New Care Projects (Timperley) LLP

Allingham House Care Centre

Inspection report

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Date of inspection visit: 19 November 2014
Date of publication: 21/01/2015

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

This inspection took place on 19 November 2014 and was unannounced which meant the provider and staff did not know we were visiting. The last full inspection took place on 5 July 2013 during which we found the service was meeting the regulations we looked at.

Allingham House Care Centre provides nursing and personal care for up to 86 older people, some of whom were living with dementia. The home accommodates people over three floors. There were 84 people living at the home on the day of our inspection.

The home is required to have a registered manager. At the time of our inspection there was a registered manager who had been in post since the home opened in 2012. 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.

The registered manager had kept us informed of safeguarding incidents and other notifiable events which had occurred in the home in line with their statutory obligations.

Summary of findings

We found the home to be well maintained, clean, and had relaxed and friendly atmosphere. The registered manager and deputy manager had a positive presence within the home and were well received by people who used the service, their families and staff.

People and their families told us they were happy to speak with staff if they had any concerns.

People we spoke with, who lived at Allingham House said, “The staff are kind, I like the banter I can have with them” and “I don’t really have to wait long if I call them, nothing is too much trouble.”

We conducted observations on all three levels of the home and on each level saw people were treated equally and with respect. Staff were patient and took time to listen to the people they were supporting.

We found the mealtime experience was pleasant and consideration was given to the dietary requirements for people of the Jewish faith.

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?

Good

The service was safe.

People told us they were happy with the level of support they received and that they felt safe living at Allingham House.

There were good systems for ensuring concerns about people's safety were managed appropriately. Medicines were stored and administered correctly.

People told us and we saw there were enough staff on duty to meet people's needs. There were comprehensive risk assessments and care plans in place to ensure staff knew what level of support people needed.

Is the service effective?

Good

The service was not always effective.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Applications for DoLS had been made. This meant that appropriate steps had been taken to ensure people's rights were protected.

There were arrangements in place for people to have a healthy and nutritious diet. Improvements were needed to ensure staff recorded and monitored the correct nutritional information for people who were at risk of weight lost or malnutrition.

There was a training and supervision programme in place to ensure staff had the knowledge to meet people's individual needs. However, not all staff we spoke with were able to talk to us about the specific needs of people who were living with dementia.

Is the service caring?

Good

The service was caring.

People we spoke with, spoke positively about the caring nature of the staff. They told us staff cared for them well and they liked living at the home.

We saw people were treated with kindness, compassion and dignity. Staff spoke positively about the people they were supporting and were respectful about their needs.

Staff spoke about their role with pride and told us how much they enjoyed working with the people living at Allingham House.

Is the service responsive?

Good

The service was responsive.

Each person had a key worker and people who needed nursing care were supported by a named nurse. This meant changes to people's care plans could be communicated appropriately to all staff.

People and their relatives told us they knew how to make a complaint if they needed to and felt confident the complaint would be dealt with appropriately.

Summary of findings

People and their relatives were encouraged to express their views and opinions about the services provided at the home via meetings with the manager or the newsletter which they were involved in producing.

Is the service well-led?

Good

The service was well led and the registered manager had been in post since the service opened in 2012.

We could see there was a commitment from the provider to provide excellent person centred care and this was evident throughout the management team at Allingham House. We found the home willing to take on board suggestions made to improve the service and to enhance the lives of people who were living with dementia.

The manager and care staff understood their roles and responsibilities. Staff said they felt well supported by the registered manager and enjoyed working at the home.

We saw the registered manager responded to complaints efficiently and effectively and conducted regular audits of the service to ensure a high standard of care was maintained.

Allingham House Care Centre

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 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 19 November 2014 and was unannounced.

The team consisted of a lead inspector, a specialist advisor who was a registered nurse and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert was experienced in nursing and dementia care.

Before the inspection we looked at the information we held about the service. We were unable to review the provider's information return (PIR) as this document had not been completed at the time of the inspection. This information was sent to us following on from our visit.

We contacted the community mental health team, the council and the clinical commissioning group for their feedback about the service.

We spoke with 17 people who used the service, nine visiting relatives, 11 members of staff including hospitality staff, kitchen staff, care staff, senior staff and nurses, the registered manager, the deputy manager and the provider. We also spoke with a visiting dietician.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who cannot tell us about their care.

We reviewed six people's care records in detail. We looked at staff recruitment, training, supervision and appraisal arrangements. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided by Allingham House Care Centre

Good

Is the service safe?

Our findings

When we spoke with people living at Allingham House they told us that they felt safe. No one we spoke with raised any concerns about how staff treated them. People made comments such as, "I always feel safe here, I don't worry about that", and "I do feel safe here, I am very lucky to be here".

We asked people to tell us their views about the staffing levels and we were told "There's not enough on at night." When we asked how this impacted on them we were told, "Oh they come quick enough if I have to call them. It's just a feeling I get, but nothing I can put my finger on. It's good to know that they're there.". Another person told us ""I'm very comfortable, very satisfied, there's plenty of staff."

We asked family members their views about the safety of the home and were told, "I know my husband is well cared for, I am reassured when I leave he will be safe." And "We have no worries about safety, everything seems fine."

We observed people were able to lock their bedroom doors if they chose to do so when they were unoccupied and they told us this was important to them as they knew their belongings were safe and they could have privacy when they wanted it.

The staff we spoke with on each floor described each floor as being "well-staffed". The registered nurse on duty explained, "There is always one qualified nurse on per shift with 6 carers on in the morning and 5 carers on in the afternoon." They stated the skill mix would benefit from an additional qualified nurse working in the morning. They said, "It would be helpful to have another trained nurse working for about 3 to 4 hours when I am doing the medicine round. Other people like doctors and relatives want to speak to a trained nurse and also problems are happening like blocked catheters that only a trained nurse can do."

We observed two medication rounds, one on the dementia unit and one on the first floor. We found medicines were stored safely and in accordance with current professional guidance. All the medicines were locked away securely either in the medicine trolley or in the treatment/ medication room. Controlled drugs (CD) and the records associated with controlled drugs were stored securely according to legal requirements. The CD stock checks were carried out twice a day and the CD record books showed clear, legible records with the balance in stock included in each entry.

The fridge used to keep medication in displayed an appropriate temperature and we saw records outlining that the fridge temperature was checked daily and was within the accepted range.

We looked at a variety of different medicines to check the expiry date and all were within the expiry date. Medication which had been opened was labelled with the date of opening and was discarded within the time specified on the patient information leaflet.

We looked at Medication Administration Records (MAR) and they were written clearly and legibly. We also noted the file contained other relevant documentation to support safe prescribing and administration of medication; for example the results of the latest INR recording were included for a person prescribed warfarin.

We discussed with staff who were responsible for administering medication what their understanding was of administering medicines in line with the Mental Capacity Act 2005. They told us, "Residents have a right to refuse medication." They also told us that any reluctance or refusal to take medication would be considered alongside the person's ability to make wise decisions. We were shown the records of two residents on the first floor where a best interest decision had been made to give covert medication and this was supported by a letter from the GP.

We observed the medicine round was carried out safely; people's identity was checked using photographs attached to the MAR and staff checked that medication had been swallowed.

During our observations on both floors we noted the nurses administering medication were not given protected time. This meant they were being constantly interrupted as they answered telephones. We spoke to the nurses about this and they told us "Medicine rounds can take a long time because of answering the phone, its distracting. I am vocal about this and have told many people it's a real problem." After they expressed this we asked them if there had been any errors or incidents and they replied, "No but it is distracting." We spoke with the registered manager and the provider about this and they told us they would ensure protected time is given in future.

Good

Is the service effective?

Our findings

We found the home was decorated to very high standard and was light, bright and airy. The home was comfortable and had a relaxed atmosphere.

We spoke with a number of people about their care and reviewed some care plans. We found the care plans were thorough and comprehensive and being used appropriately to assess the needs of the people who used the service. They were detailed and person centred. We did note however most of the care plans had not been updated regularly. The registered nurse told us, "The majority of care plans need updating and I am very aware and conscious of this."

We were told that the management team had recently introduced a system which gave registered nurses six hours a week protected time to review care plans. The registered nurse told us the main aim of the care plans was to show a "Person centred approach." This meant that care plans would contain more personal information about the individual to help staff better understand what that person wanted and needed and what was important to them. This way of care planning is essential when supporting people who are living with dementia and unable to tell you about themselves and the type of support they would like.

We noted care plans were locked away in an office which was primarily used by the registered nurses. The assessment documents and care plans were used by the registered nurses and the other nursing records such as fluid and food intake charts, personal hygiene charts, turning records were used by all nurses and carers. The nurses we spoke with were keen to have the carers more involved in the implementation of the care plans to help them better understand the people they were supporting. They told us "I want them (care plans) to be without jargon because carers can then understand them." They continued that," I am trying to encourage carers to be involved with recording in the care plans and then I can countersign." "This will help us deliver a better service to everyone." This was evidenced in the care plans which had been reviewed as they included detailed information about a variety of preferences from dietary to which activities were particularly enjoyed.

We spoke with staff about the specific needs of people who were living with dementia. Some staff were able to tell us in detail how to provide effective support, some staff were not. We spoke with the lead nurse on the dementia unit who told us more training was planned and some staff had recently had training. They told us the registered manager was committed to providing all staff with the training they needed to carry out their role. We spoke with the registered manager and the provider who explained some staff were new and training was planned for them. We saw training records which confirmed this.

During the inspection we spent time over tea time carrying out observations on all three floors. We took part in the evening meal so we could share the experiences of people living at the home. The tables were set out well and consideration was given to where people preferred to sit.

We saw the menus followed a four week rota and the menu for that day was displayed on the table; some people were observed to look at the menu and staff were seen to read out the menu to those who were unable to read it. One person who was unable to read the menu said, "The menu is read out to me and if I don't like it I have something else it's not a problem." We observed they asked to have a sandwich as they did not want a hot meal and it was served very quickly.

People told us about their experiences at mealtimes. Comments included; "The food is very good, the only thing is that the fruit in the fruit salad is hard." And "The food's not bad considering, but there's not a big choice. They do keep an eye on me to make sure I'm eating." And, "The food is excellent."

During the mealtime the atmosphere was calm and people were given the opportunity to eat at their own pace. Staff were alert to people who became distracted or dozed off and were not eating. They appeared to have the right balance between encouraging residents to finish a meal and accepting when residents did not want to eat more.

The main course consisted of chicken curry and rice which was not popular with many of the residents. However we asked some of the residents about the quality of the food at other meal times. One resident said, "The food is good 99 times out of 100 and I should know I used to be a good cook." Another said," I am a meat and two veg man and we have that here other days, I just don't like curry."

We spoke with a member of the kitchen staff who told us there was a list of the people who used the service in the Kitchen and any dietary requirements they had, for

example diabetic, allergies, soft food, who needed help cutting food, etc. All the staff we spoke with told us they were aware, and by teamwork made each other aware, of the peoples' usual behaviour and could identify if an individual had a poor appetite so that a close eye could be kept on them.

We asked to see food monitoring charts to ensure proper information was being recorded for those people at risk of malnutrition or weight loss. We were sent this information after the inspection as we were told records were completed when people were in bed. Recording information in this way increases the risk of incorrect or incomplete records being kept as they are not completed in a timely manner.

The information we received showed us that appropriate records were being kept for those people at risk of weight loss or malnutrition.

We spoke with a visiting healthcare professional from the speech and language therapy team who told us "The staff are very good but don't always understand the difference between fork mashable food and pureed food." They told us they would speak to the registered manager about arranging some training to help staff understand the different impact different consistencies of food can have on people.

We had a discussion with the registered manager about the Mental Capacity Act 2005, (MCA) and Deprivation of Liberty Safeguards, (DoLS). Staff training records showed us that staff had undertaken training in MCA and DoLS. When we spoke with staff they confirmed that they had undertaken training and demonstrated an awareness of the issues around people's capacity.

The registered manager confirmed they had made a number of recent referrals under DoLS due to changes to guidance in this area. We saw from people's care records that people's capacity to make day to day decisions had been assessed where appropriate. This showed us that the service knew about protecting people's rights and freedoms and made appropriate referrals to keep people safe.

Records viewed showed us, and staff told us, that they had received regular supervision and an annual appraisal to support them in their role. Staff spoken with confirmed recent training undertaken such as safeguarding and the Mental Capacity Act 2005. Training records viewed showed that future training needs were identified. The training plan was located in the managers office on the wall which meant staff had easy access to see what training they had planned and when.

We looked in detail at five care records to look at how the home responded to changes in need and how things were escalated and referred to other healthcare professionals when necessary.

We saw hospital appointments were planned and managed effectively with a detailed account of what the appointment was for, who it was with and who would support the person whilst attending hospital. We saw referrals had been made to the dietician when there was a weight loss. This was monitored monthly and an update of actions submitted to the deputy manager.

Good

Is the service caring?

Our findings

The people who used the service and their families consistently stated that the staff were caring. One relative said, “All the staff are caring and kind.” A person who used the service said, “The staff are very good, always kind even when they are busy.” A registered nurse said (about the carers), “The staff are always nice and polite; in the 12 months I have been here I have not seen any of them become angry.” We observed this kind and caring approach from all members of staff during the inspection.

People told us, “I love it here, everyone is so kind.” And “The staff are very good. There’s a very nice family atmosphere. They’re friendly, but at the same time respectful. The staff are mature and experienced and well chosen.” Another person said “They (the staff) help me shower every morning. They do it very respectfully.” And “The staff are very good, kind and thoughtful. I first came here with a broken collarbone and they looked after me really well.” And “The carers are wonderful, they help me to shower, they treat me very respectfully. The agency staff are not so good, but we don’t have them very often.”

Families we spoke with told us “I’ve not had any input into a care plan and I don’t know if there is a nominated nurse but (my family member) is treated with respect and dignity, they’re very kind. Personal care is respectful. She’s treated as an individual, they’re not patronising.” And “The staff are very caring and kind. I have a very good rapport with them.”

Another person told us, “I don’t need personal care, but I look around and the love and care I see they (the staff) give is tremendous. I’m treated very well, very respectfully.”

One relative said,” My wife is happy here so I’m happy too.” He continued to say, ”I have made friends with another relative and we support each other.” He said he felt the home encouraged this amongst visitors in order to provide an informal support network.

We asked people how they were involved in making decisions about their care. One person told us, “In the evenings I enjoy being on my own in my room listening to the radio and the staff leave me in peace to do that.” Another person said, ”I get asked what I want to wear in the morning, so I can chose.” During the inspection we observed staff offering people choices such as leaving the dining room when they chose to.

People who used the service and their relatives told us they did not participate in the written care planning but had knowledge of the care that was given and they were happy with this. One relative told us,”(my relative) gets moved when she needs to and has her hair done like she likes it.”

Care staff followed aspects of planned nursing care such as turning and changing position of people who required specific nursing care and followed personal hygiene preferences. The staff then documented the care given on charts such as, turning records and personal hygiene charts; care given by the staff was accurately recorded on the charts during the inspection.

Staff were seen communicating well with people who had a potential barrier to communication. For example a resident with visual impairment said, ”They (the staff) read the programme about activities so I can chose what to do.” Staff spoke clearly to residents with a hearing impairment and checked they had heard before moving away.

People told us they were happy living at Allingham House and happy with the staff and the level of support they received. We saw that staff encouraged people to chat and socialise with each other and there was friendly banter amongst people who used the service throughout the home.

Good

Is the service responsive?

Our findings

Allingham House supported a number of people of the Jewish faith and provided then with a Kosher environment in order to meet their cultural needs. The registered manager explained to people wanting to use the service and their families that the home specialised in providing resources and services to support the Jewish faith such as Kosher food. However he also explained that the home welcomed people of different faiths and provision could be made to meet the cultural needs of different faiths, for example the home has a Christmas tree on the ground floor at Christmas.

There were opportunities for people to participate in an activities programme that offered a wide variety of activities. One person said "I most enjoy doing exercises and when book reading is on. yes I do like those." Another person played bridge every week. The activities programme was displayed on all 3 floors. It was typed on A4 paper and in small font. The people we spoke with told us they did not read this programme but they said they were told what was happening each day and they were given a choice whether to attend or not.

Activities planned included book reading, sing alongs and refreshment, chair exercises, sensory sessions, clothes sale, reminiscence and Montessori sessions. Montessori is a way of encouraging people who are living with dementia to become happier and more productive whilst boosting their sense of self-worth. This is done through giving people meaningful activities that build upon their remaining skills and abilities. For example we saw articles which had been written by people who used the service who had been teachers or had hobbies and interests they wanted to share in the magazine produced by the home. Articles included "introduction of myself" where people talk about their lives and key moments which had been important to them, "Napoleon part one, part two in the next issue", "Family holiday in Mevagissey", and "Alexandre Dumas".

The care plans included information about social activities the people living at Allingham House could engage in with their visitors. Consideration was given to people wanting to spend time with their spouses and care plans we looked at reflected this. For example one person wanted to spend time with their spouse both inside and outside the building and the plan included providing opportunities for the couple to go on walks together in the surrounding community. This care plan also gave detailed information about the changes to the care and support needs when their spouse was admitted to hospital. The staff documented in the care plan changes to the person's behaviour and arranged for the person who used the service to visit their spouse in hospital in order to alleviate some of the anxiety the person was experiencing.

We were informed the children's nursery, which was next door to Allingham House, had groups of children visit. We spoke with some of the people who used the service about these visits and they responded positively with many smiles. One person said, The children usually sing, its lovely when they come."

We asked people who used the service and their families if they would know how to complain or if they had needed to complain and how this had been dealt with. We were told by people living at the home, "I've never had cause for complaint, but if I did, I'd tell them." And "I've never had to make a complaint, but I know that they wouldn't brush me aside." One person said they needed a bigger wardrobe because all their clothes were squashed together. When we asked if they had complained to the management or requested a bigger one, they replied "No. Should I? I'll do that then."

Throughout the inspection we saw that staff consulted with individual people about their choices and were responsive to them. For example one person wanted to leave the table at tea time as they were feeling confused and upset. Staff responded quickly and offered reassurance to this person who then was content to sit quietly in the lounge area. We observed the information exchange between staff about this incident was good and there was a strong sense of teamwork. We saw staff work quickly and efficiently to respond to meet people's needs.

Good

Is the service well-led?

Our findings

The service was well led and the registered manager had a positive presence within the home.

People who used the service told us, "(The manager) he's very good, very alert, he knows what's going on. He's got a good head." And ""I'm quite confident in the management and overall I'm very happy being here." And, "I just think how pleased I am, how lucky I am, to be here."

Families we spoke with told us "He (the manager) is lovely, very friendly and approachable; we have no concerns at all."

Staff told us "The Manager really seems to care." And "We all work together as a family and a team. It's very comfortable here, very homely."

The registered manager and the deputy manager were both visible within the home during the inspection and were available to staff, people who used the service and visitors. Both the registered manager and the deputy manager said part of their role was to manage and deliver training for the staff. The manager had been involved in the medicine training day and had been in the training session when we arrived to carry out the inspection.

Staff we spoke with confirmed there was a commitment from the management team to provide them with good knowledge and training which is why they liked working at Allingham House. They said they felt supported and the registered manager was friendly and approachable.

Before our inspection we had spoken with a member of the commissioning team about Allingham House. They told us "The manager is very approachable and will respond quickly with anything we ask him to do. Allingham House is a nice home."

The registered manager and deputy manager carried out the initial assessment of people interested in coming to the home. The deputy manager said, "First impressions are important when we carry out these assessments." He continued, "Trust is important, we will honour what we have said we can provide." We spoke with one person and asked whether they thought they were given accurate information during the initial assessment and they told us they felt they had been.

Another person told us they had been there since the home opened and trusted the management team implicitly.

The management team had responded appropriately to issues raised by the staff about the need to provide protected time for nursing staff to carry out tasks such as review care plans. They were also willing to take on board suggestions made during our visit to extend this further to have time protected during medication rounds.

The management team were passionate about the service that Allingham House offered. They had energy and drive and we found they were keen to find new ways of developing their service; for example in the feedback they discussed using technology in assessments and care planning in the future.

Staff we spoke with were very loyal to the service and to the management team and had a genuine pride in the service they all provided.

The registered manager and the deputy manager completed audits weekly and monthly to ensure the quality of care was regularly monitored and areas for improvements were identified. We spoke with the nurse on the dementia unit who showed us the action plan produced by the deputy manager for them to complete following on from audits they had done. The action plan was to be completed within a month and this would be checked again by the deputy manager the following month. We found the service had robust systems in place to monitor the quality of the service and these systems were being utilised effectively.