

Allan House Limited

Mr R Jeffries t/a Allan House Limited


Inspection report

Allan House
53 Uttoxeter Road
Blythe Bridge
Stoke-on-Trent
Staffordshire
ST11 JG
Tel: 01782 397018
Website:

Date of inspection visit: 12 February 2015
Date of publication: 20/04/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Allan House on 12 February 2015 which was unannounced.

Allan House is registered to provide accommodation and personal care for up to nine people. People who use the service predominately had a learning disability. At the time of our inspection there were nine people who used the service.

Summary of findings

The service had 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 and associated Regulations about how the service is run.

People's risks were assessed in a way that kept them safe whilst promoting their independence.

People who used the service received their medicines safely. Systems were in place that ensured people were protected from risks associated with medicines management.

We found that there were enough suitably qualified staff available to meet people's needs in a timely manner.

Staff were trained to carry out their role and the provider had safe recruitment procedures that ensured people were supported by suitable staff.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 and the DoLS set out the requirements that ensure where appropriate decisions

are made in people's best interests when they are unable to do this for themselves. People's capacity had been assessed and staff knew how to support people in a way that was in their best interests.

People told us that staff were kind and caring. Staff treated people with respect, gave choices and listened to what people wanted.

People's preferences in care were recorded throughout the care plans and we saw that people were supported to be involved in hobbies and interests that were important to them.

The provider had a complaints procedure that was available to people in a format that they understood.

Staff told us that the registered manager was approachable and led the team well. The registered manager and staff all had clear values and were passionate about their role and what it meant for people.

People were encouraged to be involved in the improvement of the service and provide feedback. The registered manager had systems in place to monitor the service and we saw that improvements had been made.

Summary of findings

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 safe. People told us they felt safe. Staff knew people's risks and supported them to remain independent whilst protecting their safety. There were enough suitable staff available to meet people's needs.

Good



Is the service effective?

The service was effective. Staff received training to carry out their role. People told us that they consented to their care and staff understood their responsibilities under the Mental Capacity Act 2005. People told us that the food was good and they were given choices.

Good



Is the service caring?

The service was caring. People told us that the staff were caring and kind. We observed staff treating people with dignity and respect and giving people choices in their care.

Good



Is the service responsive?

The service was responsive. People were supported to be involved in hobbies and interests that were important to them. People received individual care that met their personal preferences. There was a complaints procedure available for people.

Good



Is the service well-led?

The service was well led. There was a registered manager in place who understood their responsibilities. Staff and the registered manager had clear values and were committed to providing a good standard of care. Monitoring of the service was in place and we saw that actions had been taken to make improvements.

Good



Mr R Jeffries t/a Allan House 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 checked whether the provider was 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 12 February 2015 and was unannounced.

The inspection team consisted of one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. We also gained information about the service from local authority commissioners.

We spoke with eight people, five care staff and the registered manager. We observed care and support in communal areas and also looked around the home.

We viewed three records about people's care and records that showed how the home was managed. We also viewed three people's medication records.

Is the service safe?

Our findings

People we spoke with told us that they felt safe and that the staff treated them well. One person we spoke with told us that they would tell the registered manager if a member of staff was not treating them well. They said, “I would tell the manager if staff upset me, but they are all nice and kind to me”. Staff we spoke with were aware of the procedures to follow if they suspected that a person was at risk of harm and that they told us they could speak to the registered manager about their concerns. One staff member said, “I would not hesitate to raise any concerns that someone was being mistreated, I could talk to the manager”. We saw that the provider had a safeguarding and whistleblowing policy available and staff we spoke with understood their responsibilities to keep people safe.

We saw that people were supported to be as independent as possible whilst taking account of any risks. People were encouraged to make drinks and prepare and cook their meals which had been risk assessed to ensure that people remained safe from harm. One person had a risk plan in place which ensured that they were kept safe when they went out because they did not fully understand the risks to themselves and others. We spoke with staff who were able to describe the support this person needed to keep them safe.

We saw that incidents had been recorded by staff, which included details of the incident and what actions had been taken. The registered manager had monitored these incidents and recorded the actions taken to lower the risk

of further occurrences. For example; one person had displayed behaviours that challenged and risk assessments had been updated, which showed possible triggers and how to help reduce anxieties to the person.

People told us that there was enough staff available. One person said, “There is always someone to ask for help and they come straight away”. We saw that there were enough staff to meet people’s needs in a timely manner and people were not kept waiting when they needed support. Staff had time to support people in a calm and relaxed way, talking and chatting to people whilst they provided support. We saw that the registered manager had a system in place that ensured there were enough staff and when people were going out on trips or holidays extra staff were made available.

We saw that the provider had a recruitment policy in place and the registered manager undertook checks on staff before they provided support to people. These checks included references from previous employers and criminal record checks which ensured that staff were suitable to provide support to people who used the service.

People told us that they were supported by staff to take their medicines. One person told us, “I go to the medicine room and have my medicine. I go and get some water and staff give me my tablets in a pot. I get tablets if I have pain too”. We observed staff administering medicines to people in a dignified way and explained what the medicine was for. We saw that staff were trained in the safe administration of medicines. We found that the provider had effective systems in place that ensured medicines were administered, recorded and managed safely.

Is the service effective?

Our findings

People told us that they consented to their care and that staff always explained decisions to them in a way that they understood. We observed staff talking to people in a patient manner and in a way that met their understanding and communication needs. Staff understood their responsibilities under the Mental Capacity Act 2005 and explained how they supported people to understand decisions that needed to be made. We saw that mental capacity assessments had been completed and care plans contained details of how staff needed to support people in their best interests.

People we spoke with were very enthusiastic about the meals that they had. People told us that they were able to choose the meals that they had and they discussed the menus at the residents meetings. We observed people making their own breakfast and drinks with support from staff if they needed it. One person said, “The food is very good, I like to help the staff with the cooking and we all do the dishes and tidy up afterwards”. Another person told us, “I like to bake cakes and we do this quite a lot with staff”. The records we viewed showed that people’s nutritional needs were assessed and we saw that one person had been supported to lose weight as this was a concern identified by health professionals.

People told us that they received care from health professionals. One person said, “I go to the doctors if I need to and to the dentist”. We saw that people had health care

plans in place and their health was regular monitored and maintained. We saw that one person had been referred to a Speech and Language Therapist (SALT) for an assessment, where concerns had been identified by staff.

Staff we spoke with told us that they received an induction when they were first employed at the service. One staff member said, The induction was good and it helped me to know what I needed to do”. Staff also told us that they received training and that the training was regularly refreshed and updated. The records we viewed confirmed this. Staff received supervision from the registered manager on a regular basis. One member of staff said, “I find supervision really useful. It gives me a chance to discuss anything I am concerned about and if I raise an issue the manager always takes action to sort it out”.

The registered manager had a good understanding of their responsibilities with regards to Deprivation of Liberty Safeguards (DoLS) to ensure that people were not unlawfully restricted. There were no DoLS authorisations in place at the time of the inspection, but the registered manager was able to explain how they had considered whether any referrals were required. The records we viewed confirmed this.

Staff told us how they supported people who had behaviour that challenged. We were told that there was no restraint used at the service and when people displayed behaviour that challenged staff used distraction techniques. Staff told us that they spoke with people in a calm manner and used different methods to distract the person such as; talking about activities or what they want to eat. We saw that the care plans contained guidance for staff to follow and triggers to behaviours that challenged.

Is the service caring?

Our findings

People told us the staff were kind and caring. One person told us, “I like it here, staff are good and I’m happy. The staff care about me and treat be well”. We saw that staff gave people time when they were providing support and showed care and compassion. People were comfortable with staff and spoke with staff easily. Staff we spoke with were enthusiastic about their role and told us that they ensured people received a good standard of care. The atmosphere within the service was very happy and people were constantly laughing and smiling. Staff told us it was ‘home from home’ for people who used the service.

People told us that they could access their rooms whenever they wanted and if they wanted to have their own privacy. We observed staff treating people with dignity and respect. Staff told us that they ensured that they were sensitive to people’s privacy and ensured that people felt comfortable when they were providing support. We saw staff knocking

on doors before entering and staff spoke with people in a dignified way. Staff talked to people in a way that promoted their understanding and that made people feel that they mattered.

People we spoke with told us that they were happy with the care provided and they were given support to make choices. One person said, “I get up and go to bed when I want to, I go early sometimes because I like to watch TV in bed”. Staff we spoke with explained how they ensured people were given choices and they respected their wishes. We saw that staff gave people choices throughout the day. People were given time to speak and staff listened to people’s wishes and acted upon them.

We viewed thank you cards from relatives that were happy with the care provided. The comments included; “Friendly, good helpful staff”, “I’m happy that I have the knowledge that my relative is cared for safely” and “People are treated with kindness”.

Is the service responsive?

Our findings

People we spoke with told us that they regularly went out and were supported to undertake hobbies and interests that were important to them. People were enthusiastic about the different places they had visited which had been put in a book and people showed us what they had done. People laughed with the staff at the memories of the days out they had been on together. One person told us, “I really enjoyed the holidays we went on. The staff are great fun and they make sure I’m okay” and “Staff take me to visit my friend and they come here for tea sometimes too”.

We saw that people’s preferences and interests were detailed throughout the support plans. People had set goals and how these would be achieved for people such as; cooking, trips out, improving daily living skills and holidays. Support plans showed the person’s lifestyle history and current health and emotional wellbeing needs. The information viewed painted a clear picture of each individual person and included how staff needed to respond to people’s physical and emotional needs

People who used the service told us that they were involved in reviews of their care. We saw evidence of reviews that had been undertaken which showed involvement of people and contained details of any changes to their health and wellbeing. People told us that they had meetings to discuss what meals they wanted, the outings they had been on and if they enjoyed them and what they wanted to do next. For example; arranging where they wanted to go on holiday.

We found that the provider was responsive to people’s diverse needs. The provider had purchased computers for people to use. Special equipment had been provided for people with physical disabilities and visual impairments which meant they could use the computers independently. People told us and showed us how they gained help from staff at night time. One person showed us how they called for assistance if they felt unwell or needed support. People told us that staff went to them quickly when they needed help. The registered manager told us that they had identified that the ‘sleep in’ room did not have a sound system in place. Action had been taken to put this in place so that staff were alerted when people needed them at night.

People who used the service and relatives we spoke with told us that they knew the procedure to complain and they would inform the manager if they needed to. One person told us, “I would speak to staff”. The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. We saw that people had access to an easy read version of the complaints procedure and people we spoke with understood this format. The provider had not received any formal complaints that needed investigation, but the registered manager showed us how complaints were logged if any were received.

Is the service well-led?

Our findings

There was a registered manager in place at the service who understood their responsibilities and role. They told us, “I like to be informed of everything and know what is happening as I am accountable. The registered manager told us that they were fully supported by the provider and they were able to raise any issues which were considered and resources were provided. The registered manager was passionate about their role and that they had clear values and visions for the future of the service. They told us, “We place the rights of people at the forefront of our philosophy of care, ‘privacy’, ‘dignity’ and ‘independence. If people are happy then I am happy”.

Staff we spoke with were positive about their role and how they made a positive impact to people’s lives. One staff member said, “We all care here and we love the job we do. It’s important that people have a good life with positive outcomes”. Staff told us that they had regular meetings and they found them useful to discuss any issues as a team. All the staff we spoke with told us that they were a dedicated team and led by a supportive manager.

We spoke with people who used the service who told us that they had meetings and discussed what changes they felt were needed to make improvements to the service. One person showed us the records of the meetings and

told us what had changed and what had been completed. People were also asked to complete a questionnaire so that the provider could gain feedback and make improvements to the service. We saw that these were available in a format that people could understand and where suggestions had been made these were acted on.

We saw that the registered manager had completed audits which showed how they monitored the quality of the service provided to people who used the service. Action plans were implemented where improvements were needed at the service and then forwarded to the provider on a monthly basis. The registered manager told us how they had identified concerns with medication administration from the audits carried out. They had taken action and relocated the medicine trolley in a place where staff were able to concentrate and this had made an improvement to medicines management. The records of the checks we viewed confirmed this.

The registered manager told us that they attended meetings arranged by the local authority to share good practice initiatives. They told us that these forums provided them with an opportunity to speak with other providers and agencies involved in the care sector. Regular health and social care updates were gained from subscriptions to various magazines and we saw that these were circulated amongst staff for their information.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.