Allandale Care Group Limited

Allandale

Inspection report

Farr Hall Road
Heswall
Wirral
Merseyside
CH60 4SD

Tel: 01513428351
Website: www.abbeyfieldheswall.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 was an unannounced inspection carried out on 6 March 2017. Allandale provides privately funded personal care and accommodation for up to eight people. Nursing care is not provided.

Allandale is a detached two storey house set in its own grounds in the area of Heswall, Wirral. The home is within walking distance of local shops and public transport. A small car park and large garden with seating are available within the grounds. Accommodation is provided on the ground and first floor. A stair lift enables access to the bedrooms located on the first floor. All bedrooms have en-suite bathroom facilities. Specialised bathing facilities are also available and on the ground floor, there is a communal lounge and dining room for people to use. The home's communal areas have recently been refurbished to a high standard.

At the time of inspection there was a registered manager in post. They had been in post approximately seven months on the day of our visit. 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.'

The registered manager reported directly to the general manager. The general manager supervised the registered manager in the day to day management of the home. The general manager had also been in post for approximately seven months prior to our visit.

We spoke with two people who lived at the home and one relative during our visit. Everyone we spoke with spoke positively about the home. It was clear they held the staff team and the care provided, in high regard. People told us the staff were kind, caring and compassionate. They said their needs were responded to promptly and that whenever they asked for help, staff were always on hand to provide it. The relative we spoke with confirmed this. They told us about the care the staff team had provided to their loved one when they became unwell, describing it as "Absolutely brilliant".

People and the relative we spoke with told us there were enough staff on duty to meet their needs. They told us they felt safe at the home and they had no worries or concerns. They told us they got enough to eat and drink, the food was good and they had plenty of choice. We saw that people's weight was monitored regularly to ensure they maintained a healthy weight.

People's care records were person centred and contained information about their needs and preferences but some lacked sufficient information about how to manage people's individual risks. People's care plans contained information about what people could do independently and provided guidance to staff on how to support this.

Some people had short term memory loss that impacted on their ability to make decisions. We saw the

beginnings of good practice in relation to the implementation of the Mental Capacity Act 2005 (MCA) but found that the way people's capacity was assessed required review to ensure it complied in full with the MCA. We spoke with the registered manager and general manager about this and they assured us they would review how they assessed people's capacity without delay.

Activities were provided to occupy and interest people but the manager and people who lived at the home told us they were poorly attended. The manager told people preferred to spend their time in their own rooms and people we spoke with confirmed this. The manager told us that they respected people's right to do this. A relative we spoke with told us that a recent karaoke day had however been a success. They said that the registered manager and staff tried their best to provide activities to occupy and interest the people who lived in the home.

During our visit, we saw that staff took the time to just sit and chat to people in addition to meeting their support needs. This promoted their well-being. Interactions between people and staff were positive and the home had a warm, homely atmosphere. We observed that staff treated people kindly, with respect and supported them at their own pace.

Staff were recruited safely but some of the contractual paperwork relating to the employment of staff with Allandale Care Group needed to be put into place. Staff records showed that staff had adequate training and supervision in their job role and the registered manager had plans in place to commence staff appraisals in April 2017. Staff we spoke with felt supported and sufficiently trained to provide safe and appropriate care.

The home was well maintained but some improvements in the home's fire safety arrangements were required and the general manager told us these were in progress. There was a lack of adequate systems to detect, monitor and manage the risk of Legionella in the home's water systems. Following our inspection, the general manager contacted us to inform us that an external contractor had been sought to risk assess and provide guidance on the systems needed.

Safeguarding and accident and incidents were properly recorded, investigated and responded to in order to protect people from risk. There were a range of quality assurance systems in place to assess the quality and safety of the service received and to obtain people's views. A satisfaction questionnaire had recently been sent out to gain people's feedback on the service and people's feedback was positive.

The culture of the home was open and transparent. It was clear that people felt content with the support they received. Everyone we spoke with told us the home was well led and during our visit, we found this to be the case.

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 safe.

People told us they felt safe and had no worries or concerns.

People's risks were identified but some of people's risk management guidance was limited.

Staff were recruited safely but contractual paperwork required updating. There were sufficient staff were on duty to meet people's needs.

The home was well maintained but some improvements to fire safety and systems in place to manage Legionella were required.

The management of medication was safe and people were given the medication they needed.

Is the service effective?

Good

The service was effective.

People said they were well looked after.

Staff received training and support to do their job role effectively.

People were given enough to eat and drink and had ample choice.

People's needs were met by a range of healthcare professionals to maintain their well-being.

People's consent to their care had been sought but the assessment of people's capacity did not comply in full with the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

People and the relative we spoke with told us that staff were kind and caring. Our observations of the service confirmed this.

Staff chatted socially with people and these interactions were warm and natural. It was clear that people and staff knew each other well and had developed positive relationships with each other.

Regular residents meetings took place and people were able to express their views.

Is the service responsive?

Good

The service was responsive.

People's care was person centred and responsive to their needs.

People had access to a range of activities but most people who lived at the home preferred to spend their time in their rooms. Their right to do this was respected.

People and the relative we spoke with had no complaints and were happy with the service provided. They told us the registered manager was very approachable.

Is the service well-led?

Good

The service was well-led.

People and staff we spoke with said the home was well managed.

A range of quality assurance systems were in place to ensure that the home was safe and provided a good service.

People's feedback on their care had been sought. People's feedback was positive.

The registered manager and general manager were responsive and demonstrated a positive commitment to continuous improvement.

Allandale

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 6 March 2017 and was unannounced. The inspection was carried out by an adult social care Inspector.

Prior to our visit we looked at any information we had received about the home and any information sent to us by the provider since the home's last inspection in 2015. We also contacted the Local Authority for their feedback on the home.

During the inspection we spoke with two people who lived at the home, a relative, the registered manager, the general manager, a member of the care staff and the cook.

We looked at the communal areas that people shared in the home and visited a sample of their individual bedrooms. We looked at a range of records including two care records, medication records, two staff personnel files, staff training records and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

We spoke with two people who lived at the home. Both people said they felt safe at the home and were well looked after. They told us that there were enough staff on duty to support them when they needed it and that staff came quickly when they needed help. One person told us "There are always two staff on and you can buzz and they get you what you want. They are very good".

A relative we spoke with also told us they were confident their loved one was safe. They said "It's so good here. I am very confident they (the person) are safe".

During our visit we had no concerns about the number of staff on duty. The atmosphere at the home was relaxed and homely and people's needs were met in an unhurried manner. The manager confirmed that there were always two staff members on duty and that staff had access to a 24 hour on call system if they needed any extra support.

We asked a member of the care team about how to spot and respond to signs of potential abuse. We found they had a clear understanding about how to safeguard vulnerable adults from potential harm. We viewed the provider's safeguarding records and saw that safeguarding incidents were recorded properly, investigated and reported to social services and the Care Quality Commission appropriately. This demonstrated that there were robust systems in place to prevent abuse.

We looked at the care files belonging to two people who lived at the home. We saw that risks in relation to people's care were identified but found that management plans sometimes lacked sufficient detail of how these risks should be managed in the delivery of their care. Some risk management plans were generic which meant that they gave general advice in respect of everyone's care as opposed to specific advice about the care of the individual. One person's care file also required updating. This aspect of risk management required improvement.

The premises were safe and well maintained. Regular health and safety checks were carried out. The home's gas, electric, fire alarm and equipment in use at the home had been tested and certified as safe by an external contractor competent to do so. A fire risk assessment had been completed in January 2017. This identified that a number of improvements needed to be made to the home's fire safety arrangements to ensure people were sufficiently protected from the risk of a fire. The general manager told us they were organising for these improvements to be made.

We looked around the home and saw that people's communal areas had recently been refurbished to a high standard. The home's conservatory had been removed and an extension built in its place. The extension provided people with a new communal lounge. The new lounge was bright, airy, tastefully decorated and a very pleasant place for people to relax in.

We looked at two staff files and saw that staff were recruited safely. The staff files we looked at, related to staff who had been employed by the previous provider (Abbeyfield Society). Their employment had

transferred over to the employment of new provider (Allandale Care Group Limited) when the ownership of the home had changed hands. We saw staff members still had employment documentation relating to the previous provider. We asked the general manager about this and on checking it was found that the documentation had not been updated. This meant there was no up to date employment information to show they were employed by Allandale Care Group. The general manager told us they would review this without delay.

We looked at accident and incident records and saw that people's accident and incidents were responded to thoroughly. The circumstances surrounding people's falls or incidents were investigated appropriately with the action taken following the accident and incident clearly documented. People's health and well-being was also monitored for 48 hours following an accident and incident to ensure their safety and welfare was maintained.

The provider did not have a risk assessment in place to show how they were mitigating the risk of Legionella developing. Legionella bacteria naturally occur in soil or water environments and can cause a pneumonia type infection. Under the Health and Safety Act 1974, a provider has a legal responsibility to ensure that the risk of legionella is assessed and managed. We spoke to the registered manager and general manager about this. The general manager told us that they were in the process of organising for an external contractor to visit the home to complete a professional risk assessment and management plan. They showed us evidence of this.

We looked at the arrangements in place for the safe keeping and administration of medicines. We saw that the home's medication fridge was stored in an area accessible to unauthorised persons. This meant that there was a risk that unauthorised persons could access the medication contained in the fridge. We spoke to the registered manager about this and they removed the fridge immediately from this area and placed it into their lockable office for safe keeping.

Medication was in the majority dispensed in monitored dosage blister packs. Some medication was also dispensed in individual boxes for example, 'as and when required' medication such as painkillers or antibiotics. We checked a sample of three people's medication administration charts (MARs) and found they matched what medicines had been administered. MARs were completed and signed for properly. People we spoke with confirmed they received the medications they needed. One person told us that staff always made sure they took their medication. They said "They stand there until I have taken it".

We saw that one person's care file indicated they had eye drops stored in their bedroom for self- use. We saw that there had been a basic assessment of the risks associated with this, but a more detailed risk assessment was required to ensure the person was safe and competent to self- administer this medication. We spoke to the registered manager about this.

Good

Is the service effective?

Our findings

The two people we spoke with during our visit spoke highly of the staff team and the care they received. One person said "It's lovely living here". Another said "There is always somebody to help".

The registered manager and the member of the care staff team we spoke with clearly knew people well. They were able to describe in detail, people's needs and care and spoke with genuine affection about the people they supported. During the day we observed positive, warm relationships between the staff team and the people they supported. It was obvious that staff and the people who lived at the home knew each other well and were content in each others company.

We looked at staff files and saw that staff had received the support and training they needed to do their job role effectively. A staff member we spoke with confirmed this.

Staff training was provided in a range of topics. For example training was provided in the safe administration of medications, moving and handling, safeguarding, dementia awareness, pressure area care, managing challenging behaviour, falls prevention, first aid and food safety. Records showed that the majority of staff had completed the training provided. Those who still had some of the training to complete had been booked on training courses to enable them to do so.

There was evidence to show that staff had received regular supervision and an appraisal by the previous manager in 2015. The registered manager told us they had plans to recommence staff appraisals from April 2017. The regular supervision with the staff team had already commenced.

The people we spoke with told us the choice and quality of the food and drink on offer at the home was good. They said they got enough to eat and drink and if they wanted something different to what was on the menu they only had to ask.

We spoke to the cook on duty and looked at the menus they had prepared. We saw there was a four week rolling menu which offered a three course meal with ample choice and diversity. The cook told us they had also put together a picture menu to help people recognise and choose what they would like to eat. We looked at the picture menu and saw that it was an excellent way to assist people who may not recognise the name of a dish on the menu, to recognise what the dish was, so that they could decide accordingly. This was good practice as it has been shown to stimulate and encourage people who live with dementia to eat.

We saw that most people came down to the dining room to eat their lunch. We saw that the food provided was of sufficient quantity and looked and smelt good. The atmosphere at lunchtime was a relaxed and homely and people were able to enjoy their meal in an unhurried manner.

We saw that one person who lived at the home had been unwell and their health had declined. Records showed that this person's appetite had reduced and they had lost weight. We checked that suitable arrangements to support this person's wellbeing had been made and saw that they had. The person had

been referred to both a medical professional who specialised in caring for older adults and the community dietician in support of their nutritional needs. Staff monitored the person's dietary intake to ensure it was sufficient and records showed that the person was regularly encouraged to eat and drink.

We spoke to the relative of this person and they told us the staff and care at the home had been "Absolutely brilliant". They told us that staff had "Kept suggesting little things or alternatives" to the person in relation to their meals and told us that they "Bring them (the person) things to tempt them" to eat. They told us that this approach had a positive impact on the person's nutritional intake and that they were doing much better.

We saw that care plans contained some information about people's health related illnesses. This information could have been improved with details about what these conditions were, the signs to spot in the event of ill health and the action to take. People's records clearly showed however that staff monitored and picked up people's signs of ill health promptly and ensured that they received the medical support they needed.

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 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We looked at people's care files and saw the beginnings of good practice in relation to how the service ensured people's consent was sought. It was clear that the service had considered the Mental Capacity Act 2005 and associated code of practice when planning people's care.

We found however that where people's capacity to consent to decisions was in question, the way in which people's capacity was assessed required improvement for it to comply fully with the Mental Capacity Act 2005 (MCA). Capacity assessments had been completed but they tended to be generic as opposed to decision specific. This was not in accordance with the Mental Capacity Act 2005. We spoke to the registered manager and general manager about this. They told us that they would review how they assessed people's capacity without delay to ensure it met MCA requirements.

We saw that people's decision making ability was regularly reviewed. Where people had been considered unable to keep themselves safe outside of the home, a deprivation of liberty safeguard application had been submitted to the local authority. We saw that where these safeguards were in place, staff had guidance on how to ensure these safeguards were as at least restrictive as possible to protect the person's quality of life. Records showed that people had received support from mental health professionals and access to appropriate advocacy when any decisions about their capacity to consent were being made.

Good

Is the service caring?

Our findings

People we spoke with held staff in high regard. It was obvious they were fond of the staff team and that they felt well cared for and content at the home. Both of the people we spoke with told us that staff were very nice. They said staff chatted to them about everyday things and that they had a good laugh with them. One person told us all the staff "Are nice, everybody is nice. They are lovely". The other person told us "Staff are nice and (name of manager) is very nice".

A relative we spoke with couldn't have been more pleased with the care their loved one received from staff. They told us "It's so good here. They all muck in. To (the person) they are their family".

The relative went onto say "They (the staff) have a laugh with them (the person)" . They told us the person responded positively to this. They told us "All of the staff are approachable" and "You can visit anytime". "The (name of the manager) is very, very good. So approachable, so warm and very caring". "They understand what they (the person) wants".

All of the staff we spoke with during our visit spoke warmly of the people they looked after and demonstrated a good knowledge of their needs and preferences. During our visit, we observed staff interacting with the people they cared for. All of the interactions were warm, friendly and natural. Conversations between staff and people were spontaneous and it was clear that people and staff knew each other well. This supported people's wellbeing.

During the afternoon, we saw that a staff member on duty chose to have their coffee break with a person who lived at the home. They chatted socially and companionably about the everyday things people chat about when they know each other well. During this interaction, another staff member came in and painted the person's nails and a three way chat and interaction commenced that followed naturally. It was clear that this was normal practice. The whole interaction was relaxed and 'family like'.

We saw that people's rooms were spacious and reflected people's preferences and lifestyles. People were smartly dressed and looked well cared for. The relative we spoke with told us that staff always ensured that the person's dignity was maintained and assisted the person to "Match up the clothes" they were wearing. They told us this was important to the person.

We saw that people's care plans outlined the tasks people could do independently and what they required help with. This helped to promote people's independence. People's care plans were written in a person centred way and gave staff sufficient information on the person's day to day preferences. Information in relation to people's end of life wishes however required improvement to ensure that people's preferences were recorded and adhered to should their health decline

People we spoke with told us that they were able to express their views with regard to their day to day care. The manager told us that a resident's meeting was held every couple of months to enable people to feed back their views and opinions on the service provided.

During the day we spoke with two people about the home and its management. They were able to tell us about recent changes at the home such as the recent refurbishment, activities tried and tested and the new manager. It was clear that they had been kept informed about any issues related to the running of the home and their care. The minutes of the resident meetings we looked at, evidenced this. It was clear from these minutes that people were able to express their views and be involved in decisions about their care.

Good

Is the service responsive?

Our findings

The people and the relative we spoke with told us staff were responsive to their needs and care records confirmed this. People's care plans were person centred and contained information about their day to day preferences so that staff could ensure they were respected. For example, there was information about people's preferred daily routines, dietary likes and dislikes and how they liked their personal care support to be provided. Daily records of people's care showed us that people's needs had been responded to appropriately in accordance with their wishes and preferences.

We saw that people who lived at the home were supported to make decisions for themselves in respect of what they wanted to do and how or where they wished to spend their time. We saw that for most of the day, people spent their time in their individual bedrooms. The registered manager confirmed this. They told us that most people who lived at the home liked to keep to themselves and that this was respected. A person we spoke with about their day to day routines confirmed this. They told us "I can please myself".

The registered manager told us that activities were offered but most people preferred to spend their time in their room. They said most people came down to the dining room for their meals but preferred not to participate in organised activities. People confirmed that activities were offered but also said they were poorly attended. One person said "There are quizzes and people (entertainers) coming into do things".

A relative we spoke with said that staff at the home "Do try (with the activities) but nobody comes to them". The relative went onto tell us about the trips to Ness Gardens and the Cathedral that were organised for people who lived at the home and about a recent Karaoke event. They told us that people, their families and staff were all invited. They said they had been surprised as everyone had joined in and had a good time.

During our visit, we heard staff chatting to a person about organising a social day based on a theme. The person suggested a Hawaiian theme and further discussions flowed from this with suggestions about non-alcoholic cocktails, Hawaiian based decorations and food. The minutes of the residents meetings we looked at also showed that people's suggestions about the activities or events were regularly sought. It was clear that staff at the home tried their best to ensure people had access to social activities to occupy and interest them.

People said they had no concerns or complaints about the care they received. They said that if they did, they would discuss them with the home manager. The relative we spoke with said the same. Both people we spoke with and the relative had no complaints. One person said "I've no grumbles. Can't grumble about anybody". The relative we spoke with said they would "Go to (name of the manager) but I have no complaints".

We reviewed the provider's complaints records. Complaints about the service in the last 12 months were minimal. We saw that one complaint had been received and was dealt with appropriately by the registered manager.

Good

Is the service well-led?

Our findings

People and the relative we spoke with told us the home was managed well. Both the registered manager and the general manager were fairly new, having only been employed seven months prior to our visit.

Staff we spoke with told us the home was well-led and that they felt supported by the registered manager and general manager. They told us that "(Name of manager) was a good boss and fair" and that the general manager was "Lovely".

The home had previously been run by an alternative provider and transferred to the new ownership of Allandale Care Group in October 2015. We could see that improvements to the way the service was managed had been made since both the registered manager and general manager had come into post.

A range of audits were in place to check the quality and safety of the service. For example, there were care plan audits, safeguarding audits, complaint audits, medication audits, environmental audits, equipment audits and accident and incident audits. The general manager also undertook a quality assurance visit to the home on a monthly basis to check that the provider's audit programme was completed appropriately by the registered manager.

We found that checks on people's care plans were not as robust as they could be, as they had not picked up that risk management plans required improvement. The audits in place had also not picked up that there were insufficient Legionella monitoring systems in place. We found the remaining audits however to be effective in identifying and mitigating risks to people's health, safety and welfare.

Staff meetings took place regularly with issues associated with the running of the home discussed and planned for and there were ample opportunities for people who lived at the home to voice their opinions and suggestions about the service. A recent satisfaction questionnaire had been given to people to complete on all aspects of service delivery across the provider's three residential homes. This enabled the provider to come to an informed view of the quality of the service provided.

We saw people's feedback was very positive. People had indicated that they were encouraged to make independent choices about their own care needs and preferences; were treated with dignity and respect and said they were happy at the home.

During our visit, we found the culture of the home to be open and transparent. The home was relaxed and homely and staff were kind, considerate and compassionate in all their interactions with both people who lived at the home and each other. The registered manager and general manager were passionate about the service and it was clear that they cared people received a good service.