerns and complaints.

We saw clear evidence of a person-centred approach that was taken towards a person's individual needs. Records showed and we saw that people's complex needs and behaviours were managed through staff having a thorough knowledge and understanding of that person.

Staff were flexible about the activities people were involved in according to their preferences. Records showed activities were risk assessed to ensure the person and others were safe. This helped to ensure the person enjoyed a good experience of the activity of their choosing.

From our discussions with the registered manager it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC.

The provider had policies and procedures in place and these were readily available for staff to refer to when necessary. There were systems in place to assess and monitor the quality of the service. Weekly, monthly and annual health and safety and quality assurance audits were conducted by the home. The provider's quality assurance systems were effective in identifying areas where improvements were required so they could take the necessary action to address any concerns.

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. Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take.

Risk assessments were undertaken to identify and manage any risks present for people who used the service. This helped to protect them.

There were sufficient numbers of skilled staff to support people and to meet their needs. The recruitment practices were safe and ensured staff were suitable for their roles.

We found the registered provider had systems in place to protect people against risks associated with the management of medicines. □ □

Is the service effective?

Good ●

The service was effective. Staff had the skills and knowledge to meet people's needs and preferences. Staff were suitably trained and supported for their role.

People were supported to eat and drink sufficient amounts of their choice to meet their needs. Staff took appropriate action to ensure people received the support they needed from healthcare professionals.

The service had taken the correct actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Is the service caring?

Good ●

The service was caring. We observed staff treated people with dignity, respect and kindness.

Staff were very knowledgeable about people's needs, likes, interests and preferences.

People were listened to and staff encouraged and supported people to make their own decisions.

Is the service responsive?

Good 

The service was responsive to people's needs. Assessments were undertaken to identify people's needs and these were used to develop support plans for people.

Changes in people's health and support needs were acted upon to help protect people's wellbeing.

Relatives we spoke with told us they felt able to raise concerns and would know how to complain if they needed to. ☐ ☐

Is the service well-led?

Good 

The service was well-led. An experienced registered manager was in place who promoted the highest standards of support for people to ensure people's quality of life.

Staff told us they felt well supported by the registered manager who was approachable and listened to their views.

Staff understood the management structure in the home and were aware of their roles and responsibilities. We found there was a relaxed and friendly atmosphere to the home. ☐

Allswell Lodge

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 inspection took place on 7 June 2016 and was announced. We told the provider one day before our visit that we would be coming. We did this because the registered manager, staff and people using the service are often out of the home engaging in activities. We needed to be sure that they would be in. This inspection was carried out by one inspector.

We reviewed the information we had about the service prior to our visit and we looked at notifications that the provider is legally required to send us about certain events such as serious injuries and deaths.

On the day of the inspection we met with the registered manager and four staff. We also met three people living at Allswell Lodge but they were not able to fully share their experiences of using the service because of their complex needs. We observed staff supporting people in the communal areas. We looked at three care records and four staff records and reviewed records relating to the management of the service.

After the inspection we telephoned two relatives and spoke with one of them. We also telephoned three members of staff and spoke with one of them.

Is the service safe?

Our findings

One person smiled and indicated with gestures to affirm they liked living at Allswell Lodge. The other two people were not able to tell us if they were happy living there but we could see that staff knew them well and they appeared happy walking around and engaging with the registered manager and staff. One relative said "Staff are very thoughtful and considerate." A staff member said "I observe people; I learn from their movements and look for their responsiveness to a question or situation."

The provider helped to protect people from abuse. There were appropriate arrangements in place to keep people safe and reduce the risk of abuse. There were safeguarding policies and procedures in place that staff knew about. Staff told us they were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff knew what to do if they had any concerns for people's safety. Staff told us they felt able to speak up at any time if they were unhappy about a person's care. Records confirmed staff had received training in safeguarding adults.

When we spoke with the registered manager they indicated they were aware of their responsibility to refer any safeguarding concerns that arose to the local authority. They understood it had the statutory responsibility to investigate any safeguarding alerts. We saw the service had policies and procedures in place to respond appropriately to any concerns regarding protecting people from possible abuse and these were readily available for all staff to read.

Risks to people were being managed so that people were protected and supported in the most appropriate way for the person. We saw that risk assessments and support plans were appropriate to meet people's needs. This included assessments for when people were at home in Allswell Lodge, when they were in the kitchen or garden, as well as when they were out in the community. The provider had a mini bus and risk assessments had been undertaken to help ensure people were safe when traveling and that people had the most suitable seat belt for their needs and disability. Staff told us and records showed that risk assessments had been carried out for the activities that people took part in. Where risks were identified risk management plans were in place, which gave details of the risks and the preventative measures necessary to help prevent an incident occurring. We saw that risk assessments were well written and updated every month.

Staff were aware of the fire emergency plans and these were kept up to date. Each person had a personal emergency evacuation plan (PEEP) which had been reviewed in March 2016. A full evacuation of all people living at Allswell Lodge was conducted every three months. Procedures were in place if a person refused to leave the building to help to keep the person safe until the fire service arrived. The fire alarm, fire doors and emergency lighting were tested weekly and contracts were in place for the maintenance of equipment used in the home, including fire extinguishers.

Daily, weekly and monthly audits of the home were conducted including ensuring that carpets and furniture were in good repair. Hot water was checked to ensure it was at the correct temperature to prevent scalding a person and potential trip hazards were dealt with to help prevent any falls. Any equipment used in the house such as gas and electrical appliances were also checked and maintained and we saw the current certificates for these checks.

Throughout the inspection we saw staff were available, visible and engaging with people. Some people received one to one care while in the home and this was increased to two to one care when in the community. The registered manager told us and staff rotas confirmed that there was sufficient staff to enable people to engage in activities of their choosing when they wanted to go to them.

Staff personal files were kept securely. We saw an appropriate recruitment process was in place before staff were employed. This included completed application forms, references and criminal record checks. We saw that criminal record checks were updated every three years. These checks helped to ensure that people were cared for by staff suitable for the role.

Medicines were administered safely. Only staff trained in medicines administration could give medicines to people using the service. The medicines administration record [MAR] chart for each person included a photograph of the person, any information about any allergies they may have what the medicines were and what they were for. This helped staff explain to people what they were taking and why. The MAR charts were up to date, accurate and no gaps in the administration of medicines were evident. Medicines were stored securely in a locked cabinet.

The home had a medicines policy that was available for all staff to read. Records showed that staff received regular training and competency assessments for medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

Is the service effective?

Our findings

People were cared for by staff who received appropriate training and support. One person smiled when we asked if staff were good. Three staff members commented, "We [staff] support one another," "we get regular support through supervision from the manager," and "there is plenty of training and we get a chance to discuss it afterwards."

Staff had the skills, experiences and a good understanding of how to meet people's needs. Records showed staff had attended recent training in learning disability awareness, positive behaviour support, first aid and fire safety. Training was a mix of e-learning and group classroom training. Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for. Records showed that staff had received an induction when they started work at the service.

Staff told us they were fully supported by the registered manager. Staff received one to one supervision every two months plus an annual appraisal. Records we looked at confirmed this. Records showed that staff meetings were held every two months and both staff and people using the service joined the meeting.

Records showed the provider had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 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. DoLS protects people when they are being cared for or treated in ways that deprive them of their liberty. People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. Staff had received training on MCA and DoLS and understood what it meant to the people in their care.

One staff member said "We are here to help people live life to the full; we help them make decisions by encouragement." Another staff member said "We follow the person's care plan and challenge and encourage them to make their own decisions."

We saw that staff encouraged people to make their own decisions about their day to day life. What time they got up and went to bed, the clothes they wanted to wear, the food they chose to eat and the activities they chose to participate in. Staff did this by using actual objects, such as a bowl of cereal or showing a person a variety of their clothes. They gave the person time to consider their options and make a decision. The provider has also made applications for authorisations to deprive the three people of their liberty under DoLS and these had been granted by the local authority. This helped to ensure that even though the three people at Allswell Lodge were subject to authorisations under DoLS, they were encouraged to make decisions for themselves as much as possible.

People were supported to eat and drink sufficient amounts to meet their needs. Staff told us that each Sunday they planned with people the following week's menu. They helped people decide by using actual food items or pictures. From this planning a shopping list was developed and staff and one person went to the supermarket to buy the food needed. People's daily notes showed that people often changed their mind on the day as to what they wanted to eat and we saw there was a sufficient variety of food to accommodate this. We saw that food was labelled and stored correctly. Fridge and freezer temperatures were taken daily and were within the correct ranges. This information helped to ensure people were supported appropriately with their nutrition.

People were supported to maintain good health and have appropriate access to healthcare services. Care files we inspected confirmed that people were registered with a local GP. Their health care needs were well documented in their care plans. Each person had a hospital passport. A hospital passport assists people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. This helped to ensure people stayed healthy.

Is the service caring?

Our findings

People were supported by caring staff. We could see that people were happy with the staff during our visit. People and staff appeared to know one another well and we could see staff understood people's different ways of communicating.

One relative said "I am very pleased with the care my relative receives, staff really understand their needs and they are much more independent now." One staff member said "I think the care is very good, we help people to have as much independence as possible." Another staff member said "This is a nice family home and we take good care of the ladies." Staff showed respect to people. We heard staff calling people by their own names but collectively staff referred to the three permanent people as 'ladies'.

We saw evidence of the individual care people received when we read people's daily notes, which were written comprehensively and personally. We saw that staff showed people care, support and respect when engaging with them. This knowledge of people gave staff the opportunity to support people in the most effective way.

Each person had their own en-suite bedroom, which had been individually decorated and furnished. The registered manager told us and we saw that thought had been given to the type and positioning of furniture so as not to cause a trip or to create a fall hazard. Each room had an alarm system so people could summon help if needed. People were supported by staff to clean and tidy their own room. One person was doing this during our visit and we could hear lots of chatting and laughing between the person and staff while the cleaning was going on. This all helped people to think of Allswell Lodge as their home.

Staff supported people with their spiritual needs. Care plans showed that people had been asked about their spiritual needs. The provider had found an inter-denominational service specifically for people with a learning disability. People could attend when they wanted to and records showed staff supported them to do so.

We saw that people had the privacy they needed and they were treated with dignity and respect at all times. We saw that staff knocked on people's bedroom doors before they went in and spoke quietly to people. This helped to ensure the person's dignity was maintained.

Is the service responsive?

Our findings

The service was responsive to people's need. One relative commented "Staff have really understood my relatives communications needs."

People's support plans were organised and securely stored. Each support plan had a statement that said 'We promise not to do for you what you can do and wish to do for yourself'. This gave staff a visual reminder to treat each person as an individual. Each support plan included a picture of the person and a one page review of a person's communication needs and how best staff could communicate with them. This helped staff to clearly know how to communicate with a person. There were sections in an easy read format on 'things that make me happy or unhappy,' and 'when I am content or distressed I do this.'

There was detailed information on how a person liked to get up in the morning, the food they liked and disliked, and the activities they liked to do. Details about the help a person needed and how it should be given, what a person liked to do for themselves, how to help them if they become anxious or upset. There was a section called 'Daily Living Opportunities' and this looked at daily living tasks such as getting dressed, personal care, eating and meal times. Each person was given a score from one to five (one being poor and five being very good) for each task. Staff said this was used to gauge if people were using all their skills or if their skills were diminishing. This also prompted staff when to give more or less encouragement. Records showed the care plans had been updated in March 2016. The care plans were comprehensive, easy to read and gave staff a good understanding of who a person was and how they wanted to be supported.

Records showed and we saw that people's complex needs and behaviours were managed through staff having a thorough knowledge and understanding of that person. Behaviours that challenged were managed by staff thinking and planning ahead to help minimise any risk to the person or others. We saw that risk assessments were reviewed monthly and action management plans put in place to minimise those risks.

Each person had a daily schedule of activities. Staff discussed with the person the type of activities they may like to try, using pictures if necessary to help with communication. We saw that currently people were engaged in a weekly cookery class at a local school, attending an art café, dancing and 'ambling,' a version of rambling that everyone could join in with. Records showed activities were risk assessed to ensure the person and others were safe. This helped to ensure the person enjoyed a good experience of the activity of their choosing in as safe a way as possible.

Allswell Lodge also had a variety of suitable games people could play either inside or in the garden. The smaller lounge room had been set up as a sensory room, with lights and patterns beamed onto the walls, with music. We saw that the patterns changed as people moved, made a sound or clapped their hands. People were able to use this room independently to relax in.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. Relatives said they felt happy to speak to staff or the registered manager when necessary. They had confidence that the registered manager would deal with any concerns promptly. The registered manager

told us they dealt with any incident as it arose so as to ensure a resolution was found quickly and to the satisfaction of the complainant.

Is the service well-led?

Our findings

We could see that people who lived at Allswell Lodge knew who the registered manager and staff were and could engage with them at any time. One person we spoke with smiled and laughed in agreement when asked if staff were nice and if they liked them. Throughout our visit we saw staff and people engaging together in a relaxed and comfortable manner.

Three staff commented "We work as a team, the manager is very supportive, the work is very fulfilling" and "the manager is very supportive, we do our best for people," and "I get good support from the manager, their door is always open."

The service was led by a registered manager who was also one of the directors of the company that owns the home. From our discussions with the registered manager it was clear they had a good understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes. The registered manager was part of the staff team and was fully aware of what was happening within the service and was available to people when needed.

The home had policies and procedures in place and these were readily available for staff to refer to when necessary. Policies were kept on line and staff had to sign as having read them. Staff said they had access to the policies and any changes were discussed at team meetings.

Systems were in place to monitor, assess and improve the quality of the service. Previously people using the service had not been asked for their opinion of the support and care they received because of their complex communication needs.. But we saw the registered manager had devised a questionnaire divided into several easy to read sections with pictures. Staff helped people to complete the questionnaire over several days. The results showed that people were happy at the home but would like to go out more in the mini bus. The registered manager said they had arranged more outings in the mini bus and would repeat the survey, adjusting the questions from what they had learnt during the first survey to continue to receive feedback from people.

The views of relatives were gathered informally when they visited or through telephone conversation. Visitors to the home were also asked for feedback and we saw several positive comments, although they had not been dated as to when they were received. A staff survey was conducted in May 2016 and the overall results were positive. Although this was a small staff team, staff had the opportunity to send their replies anonymously and add any comments they had about the home or management.

The registered manager and staff conducted daily, weekly and monthly audits of the home and their findings and actions were logged and an action plan developed when needed. These audits helped to ensure the safety of the home and the people who lived there.