

Allendale Rest Home Ltd

Allendale Residential Home Limited

Inspection report

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Tel: 01617953051

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 9 May 2018 and was unannounced.

Our last inspection of this service was on the 24 May 2017 and we found the service to be good in all domains. At this inspection, we found a number of concerns relating to the quality and safety of people living at the service. Further information can be found in our findings in the body of the report.

Allendale Rest Home Limited is a "care home" providing care for up to 24 people in the Blackley area of Manchester. People in care homes received accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. There were 24 people living at Allendale Rest Home Limited on the day of inspection.

There was a registered manager in post. A registered manager is a person who has registered with 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.

We found a number of concerns relating to the safety of people living at the service. An access route to a fire escape was not safely monitored. People were being moved and handled in the wrong type of sling. Fire drills and personal evacuation plans did not provide sufficient detail. A sluice room was left unlocked which left a potential scalding hazard to people.

Recruitment procedures were not always thorough.

Medicines were administered, recorded and stored safely. There were regular audits in place to monitor medicines. Staff received medication training and had their competency checked regularly.

Deprivation of Liberty Safeguards had been applied for but the service did not routinely assess people's capacity in relation to why they were being deprived of their liberty. Staff members received regular training appropriate to their role.

Staff members were aware of people's preferences and needs in relation to eating and drinking. People were offered a choice of healthy and nutritious meals. The cook was knowledgeable about people's eating and drinking requirements.

The home's décor was not always specific to people with dementia. Also, the noise from the nurse alarm was loud and appeared to affect people when it sounded.

We saw caring interactions between staff members and people living at Allendale Rest Home Limited. Staff

spoke to people with dignity and respect.
Health professionals said they found the staff team to be kind.

Our observations were that the staff team knew the people living at the service well.

There were a number of activities available for people to take part in. We saw that the service has enabled people to attend local music festivals and singers and exercise groups regularly visited the home.

Care plans were not always reflective of people's current needs. There was no evidence that people or their families had been involved in care planning.

People did not have their wishes and preferences recorded at the end of life.

People, relatives and staff members felt the registered manager was approachable and supportive.

There were regular meetings held with the staff team and people living at the service.

The registered manager provided opportunity for people, relatives and the staff team to comment on the service in the form of satisfaction questionnaires. However, the questionnaires were not analysed to monitor and improve the service.

The provider was a regular visitor to the service and knew people living there well.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not safe.

An alarm to a fire escape route did not stop people accessing the stair well unsupervised.

People did not have the correct slings in place to enable safe moving and handling.

Recruitment of staff was not always thorough

Is the service effective?

Requires Improvement ●

The service was not effective.

The service was not working in line with the Mental Capacity Act 2005 and people were not routinely having their capacity assessed.

The homes décor was not specifically designed to support people with dementia.

People's dietary needs were catered for and staff were aware of peoples preferences and support needs when eating and drinking.

Is the service caring?

Good ●

The service is caring.

We observed kind interactions between staff and people using the service.

Staff members were responsive in prompting people's dignity.

People, relatives and visiting professionals said they found the staff team to be caring.

Is the service responsive?

Requires Improvement ●

The service was not responsive

Care plans were not always reflective of people's current needs.

There was no end of life planning for people living at the service.

Complaints were answered to in a timely manner and outcomes shared.

Is the service well-led?

The service is not always well led

There were audits in place to monitor the service but improvements needed to be made as they hadn't identified concerns with legionella and fire safety.

Staff members received regular supervision and were able to attend staff meetings.

Staff members, people living at the service, relatives and visiting professionals found the registered manager to be supportive.

Requires Improvement 

Allendale Residential Home Limited

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.

The inspection took place on 9 May 2018 and was unannounced. The inspection was undertaken by two inspectors and one assistant inspector.

The inspection was prompted in part by an increase of 'Share Your Experience' forms from people connected to the service. Share your experience forms allow people to provide feedback about a service directly to the Care Quality Commission.

The information shared with CQC indicated potential concerns about the management of the service. This inspection looked at those concerns.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the provider about incidents and events that had occurred at the service. Statutory notifications include information about important events, which the provider is required to send us by law. We used this information to plan the inspection.

We contacted Manchester local authority commissioning, safeguarding and public health teams to obtain their view of the service and to collect information they held such as safeguarding referrals and infection control audits. There was no information of significance raised. We also contacted Manchester Healthwatch who told us they had not received any feedback about this service so far. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

During the inspection we spoke with three people who used the service, two relatives, the registered manager, a care manager, four staff members and two visiting health professionals.

We looked at three people's care plans and risk assessments. We reviewed three staff personnel files and records relating to recruitment, induction, training and supervision. We looked at three people's medication records and a number of audits relating to medication management, health and safety, infection control, recruitment, safeguarding and quality assurance. We checked people's feedback on the service including if people felt cared for and that whether people were involved in planning their care. We looked at health and safety and infection control and medication management. We reviewed policies and procedures and business continuity planning.

We also completed a 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

Is the service safe?

Our findings

As part of our inspection we undertook a tour of the home where we found a number of concerns relating to the safety of people living at the service.

During our tour, we noted a number of potential safety hazards. We found the sluice room had been left unlocked on the first floor. Although this room did not contain any hazardous cleaning products, we found the sink in place posed as a scalding risk due to the hot tap. Furthermore, during our tour we noted the fire escape did not have restricted access. This meant people could access the fire escape route which contained steel stairs; this posed as a falls hazard. We discussed this with the registered manager who commented that the doors were alarmed, however when we accessed the doors on a number of occasions throughout the inspection, we found no staff arrived to investigate who was using the fire escape. The premises had not been made secure to minimise the risk of people potentially causing themselves harm.

This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not ensure that the stairwell was safely monitored. The provider did not ensure that the sluice room was locked to prevent unauthorised access.

We discussed with the registered manager, looking at other methods of keeping the doors to the stairwell secure while being able to access the escape route in an emergency.

People and relatives we spoke with said they felt safe living at Allendale Rest Home Limited. One person told us "I feel safe, I can always talk to the staff, I have a key worker, they are nice. I mentioned something once when I was unhappy and they sorted it for me." A relative told us "I feel [Name] is safe, I am always informed of anything."

We reviewed three staff personnel files and we saw that two of the staff members had the required pre-employment checks in place including two written references and a Disclosure and Barring Service (DBS) check. A third staff member had only one character reference and a conviction on their DBS had not been fully explored. The registered manager had verbally spoken to the staff member but had not recorded any information. This meant that the service had not followed the processes in place to protect people from receiving care from staff who were unsuitable.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not ensure that staff were of good character or have the competence or experience necessary for the work to be performed.

People were kept safe and protected from abuse. One person told us. "The manager is great, I can tell them anything, I don't have any problems." Another relative told us that they would not have any issue in raising concerns with the registered manager. The service had safeguarding policies and procedures for managers and staff to follow if required. All the staff we spoke with could describe what action to take if they suspected abuse was occurring and each staff member said they had full confidence that the registered or care

manager would act on their concerns. One staff member we spoke with said "If someone made an allegation of abuse, I wouldn't promise to keep it confidential as that wouldn't be true. I'd document it, time and date it, tell the registered manager in a sealed letter if it was a night shift or call 999 if necessary." A whistle blowing policy was also in place and each staff member we spoke with confirmed they knew why the policy was in place. All staff members we spoke with told us they had received training to give them an understanding of abuse and knew what to do to make sure people using the service were protected. We also saw training certificates confirming training had taken place.

We checked the personal monies held by the service for five people. We found that all transactions were accounted for and receipts were available to confirm the purchase.

During the tour of the home, we also found a person's pain relief gel left in the bathroom of the first floor. This meant this person's medication had not been securely stored and could have been inappropriately used by other people living at the home. We discussed this with the registered manager and the gel was removed immediately.

We viewed three peoples MAR charts and found them to be appropriately filled in with photographs of the person on the front. We also checked the boxed medicines of three people and found that stock levels reflected the numbers recorded on the MAR.

There were records kept for the safe administration of creams. Also a body chart accompanied the record and gave directions for the location of the cream to be applied. All creams administered had been signed for on the MAR chart. Additionally, for anyone who was prescribed morphine patches, a body chart was completed to highlight and date where the patch had been placed on the body. This meant that people were receiving their medicines safely and there was accurate recording confirming administration had taken place. We found that prescribed creams were not always stored securely but in people's bedrooms. We advised the registered manager to look at an alternative system to securely store creams in people's bedrooms.

We saw that people had protocols in place for the safe administration of "when required" medicine. When required medicine is a medicine such as Paracetamol, which is not routinely required daily. The protocols gave guidance to staff for the signs and symptoms people may display when in need of this medicine. This meant staff were able to monitor people who didn't communicate by looking at other changes in their health and wellbeing.

We saw that senior staff members received medication training and their competency was assessed by the care manager or registered manager every six months. Furthermore, we saw training certificates and documented competency checks confirming this in staff files. This meant that staff had received the support required to ensure they were administering medicines safely.

We saw regular temperature checks recorded for fridge and room temperatures which ensured that medicines are stored at the correct temperature. There were monthly medication audits completed which identified stock levels, missing signatures, that boxes of medicines, drops and creams were dated on opening and checks that medicines had been given. Any outcomes from the audits were shared with the senior staff team. There were no errors documented on the last audit three completed. On delivery of monthly medication, the pharmacy worked with the care manager to book in the medication to ensure there were no errors. This meant that the service was assuring itself the medicines were being appropriately booked in, stored, administered and recorded.

We saw there were sufficient numbers of staff members to support people with their assessed needs during the day. We began our inspection at 7.15am and found that night staff were rushed and a number of people were up and dressed waiting for their breakfast. While people had chosen to get up at that time, we found that there were not always enough staff members around to support people. We discussed with the registered manager who told us that they had already recognised that an additional member of night staff was required and they were looking to implement this. We will review this at our next inspection. All staff we spoke with said they felt there was enough staff on duty. One staff member said "It would be great if we had a third member of staff [on nights] because it can be busy."

We looked at the rotas which reflected the number of staff members on duty throughout the inspection. One person told us "The staff are busy but they make time and they are kind."

Risks to people were assessed and their safety monitored. We saw that people received support and monitoring with the management of falls, moving and handling, malnutrition and skin integrity. We observed people who required equipment such as a hoist to move, were supported in a reassuring manner by two staff members. However, we noted that people were being moved using toilet slings. While toilet slings give a great deal of access, they give little support and their use should therefore be restricted to toileting purposes. We discussed this with the registered manager and they advised us that they had been told by a company selling the slings that they would be suitable. We recommended that the service reassesses each person living at the home for the most suitable sling. We did see that the service had other full slings available that could be used until full assessments could be undertaken.

Falls were monitored using a risk assessment tool and we saw that where people were at a high risk of falling, the service followed a falls care pathway which looked at people's footwear, equipment, hearing and vision and if they needed hip protectors or floor sensors. We saw that people were also referred to the falls clinic and the risk assessments were regularly reviewed. This meant that people's risk of falling was monitored and reduced.

We saw an analysis of the accidents and incidents and any outcomes were documented and learning from such concerns were shared with staff members. We saw that body maps were in place which identified where any injuries had been sustained. This meant the service was proactively working to reduce the frequency of accidents or incidents from reoccurring.

We observed staff using personal protective equipment (PPE) such as gloves for use when delivering personal care. We also saw that PPE was readily available within the home. We saw that the service had an infection control policy in place and staff confirmed to us that they were aware of the requirements of the policy. We saw certificates confirming staff members had received training in infection control.

We checked the systems in place to protect people in the event of an emergency. We found that personal emergency evacuation plans (PEEPs) were in place for all people who used the service and a copy was kept in the staff office. However, we found these plans did not provide sufficient detail to establish if a person was independently mobile or what support they would require to evacuate the building during the day and at night. This meant the information available for the emergency services was not detailed enough in the event of the building needing to be evacuated.

During the inspection we asked to view the records in relation to fire drills at the home. We noted fire drills had been undertaken at least every three months. However, we found these fire drills were poorly recorded and did not detail the time and how long it took. Discussion with the registered manager confirmed this was an area the home was looking to develop. Fire drills should be carried out to check that staff understand and

are familiar with the operation of the emergency fire action plan, to evaluate effectiveness and identify any weaknesses in the plan.

We recommended the registered provider reviewed the latest fire safety guidance for care homes.

Cleaning records were completed daily and we saw records relating to monthly checks of mattresses and cushions. We found the service to be clean throughout and were assured that the service was taking necessary action to prevent the spread of infection.

We saw most equipment had been serviced according to the manufacturer's instructions. There were weekly internal checks of the fire alarm system, emergency lighting, nurse call alarm and water temperatures. We viewed servicing certificates which were in date for gas, fire alarms, emergency lighting, portable electrical equipment (PAT) and hoist. The service had appointed an external organisation to manage the passenger lift. There were documents in place confirming that the lift had been serviced at regular intervals. A fire risk assessment was in place.

We found the providers electrical installation conditions report indicated this had expired by three months. Although the regulations of the Electricity at Work Regulations 1989 does not require electrical testing to be carried out. It is required by the law that providers must ensure the homes entire electrical systems are safe at all times. Regulation 4(2) of the Electricity at Work Regulations 1989 states: "All systems to be maintained so as to prevent, so far as is reasonably practicable, danger". "System" means the wiring of an electrical installation due to them processing quotations and everything connected to it. The provider commented that they didn't realise this had expired, and confirmed this work would be completed.

We saw that the service was not following procedures set out in their Legionnaires risk assessment. Legionnaires' disease is a potentially fatal form of pneumonia caused by the legionella bacteria that can develop in water systems. We found the home was not taking reasonable measures to control the risk of legionella developing in the water system. We found a risk assessment in relation to legionella was in place. However, we found the home was not following this. For example, the risk assessment stipulated, "Thermostatic Mixing Valves (TMV) should be tested (failsafe) every six months and serviced every twelve months." We found the home had TMV's in situ, but no period testing was in place. A common method of helping prevent legionella developing is by ensuring hot and cold water temperatures are maintained within recommended limits. There was no evidence that any monitoring of the water temperatures had taken place. This meant the provider was not taking reasonable steps to help protect people from the risk of contracting Legionnaire's. We raised our concerns with the registered manager and owner who confirmed this work would be prioritised.

This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant the provider was not taking reasonable steps to help protect people from the risk of contracting Legionnaire's or ensuring the water system was appropriately managed.

We found premises safety documentation was not easy to access and no specific folders in place. We recommended the provider ensured they put a detailed folder in place and an action plan of what other work in respect of premises safety is required.

The service had a number of close circuit television (CCTV) cameras in use throughout the communal parts of the service. The registered manager told us that they made people aware that the cameras were in use although we did not see any signage to advise this. We also did not see that people had consented to be filmed. We recommended that the registered manager review the use of CCTV to ensure that people are

aware that it is in use. There was a policy in place on the use of surveillance in the care home.

Is the service effective?

Our findings

The mealtimes we observed were relaxed and well organised. People received any help, support and encouragement they required to eat and drink promptly. We saw people were offered a choice of meal and were asked if they had had enough to eat. One person told us "I don't have any problems, food is great, there's two choices but they would cook me anything I asked for."

We visited the kitchen and saw there was a list of people's dietary requirements displayed. This included information on people's weights and any nutritional risk. This would help ensure kitchen staff were able to provide people with appropriate nutritional support.

During the meal we also saw that care workers promoted people's independence by encouraging them to eat meals by themselves; however, when it was clear that people couldn't manage or required assistance it was provided promptly.

There was a four week menu which provided a good variety of food to the people using the service. The cook we spoke with explained that choices were available and special diets such as diabetic meals were provided if needed. The cook explained that they were aware of people's likes and dislikes and that the senior staff told them if someone had any specific dietary needs. Everyone we asked said that they liked the food they were being offered at mealtimes.

Care plans gave information on people's specific diets, type of diets and if they ate independently. We saw people being encouraged to eat a healthy diet and those at risk of malnutrition ate a fortified diet. This was under the advice of a dietician or other health professional. Each staff member we spoke with was aware what type of diet each person had such soft or fork mashable. We also saw that people's weights were regularly monitored. This meant that people were given choices for their food preference and that any concerns around eating or drinking and weight loss were acted upon.

People told us that they could see a GP when they felt unwell; this was recorded in people's healthcare visits logs. We also saw that people visited or received visits from the optician, dentist, district nurses and other healthcare professionals. This meant that people's health needs were being met by health professionals supporting the service. Staff were pro-active in raising concerns they had about people's health and a relative told us that they were always kept informed of any changes with their relatives health.

Staff we spoke with said that they were kept up to date with training. We saw that staff were receiving regular training which included moving and handling, safeguarding, deprivation of liberty safeguards, mental capacity, nutrition, continence, medication, fire safety and first aid. Dementia training was due to be delivered to staff members in June 2018, however all staff members we spoke with said they had completed dementia training in their current role or in previous roles.

The staff files we viewed shown that staff received an induction into the service and staff members confirmed this. We saw induction included mandatory training and the opportunity to shadow more

experienced staff members. Staff told us and we saw that they received regular supervision and were able to attend regular staff meetings.

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. The registered manager had a good understanding of this legislation and appropriate assessments of people's ability to make decisions had been completed. Where people's capacity to make a specific decision could be variable this had been recorded and staff were provided with guidance on how to support people to make meaningful choices.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The main entrance and exit doors into the service were key coded which prevented people from freely leaving. While we understand this is in place to keep people safe, the service needs to ensure they have assessed people's capacity and ensure the key codes are in place in the best interests of people who live at the service.

The registered manager had made applications to the supervisory body where they had identified this was required. The registered manager had introduced a tracking sheet to monitor when applications had been made, whether there were any conditions on the authorisation, and when the authorisations expired. However, since the last registered manager left, we found the provider was not completing mental capacity assessments to ensure they had met the threshold to apply for a DoLS. The registered manager commented that they requested mental capacity assessments to be completed by the local authority if they suspected someone lacked capacity to make certain decisions due to them not feeling confident about completing these assessments. This meant the registered manager was not completing mental capacity assessments to ensure they adhered to the Mental Capacity Act 2005.

Staff members we spoke with were aware of the Mental Capacity Act. One staff member told us, "It's all about the person and their decisions; we make sure they are looked after and treated as we would want to be treated." Another person told us "DoLS means they [people living at Allendale Rest Home Limited] can't leave." This meant that staff had some understanding of the Mental Capacity Act.

We recommended the provider reviewed and followed guidance in relation to the implementation of the MCA and DoLS.

We saw some dementia signage to highlight areas of the home such as bedrooms, bathroom, lounge areas, dining area and kitchen. People had their names and their photographs on their bedroom doors to help guide them to their room. Dementia signage is specifically designed to aid comprehension for people with dementia using words, colour contrast and pictorial images to aid understanding. There was a larger lounge area where activities took place and a smaller, quieter lounge where people can watch television and read. We saw that people were able to furnish their bedrooms as they wished and many rooms had photos of relatives and friends on the walls.

We observed one person who had advanced dementia wandering up and down the corridor at the front of the building. The lino of the flooring was patterned thus making the person believe there was something on the floor they could pick up. People with dementia perceive patterns as moving objects. Additionally, the nurse alarm was extremely loud and clearly affected the same person as they showed signs of distress each

time the alarm sounded. We recommended that the provider reviewed the environment to enable the service to become dementia friendly.

We saw that chairs and beds were fitted with pressure relieving equipment such as cushions and mattresses to assist in the prevention of pressure ulcers occurring. This meant that people who were at risk of pressure sores were assisted to relieve any symptoms from occurring. Staff members we spoke with told us that they regularly repositioned people if they were unable to move themselves. We saw that people had re-positioning charts in place which recorded when they were repositioned. This assisted in protecting people's skin integrity.

Is the service caring?

Our findings

A relative told us "I am happy with the home so far, all the staff seem friendly and approachable."

We observed kind interactions between people living at Allendale Rest Home and staff members. Staff members sat with people and spoke to them in a manner people could understand. The registered manager and care manager clearly knew people well and chatted openly with people.

A visiting professional told us "I have never witnessed any untoward caring observations. The home has been good at keeping us fully informed on patient needs."

Staff members we spoke with were aware of how to support people's privacy and dignity. They told us and we observed staff members knocking on peoples bedrooms doors and gaining permission to enter. We saw people offered protective aprons when eating and drinking. Staff members told us that they encouraged people to do as much as they can for themselves.

We observed one staff member speaking quietly to a person who needed assistance with personal care, the staff member told us that they didn't want to draw attention to a problem and promptly supported a person to their room. This meant that staff were ensuring peoples dignity and privacy.

The service was registered with dignity in care and a name person was the dignity champion for the home. Staff we spoke with could describe ways of promoting peoples dignity such as having a zero tolerance for abuse, enabling people to maintain independence and by treating people as individuals.

People's preferences, likes and dislikes were recorded in their care plans. The staff we spoke with knew the people they were supporting well and were able to describe their routines and activities. One staff member told us "I know the residents well, I can tell by their facial and body language if they need anything, I would be happy for my mum to live here."

We saw that care files were stored securely in a locked cabinet and only accessible to staff working at the service. A staff member we spoke with said "I make sure their [people living at Allendale Rest Home Limited] care files are locked away." This meant that people's personal information was been stored securely and confidentially.

We observed handovers between staff members were completed in private and respectfully

Is the service responsive?

Our findings

People we spoke with said they enjoyed living at the home. One person said I enjoy writing poetry and corresponding by post to friends, "I always have enough to do, I go shopping once a week."

The activities co-ordinator told us that they research on the internet and ask residents what they would like to in terms of activities while living at the home. We saw a monthly activities timetable displayed on the wall. We saw that arm chair exercises were completed once each week by an external organisation and singers visited the home once a month. A sister visited the home to offer Holy Communion each Thursday. There were photographs on the main hallway to the home which showed that people had been supported to attend a local music festival and the home had held themed days such as Spanish day where people dressed up in traditional Spanish dress and ate paella and other Spanish dishes. We also saw that pet therapy was used to enable people to have guided interaction with animals. Pet therapy is used to help people cope with a health problem or mental health disorder.

We saw that five questionnaires had been completed to enable the coordinator to find out peoples preferences on types of activities they would enjoy. There had been no analysis of the questionnaires to produce further activities at the time of inspection. Activities recorded for people in activity logs including eating in the garden, having nails done and attending hospital appointments.

We saw residents meetings had been held which people living at Allendale Rest Home Limited had contributed to. We saw that meal times and activities had been discussed and the décor of the home. There were no records of actions taken as a result of the meetings.

Staff members told us that they were kept informed if peoples care plans changed. One staff member told us, "If their [people living at Allendale Rest Home Limited] needs change we are told at handover or their care plan is updated, we do get chance to read care plans." Another staff member told us "We know everyone so well that we just know when their needs change, we have handovers and it's written in the care plans." This meant that staff were kept informed of peoples changing needs.

We reviewed three peoples care files and found that each person had received a documented pre admission assessment prior to moving into Allendale Rest Home Limited. This included looking at mobility, eating and drinking, moving and handling, health and medication however not all parts of the assessment had been completed.

Care files contained care plans which were individualised to people's needs. The care plans described what help people needed with mobility, continence, personal hygiene, behaviour needs, capacity, eating and drinking and dementia. The care files also included information for people with additional health needs such as managing epilepsy. We saw in one care plan that the person spent their time in bed, however on the day of inspection was up in the lounge area. There was also no record in the care plan of this person requiring a hoist for moving and handling. Furthermore, the moving and handling needs assessment said they could still stand to weight bear and this was no longer the case. This meant that staff members might

not know the needs of the person they were caring for.

We saw information relating to the person's risk of falls, nutritional risk and risk of developing pressure sores. Care plans and risk assessments were intermittently reviewed and it wasn't clear where people or their relatives had contributed to their care plan.

The care files we viewed did not contain information relating to people's wishes at the end of life. One person had a Unified Do Not Attempt Cardio Pulmonary Resuscitation (UDNACPR) form in place. A UNADCPR is used when a medical professional and the person agree that resuscitation would be unsuccessful. There was no further evidence to suggest that people had been supported to make any decisions or choices for the end of their life. We discussed this with the registered manager who told us that most people living at the home did not want to discuss end of life care. We advised the registered manager to explore this area of care with people and their families to enable people's choices to be reflected in end of life care.

We saw that the service had a complaints policy in place. The service had received six complaints since the last inspection. Relative's we spoke with said they had no complaints and they felt confident to speak to the registered manager. Staff members we spoke with told us that if someone was to bring a concern to them, it's dealt with immediately before it escalates into a complaint. We saw complaints were answered to in a timely manner with outcomes recorded.

We saw two compliment cards had been sent to the service; both were thanking the staff team for lovely care provided for their relative.

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). The registered manager was supported by a care manager.

We saw the registered provider visited the home often and we observed that they knew people living at the home well. We saw that the provider was a frequent visitor to the service and provided a written report on a monthly basis. We saw that as part of the report, the provider completed a discussion with the registered manager, toured the home, spoke with staff and people living at the home and reviewed the environment and any audits that had been completed. The provider also completed their own audit checking that care records were up to date and reviewed, medication had been audited, premises safety had been updated. Any safeguarding concerns and complaints had been actioned. Recruitment and retention procedures had been followed and any quality assurance documents had been completed. Additionally, the provider made comments on the general maintenance of the home and the approach of the staff members. This meant the provider had oversight of how the service was run and monitor the service to implement improvements.

People, their relatives and staff members we spoke with were very complimentary of the registered manager. One staff member told us, "The manager is great, I find them very fair." Another staff member told us, "I can go to [registered manager with anything, they are really good." A visiting professional told us that they visit the home at least twice a week. They find the home is well managed and are always provided with clear communication. Another visiting professional told us that they had found the registered manager to be very helpful and any concerns were always reported to them. The same person also said that they found the staff team to be kind and understanding.

We saw there were regular staff meetings held with staff members and meetings held for residents and relatives.

We saw systems in place for the management of medicines and clear audits of medicines. There were systems in place to monitor the cleanliness, infection control, fire safety, nurse alarms and health and safety of the service. However, these needed improving, particularly in relation to fire safety and legionella.

We saw that a business continuity plan was in place to assist in managing the service in the event of a power cut, flood or if at any times, people needed to be moved to a place of safety. This meant that there were plans in place to continue the running of the service during periods of disruption.

We saw that all statutory notifications had been sent to CQC in a timely manner.

We saw a number of satisfaction surveys completed by people living at the home of their relatives. The last survey was completed in October 2017, 21 responses had been received. The results had not been analysed to monitor and improve the service but we found that people were happy living at the home. They had no concerns and found the building clean and tidy. Two people commented that more appropriate activities were needed and another person commented that lunch was served too close after breakfast.

The registered manager told us and we saw that surveys had been submitted to staff members at the beginning of May 2017. We saw that six had been returned. All surveys said they felt valued, that they felt the manager was supportive of them and that there are enough staff with the right skills to do the job.

This meant the service was obtaining feedback on what they offered. We recommend that the service analyses the responses going forward to enable the service to improve.

We saw that the service was not displaying the last inspection Care Quality Commission (CQC) rating within the home. The registered manager told us that the rating had been displayed in the hallway and a person living at the home may have pulled it down. Staff members we spoke with confirmed that they had seen the rating. We advised the registered manager to display the rating in a conspicuous area immediately. This is a legal requirement for any premises providing a regulated activity. At the last inspection, the overall rating for the service was good. At this inspection, we found that the service was overall requires improvement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure that the stair well was safely monitored. The provider did not ensure that the sluice room was locked to prevent unauthorised access.</p> <p>And</p> <p>The provider was not taking reasonable steps to help protect people from the risk of contracting Legionnaire's or ensuring the water system were appropriately managed</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not ensure that staff were of good character or have the competence of experience necessary for the work to be performed.</p>