

Allambie Enterprises Limited

Allambie House

Inspection report

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Tel: 02476525011

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Allambie House provides residential personal care for up to 30 older people over the age of 65. During our visit 23 people lived at the home.

People's experience of using this service:

- Staffing arrangements sometimes meant people received delayed care as the provider had not reassessed staffing levels when people's needs increased.
- Staff were aware of risks associated with people's care and how to manage them safely but sometimes staffing arrangements impacted on them working safely and effectively.
- People had care plans to support staff in meeting their needs and overall people were positive about the care they received. Some care plan information required more detail to ensure consistent care was provided to them by staff.
- Recruitment checks were completed for new staff but records were not always clear to show checks had been completed thoroughly.
- Medicines were mostly managed safely, sometimes medicine records were not sufficiently clear to show medicines applied to the skin had been administered as prescribed.
- Some social activities took place at the home but these were limited. An activity organiser had been appointed to increase people's access to activities.
- Health and safety audits were completed to keep the environment safe for people. Work was ongoing to further improve quality monitoring and people's experiences of living at the home.
- Staff worked within the principles of the Mental Capacity Act 2005. People were given day to day choices and staff sought people's consent before care interventions.
- People and relatives were complimentary of the staff and spoke positively about the leadership of the service.
- People needs were assessed before they moved into the home to make sure it was the right place for them to live.
- People were able to access healthcare support they needed to keep their health conditions stable and knew staff would seek further support if necessary.
- Representatives from different faith groups and local school children visited to spend time with people at the home.
- People felt safe because staff had completed training and had the skills needed to support them.
- Staff knew to report any concerns such as potential abuse to the registered manager. Action was taken to manage safeguarding concerns to keep people safe.
- The home was clean and bedrooms and communal areas had been decorated and improved since the last inspection. The provider had considered how the environment could better support people living with dementia and had created a reminiscence area with pictures and tactile aids.
- Staff spoke positively of the registered manager and provider and felt supported in that they could approach them both for help and support when they needed it.

More information in 'Detailed Findings' below.

Rating at last inspection: The report from our last inspection was published on 22 March 2018 where we rated the service as 'Requires improvement' overall. There were two breaches in the regulations.

Whilst the overall rating has not improved at this inspection, improvements have been and continue to be made and one of the breaches has been addressed.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Allambie House

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

Allambie House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The visit was unannounced.

What we did:

We reviewed information we had received about the service which included details about incidents the provider must notify us about, such as alleged serious incidents and alleged abuse. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection. We also considered the Provider Information Return (PIR). This is information we ask the provider to send to us at least annually to give us key information about the service such as what it does well and any improvements they plan to make.

During the inspection visit, we reviewed five people's care records to ensure they were reflective of their needs. We looked at documents related to the management of the service such as quality audits, people's feedback, meeting minutes, accident and incident records, safeguarding records, complaints and two staff recruitment files.

We spoke with four relatives, six people, four members of care staff, the chef, two professional visitors, the owner, the senior supervisor and registered manager.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management/Staffing and recruitment

- Action to manage risks associated with people's care did not always keep people safe. For example, two people were at risk of falls, their risk assessments had not been reviewed since October 2018 to show the actions required to minimise further falls. One person had fallen five times during November and December 2018 which meant risk management had not been fully effective. A second person had been admitted to hospital after they had fallen. A "crash mat" and pressure mat were being used to alert staff when the person was out of bed. These changes had not been recorded in the care plan to ensure staff knew of them and to ensure a consistent approach to the person's safety.
- One person who was sitting in the lounge did not have access to their frame as this was across the other side of the room out of reach, this increased the potential risk of them falling. The registered manager said this person would not attempt to get out of their chair without staff assistance. However, a second frame in the lounge was not with the person to assist them if they needed it. We saw when staff assisted people, they did make the frames available.
- The system to ensure the environment was consistently safe had not been effective. There was a safety strip on the edge of a step within the home that was loose and presented a trip risk, an arm on a dining chair was loose and unsafe to use as support, and a rubber foot (ferrule) on a walking frame had worn to the metal which presented a fall risk. These had not been identified by any audit checks completed by the provider. However, action was taken to address these safety risks immediately during our visit.
- Risks associated with medicine management were not always identified. Medicine records were not always clear enough to show how a medicine had been managed. For example, one person required a medicine to be applied via a skin patch but records did not show where it had been applied so that it was clear this was in the correct place. The registered manager said they would address this. A person was administered a cream which had not been prescribed to them, and another person, had a cream administered which was meant for another person. The registered manager stated this should not have happened and showed us new recording sheets to remind staff what creams were prescribed to people and how they should be applied. They expected this would reduce errors in administration of creams.
- People told us there were times in the day when staff were less accessible particularly in the morning. One person told us, "I don't think there is enough staff, in the morning they run their legs off". They went on to tell us during busy periods, a person had fallen down the stairs and they were not always monitored by staff. The person continued to use the stairs. One staff member said they felt the service could do with more staff in the morning to support them when providing people with personal care and breakfasts. Another told us, "There is a lot more doubles (people needing two staff to support them). At the moment the staffing stays the same, we have mentioned it a lot." They also told us that a number of people needed assistance to eat and how they found it "hard" to effectively meet people's needs.
- We saw staff were busy throughout the day attending to people's needs. Staff said there were between

nine and twelve people who needed two staff to assist them depending on how they were that day. The registered manager acknowledged a number of people at the home required two staff to support. The provider had a dependency tool to assess the number of staff needed to provide care, but this had not identified a need, to change the staffing arrangements.

- Care staff completed other duties other than caring such as preparing sandwiches in the afternoon which reduced the amount of time they could spend with people.
- One person, who spent a lot of time in bed due to their health condition, told us they were reluctant to ask staff to assist them out of bed because they had experienced a delay when they wanted to get back into bed. They said two staff were needed to support them which they felt had added to the delay. On the day of our visit the person needed personal care assistance and we noted they had to wait for this to be provided although it was a busy time of the morning.
- The provider had a recruitment process that required a series of checks to be completed prior to staff starting work at the home. Checks had not included obtaining a full employment history for one staff member so the provider could assure themselves the staff member was safe and suitable to work with the people they supported. The registered manager told us they would address this.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.

- Environmental risks such as gas, water, electrical appliances and checks of fire safety systems had been safely managed. The provider had also taken action to ensure people's safety by having window restrictors on the windows to reduce the risk of people falling out. Hot water pipes and radiator surfaces were covered to reduce the risk of people being burned.
- Each person had a personal emergency evacuation plan detailing the support they would require if the building needed to be evacuated. Staff had received training in fire safety and some staff had attended fire drills to ensure all they were clear on what action to take in the event of an emergency. Further drills were planned.
- The registered manager said there had been an increase in the number of people who needed two staff to assist them and told us they would look at staffing arrangements. They advised following our visit that the number of people needing two staff to support had reduced and one person had moved to another service more suited to their increased needs.

Systems and processes to safeguard people from the risk of abuse

- The provider had procedures for staff to follow if they suspected abuse or identified concerns related to people's care. Staff completed regular safeguarding training to keep their knowledge up to date and said they would report any concerns to the registered manager if they suspected abuse.
- The registered manager kept 'safeguarding' records to show how concerns were managed. One safeguarding incident had not been reported to us as required to assure the necessary action had been completed. However, the registered manager believed it had been reported to us via another agency and had provided information to the Local Authority so that an investigation could be completed.

Using medicines safely

- Staff were seen administering medicines (aside from creams and patches) to people safely. They checked they were being administered to the right person, and ensured the person took them at a pace which was suitable to them. Time specific medicines were given at the right time. For example, one tablet had to be given at 7pm, and we saw the member of staff taking the medication to this person for 7pm.

Preventing and controlling infection

- Staff followed good infection control practice to minimise the risk of the spread of infection. Areas within the corridors had cabinets with disposable gloves and aprons for staff use. There were hand-washing signs in the communal bathroom facilities and paper towels for people to use. People told us staff used gloves when supporting them with specific tasks.

Learning lessons when things go wrong

- At our last inspection we had identified people were not always moved safely using the right equipment. At this inspection people were moved safely using equipment they had been assessed as needing. Staff had completed moving and handling training to increase their knowledge of moving people safely. One person who required equipment to help them move, was seen to have the appropriate hoist and slings to support them transfer from their bed to their chair. Another person had recently been provided with a different bed which suited their needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had made the necessary applications for authorisation to restrict people's liberty where they lacked capacity to be able to make decisions themselves. Where people's restrictions had been approved, these were time limited to one year. We noted that three people's deprivation of liberty orders were out of date. The registered manager informed us they were aware of this and had intended to re-apply. They informed following our visit this had been done.

Staff support: induction, training, skills and experience

- At our last inspection we had identified gaps in staff training. The provider told us this would be addressed and we confirmed improvements had been made. Training dates had been arranged where training was due to be updated.
- People told us they felt staff had the skills to care for them safely and appropriately. Discussion with staff confirmed they completed ongoing training and were knowledgeable of people's needs.
- New staff completed an induction to the home and the registered manager told us the induction was linked to the Care Certificate. The Care Certificate has an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. Training records showed most staff had completed this training.
- A new member of staff, had worked alongside other staff during their induction to get to know people's individual needs before being part of the staff numbers on the rota. They told us they had completed the on-line training and practical moving and transferring people training as required.

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

- There were mixed opinions about the meals provided. Some people told us the quality of food was good. Others said they felt there could be more choice, particularly in the evening. The tea menu consisted of sandwiches, soup, and jacket potatoes. A person told us they enjoyed the cooked breakfasts available every day.
- The chef had a good understanding of people's nutritional needs. There were a range of different dietary needs at the home, including soft food diets, gluten free, vegetarian, high and low-calorie diets. One person who was vegetarian, told us they were satisfied with the vegetarian meals on offer. Where people required extra calories, these were provided by homemade milkshakes. We saw people received drinks throughout the day. Where people were at risk of dehydration, staff recorded the amount of fluids they drank with the aim of ensuring this was sufficient.

Staff working with other agencies to provide consistent, effective, timely care

- The service had a number of 'discharge to assess' beds. These were for people who were medically assessed as fit enough to be discharged from hospital but still required some additional support before they were ready to return to home. Two nurses responsible for these people visited them on the day of our inspection and told us on the whole they worked well with the home.

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

- Since our last inspection visit, the provider and registered manager had worked hard to improve the premises. They had considered how the environment could be made homelier and how the environment could be improved to support people living with dementia. Bedroom doors had been repainted and letter boxes added to help them look like individual front doors. Street signs had been added to the different corridors to emulate a street and help people locate their rooms. A reminiscence corner was being developed. This contained a picture of a telephone box and there were familiar items people could touch and hold to bring back memories such as a radio and post cards to help generate discussion. Signs with visual images were in place throughout the home to help direct people to where they wanted to be. The provider told us this work was ongoing.

Supporting people to live healthier lives, access healthcare services and support

- People told us they could see healthcare professionals when required. One person told us there was a GP who visited the home they could access if needed. Care records evidenced that people had seen the optician and other health professionals such as a chiropodist when required.
- One person told us they had received physiotherapy support and had been given exercises to do to help improve movement in their limbs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us they liked the staff and they were caring. One person told us, People and their relatives all told us staff were caring. One person told us the staff were 'fantastic'. Another said, "The staff are really friendly." A relative told us their relation really liked it at the home because they "Really liked the staff."
- A relative told us their family member was not able to get out of bed and they felt could impact on their wellbeing. However, they explained because the person had "bonded" with staff and they had a "good laugh" this had kept the person's spirits up. Another relative told us, "From day one, we have been happy with the care. The girls [staff] have been totally amazing. [Person's] needs have always been met here."
- Whilst we did not often see staff sit with people and engage with them on a one to one basis, when we did; they did listen and respond to people so people felt that their thoughts and feelings mattered.
- Staff spoke with warmth of the people who lived at the home and knew their needs well. Staff recognised when people living with dementia became anxious, they needed to ensure they supported them calmly and with patience to help reduce the persons anxiety.
- The registered manager told us in their Provider Information Return, "We help all residents to celebrate their religious beliefs and actively support them for example if they wish to attend a church of their choice we would do our best to enable them to do so." They also explained how one person was "a bit down" because they were unable to go to church due to their health but the person had been happier since a new local vicar had started to visit them regularly.
- All staff received training in dignity and equality and were provided with copies of Policies and procedures during their induction to ensure they knew the providers expectations on how to conduct themselves.

Supporting people to express their views and be involved in making decisions about their care

- People had some choices about how they spent their day, a number of people were cared for in bed due to their healthcare needs. People were supported to stay in their rooms or attend the home's communal areas if they wished to do so.
- A relative told us they were involved in their family members care and were in regular contact with staff in relation to decisions about their care.
- Staff told us during the morning people were supported with personal care and were offered the choice of getting out of bed. We saw staff asked people in the lounge about any activities they may wish to do.

Respecting and promoting people's privacy, dignity and independence

- Throughout our visit we saw staff spoke respectfully to people. When personal care was to be delivered, doors were closed so the person's privacy could be maintained.
- People were encouraged to use their walking aids and to continue with their independence by walking to

the dining room or to communal bathrooms.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

RI: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff aimed to respond to people's needs in a timely way but were busy attending to people's basic care needs and had limited time to spend interacting with people. This meant that sometimes people's needs were not met in accordance with their preferences.
- People told us sometimes they had to wait to be supported and this was confirmed by visiting relatives to the home.
- Most people had individualised care plans that set out their care needs and what staff were required to do to meet them. However, one person did not have any assessment or care plan information that had been completed following their admission. Staff were reliant on care plan information provided by the Local Authority. We were not able to confirm this person's needs were being met effectively. The person told us they wanted to be independent in their own home and were due to meet with a health ● professional to discuss this.
- People had received little stimulation or engagement because the care staff were unable to spare the time to provide these. This was because following our last inspection visit the activity worker had not been available to work at the home. People told us how much they had missed the activity worker's presence. One person said, "For people who are not mobile there is absolutely nothing. The previous activity person used to do things, but it has been like this for three to four months. People are now sleeping around the clock." They also said it was difficult for them to get out of the home because staff did not have much time to support them with trips out.
- The registered manager was aware of the gap left by the activity worker. Whilst waiting for their return to work, they had decided to change the role of one of the care staff to an activity worker, and the staff member started with that role on the day of our visit. There was an activity held in the lounge during the afternoon which some people participated in.

Improving care quality in response to complaints or concerns

- A health professional had shared with us that they felt people at the home would benefit from a different type of shower chair, as the current one used prevented some people from having a shower. The registered manager told us following our visit a new chair had been obtained which showed they listened and responded to this need.
- People knew how to raise a complaint. One person said, "If we're not happy we can tell the manager. It says on the leaflet if you're not happy to tell the manager or staff." The registered manager had investigated complaints in accordance with the providers policy when this was required.
- Staff felt the registered manager was approachable if they had any concerns they needed support with.

End of life care and support

- Care plans contained some information about peoples wishes when they were at 'end of life' and some

people had ReSPECT forms in place which detailed what should happen in the event of a medical emergency and what their wishes would be. One person had been in hospital and had been so unwell, the hospital considered they were at end of life. They had since recovered sufficiently to return to the home. The person's 'end of life' care plan was very basic with little information apart from who to be contacted and who the undertakers were. The registered manager acknowledged more information was needed to ensure people's wishes were respected when approaching the end of their life but stated sometimes family members did not wish to discuss this sensitive issue. They stated they would review end of life care plans as appropriate.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Systems and arrangements to assess, monitor and ensure people's individual needs were met had improved but further action was needed to fully address the effectiveness of quality monitoring. For example, where people required increased staff support, staffing arrangements had not been sufficiently assessed to ensure people received care in a safe and timely way.
- Audits and checks had not identified issues we found during our inspection visit.
- One person who lived at the home did not require support with personal care and we questioned why they had been placed there as it did not appear to be the right environment for them. We were told the person was on a short stay placement only.
- People and their relatives knew the management team which included the provider, registered manager and senior supervisor and told us they were approachable.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and what was expected of them. They attended regular individual supervision meetings with the registered manager where they could discuss their role and any quality performance issues.

Overall, staff felt they could approach the registered manager at any time if they required help and support to complete their role effectively. One staff member told us, "I think she (registered manager) is really good, I can't fault her." However, other staff had felt pressured at times. One staff member told us, "The day staff here are amazing, at the moment it's difficult to enjoy the job because it's so heavy and stressful and I go home aching as I am constantly on the go."

- Care records did not always support staff in managing risks. For example, where people's fluid intake was monitored, there were no total fluid goals for staff to aim for to ensure people received sufficient fluids. The registered manager said they would follow this up with a health professional to gain their views about how best to ensure fluid intake was the right level for each person.
- Where people needed assistance in important decision making from family members or other representative, it was not clear they could lawfully do this as evidence of 'Lasting Power of Attorney' was not available. One care record informed us the person's finances were dealt with by their daughter, but there was nothing in the care records to inform us that the daughter had power of attorney to manage the person's finances. The registered manager stated they would address this and assured us authorisation was granted.

- Audit checks had not identified that three people's deprivation of liberty orders were out of date and needed to be reapplied for. The registered manager informed us they knew they needed to now reapply and confirmed this had been done following our visit.

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

- 'Resident' meetings gave people an opportunity to be involved in decisions to improve their experience of the home. A pond had been created in the garden as a result of one of the suggestions from the meeting.
- In April and May 2018, a quality assurance questionnaire was sent to people and their relatives. This showed that in each area of the survey, eg. premises, daily living, personal care and management; people and their relatives were either, 'very satisfied' or 'quite satisfied'. Where people had made comments, these had been followed up. However, it had not been identified from any recent monitoring that some people wanted more choice of food during the evening.
- Staff attended regular meetings to discuss issues relating to the running of the home. Meeting notes demonstrated the registered manager was aware of some of the shortfalls in service provision. For example, staff had been reminded about how to administer creams correctly, and the notes identified staff had not always attended to people's personal care as well as they should. We had found staff reminders had not been fully effective as there continued to be issues identified regarding the application of creams.
- The registered manager told us in their Provider Information Return they encouraged celebration of all religious festivals through the year. They stated, "We have a diverse staff team with many faiths and they work to help residents have a greater understanding of the meaning of some of the festivals such as Diwali."

Continuous learning and improving care

- Staff told us that care plan information had improved and it was easier for them to access information they needed. Staff had completed training in a number of areas following the last inspection to update their skills and enable them to provide the care people needed. The registered manager told us of plans for staff to complete further training linked to people's needs such as dementia care.
- The administration of medicines took staff a long time because all medicines were stored in the medication room on the ground floor. There were three floors to the home and this meant staff administering medicines spent a lot of time going up and down the stairs (as the lift was slow) to take people their medicines. The registered manager informed us they would look at having another storage facility on a different floor so staff had easier access to medicines.

The registered manager and provider were open to ideas to improve the home. Both demonstrated a desire to make sure people who lived at the home received good care. The provider worked at the home on a daily basis and was fully involved with the registered manager in overseeing the service.

Working in partnership with others

- The registered manager worked with external organisations to develop the service they provided. These included local authority social work teams, NHS services and teams of health and social care professionals.
- The registered manager told us they had worked with health professionals to achieve accreditation for 'React to Red', 'Say no to Infection' and the 'red bag' scheme. This was to help ensure people received safe and improved experiences of care. 'React to Red' is a pressure ulcer prevention campaign which requires the service to closely monitor people's skin to help prevent skin problems developing. 'Say no to Infection' is a campaign that aims to help reduce and prevent infections in care homes. Staff receive training on this. The 'red bag' scheme aims for people to have a better care experience when going into hospital by improving communication with the hospital. There are standardised records as well as medicines sent into the hospital with the person in a red bag to help health professionals know about the person's needs.

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>People were not protected from risks associated with their health, safety and welfare because these were not always identified or managed effectively.</p>