

# The Sandwell Community Caring Trust

## Allerton Court

### Inspection report

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### 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 ●

# Summary of findings

## Overall summary

Allerton Court is registered to provide accommodation and personal care for up to 48 older people. At the time of our inspection 36 people were using the residential service, with 7 people staying on the enhanced assessment unit, in the short term until a longer term plan of action for their care was arranged.

Our inspection was unannounced and took place on 02 June 2016. The service was last inspected on 03 March 2014 where it was found to be compliant.

The manager was registered with us as is required by law. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Medicines were given appropriately and the recording of their distribution was clear and concise; they were kept and disposed of as they should be. People's long term health needs were addressed and people saw medical professionals when they needed to. People received adequate food and drink.

There were a suitable amount of staff on duty with the skills, experience and training in order to meet people's needs. People told us that they were kept safe. People were able to raise any concerns they had and felt confident they would be acted upon.

People's ability to make important decisions was considered in line with the requirements of the Mental Capacity Act 2005. Staff interacted with people in a positive manner and their consent was sought before any care was carried out. Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

People, their relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager. Structures for supervision, allowing staff to understand their roles, and responsibilities were in place. Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were effective. Quality assurance audits were undertaken regularly and the provider gave the registered manager support.

Notifications were sent to us as required, so that we could be aware of how any incidents had been responded to.

## 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.

Medicines were administered safely.

Suitable numbers of staff were on duty with the skills, experience and training in order to meet people's needs.

Staff acted in a way that ensured people were kept safe and had their rights protected when delivering care.

### Is the service effective?

Good ●

The service was effective.

Staff had the appropriate level of knowledge and skills to meet people's individual needs.

Staff had a good understanding of the Mental Capacity Act and the Deprivation of Liberty Safeguards and how these impacted upon people.

People were supported to access healthcare and received adequate amounts of food and drink.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and interacted with them in a kind and compassionate manner.

People were encouraged to be independent.

People's privacy was protected.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning of their care.

Staff were aware of people's needs and responded to them.

People were encouraged to give feedback on the care they received and their opinions were acted upon.

**Is the service well-led?**

**Good** ●

The service was well-led.

People and staff spoke positively about the approachable nature of the registered manager.

The registered manager had forged good links with the local community.

The registered manager carried out quality assurance checks regularly in order to develop and improve the service.

# Allerton Court

## 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 02 June 2016 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are details that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify areas we may wish to focus upon in the planning of this inspection.

We spoke with four people who used the service, two relatives, three staff members and the registered manager. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to four people by reviewing their care records. We reviewed three staff recruitment and/or disciplinary records, the staff training matrix, three medication records and a variety of quality assurance audits.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care, to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People told us that they felt safe and one person said, "They [staff] keep me safe here, they do all they can to help me". A second person told us, "I find it hard to walk, but the staff help me and keep me safe, I don't fall". A third person told us, "Everybody says that I have never looked so well since being here". A relative told us, "[Person's name] had many falls at home now they have plenty of space to walk and have not had any falls here. It gives me piece of mind that they are safe". A staff member told us, "We do things like help people to walk if they feel vulnerable they might trip. We keep them safe but make them feel that have achieved something themselves". Another staff member told us, "People here are definitely safe we have care plans and risk assessments in place and we stick to those".

We found that detailed risk assessments were in place to ensure that people were kept as safe as possible. These included, risks related to mobility and falls, weight, nutrition, health and hygiene and the prevention of pressure areas. Staff were able to discuss possible risks to people and how they avoided risk, such as who required assistance to walk or to eat and what measures were put in place to assist those people.

A relative told us, "Very recently staff stayed with [person's name] when she was taken seriously ill and they kept [person's name] calm until the paramedics arrived". The relative shared with us how this had given them great peace of mind that staff knew how to cope in emergencies. We found that each person had a personal emergency evacuation plan, detailing the best method of getting them to safety should an emergency arise within the home. Staff were knowledgeable on these plans and those we spoke with said that their first priority would be to call the emergency services and to ensure that the person was made as safe as possible.

Staff told us that they were aware of safeguarding, with one staff member saying, "If there was a safeguarding issue I would recognise the evidence and I would go to straight to the manager and take it higher if I needed to". The registered manager told us that the home did not make regular safeguarding referrals as there had been no need to in recent times, but they were able to talk us through the process that would be taken such a concern were to arise. Staff told us that they had received safeguarding training and we saw certificates kept in staff files.

People told us that they felt sufficient numbers of staff were available to them, with one person saying, "There is always somebody about, it's hard to not see the staff". A second person said, "There are enough staff, they always come right away when we need them". A relative told us, "From what I can see there is an adequate amount of staff". A staff member told us, "We used to have more time for chatting and socialising with people when more staff were on the units and although they are still kept completely safe, a lot of our time is taken by paperwork eating into any quality time we used to have with people". We spoke with the registered manager who told us that the amount of staff on duty was measured by the use of a staffing tool and we saw that the amount of staff on each shift was enough to keep people safe. The registered manager shared with us that if additional staff were needed at any time this could be requested via head office and staff could be given additional shifts. Staff members told us that they covered colleague's absences so that no agency staff were used and people only received care from staff they knew. People we spoke with

confirmed this.

Staff told us that prior to commencing in their role they had been requested to provide references, identification and to undertake a Disclosure and Barring Service (DBS) check. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We looked at four recruitment files and saw that all the appropriate checks had been completed correctly and that a full employment history had been provided.

People that we spoke to told us that they received their medicines each day as they expected to. One person said, "I always get my medicine as I should receive it". A relative told us, "Medicines are given to [person's name] like clockwork". A second relative told us, "They always check that [relative] has taken the medicines they are given". A staff member told us, "I am fully trained to give medicines and feel that I do it well". We saw that medicines were signed for correctly as they were administered and they were recorded on a Medicine Administration Record (MAR) sheet. Medicines required to be taken 'as and when' had a protocol in place to inform staff how to give the medicine. Medicines were kept at the right temperature and disposed of appropriately.

# Is the service effective?

## Our findings

People told us that they felt that staff were well trained and knowledgeable. One person said, "Staff know what they are doing, I worked in care for many years so I would know what is right and wrong". A relative told us, "The staff are knowledgeable, there is a big age range, but both old and young carers are as good as each other. They are all really caring". A second relative told us, "Staff here are experienced and know how to care for people well". We saw examples of staff being aware of people's needs, such as knowing details of their health needs to be able to support them well.

We found that staff members had received an appropriate induction period. One staff member told us, "My induction prepared me to do the job. I shadowed staff and they are a good team, so I learnt a lot from them, I wasn't in at the deep end". We saw a staff member working in the home for the first time and they were being introduced to people and encouraged to sit and chat with them to get to know them. We found that training was supported by the provider and that staff had to complete all core training within specific time frames, so their training did not lapse. Staff shared with us that they had completed core training, but they were supported and encouraged to carry out as much additional training as they were able to. We saw certificates in staff files to show that training had been completed. Staff told us that their supervision was provided to them every three to six months, but that there was open door access to the registered manager and she was happy to talk with them at any time. We saw that an appraisal was carried out annually for all staff and that this was an opportunity for them to reflect on the previous years practice and set objectives for the coming year.

People told us that staff members gained their consent before carrying out any actions. One person told us, "Staff always tell me what they are going to do before doing it and they ask me". A second person said, "I can't wash myself and so even though they [staff] do it every morning they still ask if I am happy to have a wash". A staff member told us, "We always make people aware of what we are doing and give them the chance to say yes or no. If people don't want a bath, we find another way like having a quick wash and do something they are happy to consent to". We saw that throughout the home people were treated as individuals and that they were asked for their opinions or agreement before actions were carried out.

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). No one in the home was subject to a DoLS authorisation. Staff we spoke with had an understanding of the MCA and DoLS. One staff member told us, "We don't have anyone here on DoLS, but we have had before and we had to make sure that they were safe and that meant keeping them inside". A second staff member told us, "If people lack capacity we liaise with the hospital discharge team for information and this helps with our assessment".



People told us that they enjoyed the food and one person said, "The food is great here, just marvellous". A relative told us, "The food is lovely, I have tasted it. [Relative] has put two stone on since being here and they needed to. The bread is not value rubbish, it is the best on the market and all the meals are cooked on the premises. They [staff] cater for parties as if it was a wedding, only the best". A staff member told us, "We consider everyone's diet, there are diabetic choices and we could build up meals with extra calories if needed. We offer smaller meals, as some people become overwhelmed if their plate is too full and it puts them off eating". We saw that people's nutritional needs were assessed whenever staff felt that there may be a concern.

We found that at lunchtime staff explained the meal time routine to people and asked people who they would like to sit at the table with. We saw that people were very relaxed whilst waiting for the food to be served and that they chatted amongst themselves. When the meal was brought out each person was told exactly what was on plate and asked if they were able to eat without assistance. People were given a choice of two meals, with sandwiches as an alternative if a meal was not required. The food smelt good and looked appetising. We saw that where one person wanted their meal later it was kept for them.

We found that people were able to have a drink whenever they wanted one. One person said, "I always have a drink to hand, cups of tea or squash". A second person told us, "I have to drink a lot to keep me well and I get lots of drinks". A relative told us, "[Person's name] gets enough to drink all through the day. Staff know they are prone to getting regular urinary tract infections and do all they can to prevent them". A staff member said, "I don't know of anyone in here at risk of dehydration or malnutrition, as we are always one step ahead and know what people need. If someone needs drinks they get them". We saw that plenty of drinks were available to people throughout the day.

People told us that their on-going health needs were supported and one person said, "My leg is seen to by the doctor and I see other people go to their hospital appointments". A second person said, "They [staff] get the doctor whenever I need him, he comes so much quicker than when I was at home". A relative told us, "The staff pick up on people's symptoms and if someone is not well they get the GP immediately". A member of staff told us, "We look out for symptoms like strong urine or people being wheezy. We also get people to their medical appointments". We saw that the registered manager accompanied a person to a hospital appointment during our inspection and that records were in place where people attended medical appointments. People's files showed that they regularly attended optical and dental appointments and chiropodists or audiologists where needed.

## Is the service caring?

### Our findings

People told us that staff cared about them. One person said, "Staff are kind and they stop and chat". This is one of the best places that I have ever been in, they [staff] look after us so well". A second person told us, "I idolise these staff they are amazing". A third person said, "I have a cup of tea in bed every morning about 7.20am then I decide when to get up. I wash and dress myself but they [staff] stay outside of the door to make sure I am ok, they are just so kind". A relative told us, "They [staff] have time for people. They chat with [relative] and stop and chat with me too". We saw staff having chats with people about soap operas on television and more people joined in to form a really enjoyable group discussion with everyone in the room involved.

We were told that people felt listened to and one person told us, "They listen to what I am saying, they treat me as a person". A relative told us, "[Relative] asked to move rooms, as it was easier to be downstairs and they [staff] listened and moved her as soon as they could". We saw a person stop to speak to the registered manager in the corridor to discuss how a piece of equipment they used to assist their mobility had made their hand sore. Immediately the registered manager summoned the maintenance worker to address the situation and the person later informed us of their satisfaction of how the registered manager always responded so quickly to any issues.

People told us that they were able to make their own choices and decisions and one person told us, "I make my own decisions on clothes, food, if I want to go out". Another person told us, "When the staff help me dress they ask for my choices and my clothes always match, they take time to make sure I look nice". A relative told us, "The carers always ask [person's name] what she wants to wear or eat". A member of staff told us, "People are encouraged to make their own decisions". We saw that people actively made their own choices and for some people this included leaving the premises and returning when it suited them.

We found that people were encouraged to be independent wherever possible and one person told us, "I am encouraged to do things for myself, I probably walk more here than I did at home". Another person told us, "People are encouraged to use the kitchen to promote their independence". A staff member told us, "We support people safely and promote independence". We saw a staff member assisting someone to mobilise and heard them tell the person they were supporting that they would not let go of them until they were ready.

We found that where people required assistance with advocacy most utilised the services of their own social workers or professionals involved in their care, however staff told us that the registered manager usually signposted people to local advocacy services should they require them. The registered manager was able to confirm this and told us that they would use local advocates for people.

People told us that their loved ones were able to visit daily with one person saying, "My family are welcomed anytime except lunchtime, as it is busy then and we are eating". Another person told us, "I have no complaints about the staff, my son is always made very welcome". A relative told us, "Visitors are made fantastically welcome and can go into conservatory if want some privacy with their relative". A staff member

told us, "We have lots of visitors here and lots of grandchildren come". We saw a number of visitors with younger children visiting family members and they were made welcome.

People told us that staff cared about their privacy and dignity needs and one person told us, "They [staff] always keep our dignity and never come in without knocking the door first and being told to come in". A second person shared, "Even though the staff have a lot to do they remember to be respectful and keep our dignity. I am always covered up in the bedroom". A third person told us, "They [staff] respect me and always call me by my chosen name". We saw staff being respectful of people and knocking the door before entering even when the bedroom door was wide open with the person in view.

## Is the service responsive?

### Our findings

One person told us, "I was involved in putting my care plan together, it was a joint effort". A relative told us, "We were all involved, this place is very inclusive". A staff member said, "People's preferences are listened to. We bend over backwards to help them and give them the right care". We found that care plans included details on the following; religious requirements, dietary needs, medical risks and diagnosis, medicines taken, mobility, personal care needs, speech and language, equipment needs and cultural needs. Also included were body maps to record any injuries or skin damage and fluid needs and weight charts. We found that staff members had clear knowledge of the needs recorded in individual care plans and were able to tell us about these needs. We saw that people received closer monitoring should they experience specific health issues, such as weight charts being more regularly completed where there was a risk of somebody weighing too little or too much.

People were able to take part in activities and one person said, "I enjoy the art class on Wednesdays, it would be nice to do more". A second person told us, "We had a magician come in the other week he was very good". A third person said, "I like to do word searches and watch the television. We have a regular craft day, I like that. I like to walk to the post box and back and if the weather is nice lots of us go into the garden". A relative told us, "They encourage people to join in, not everybody wants to, but most will". A staff member said, "We like to get people involved and doing things, we are having a big tea party for the Queen's birthday and everybody is really looking forward to it". We saw that lots of effort had gone into planning the party and people had been involved in decorating the home with bunting and posters in preparation. People also had open access to the garden area with lots of people utilising these facilities.

We saw that people's preferences were acknowledged, one person told us, "I wanted to vote and they asked who wanted to go, we were involved". A second person shared, "I want to practice my religion, so I go to the church service held at the end of the month". People told us, that they found it a comfort that the home had two resident cats as pets. One person said, "It's good for people as it feels more like home, with the cats walking about".

We saw lots of examples of people spending time together and developing friendships. One person told us, "I have met lots of other people in here and made some very good friends as everybody mixes well". A relative told us, "Everyone here is lovely, people and staff, they get along well, but also give each other space". A staff member told us, "If people are friends we do what we can to encourage them to get together". We saw that staff actively encouraged people to spend time with people that they got on well with.

People told us that they knew how to complain if they needed to. One person said, "I would go to the manager with any worries, as I see her every day". A second person said, "I am aware of the complaints policy, although I have never had to use it". A relative told us, "I would go to staff if I had a complaint regarding [relative]". We saw the complaints policy and that it was easy to understand. There had been no complaints received in recent years, so we were unable to view how a complaint had been responded to, but the registered manager's account of what she would do reflected the same process as the complaints procedure given out to people. Everyone that we spoke with told us that they had had no cause to make a

formal complaint. Staff members told us that they would seek assistance from the registered manager if someone presented a complaint to them.

We found that questionnaires were used to gather feedback on the service provided. People told us that they were happy to fill them in and put their names to them and that they received an answer to any questions they posed or ideas they put forward. We saw that the questionnaires were in a pictorial format and they asked about meals, staffing, bedroom, activities, privacy and dignity and cleanliness. People told us that it allowed them to be part of the service and that it was also another opportunity to request changes or improvements to the home. An example that we saw was that people had requested that the exercise day was to be put back on and we were told the registered manager was looking into it.

## Is the service well-led?

### Our findings

People told us how much they liked living in the home, with one person telling us, "I am so happy here that I count my blessings every day". A relative said, "I am very happy with the care [person's name] receives, god forbid if it ever closed. I have never heard a bad thing about the place from anybody".

People told us that they knew the registered manager well and one person said, "I know [registered manager's name] very well, she is like a good friend". A relative told us, "[Registered manager's name] is very hands-on, [relative] calls her the owner and we laugh about it. I have seen her help out wherever she can". A member of staff told us, "Everyone living here is familiar with the manager and she goes around the units to speak with people every day". We saw the registered manager stopping to chat with people and they were very pleased to see her and engaged in lengthy chats with her.

We saw that the registered manager had forged links with the local community and that a nearby school sent children to the home to sing for people at Easter and Christmas time. People told us how much they enjoyed this and that they felt it was a very positive part of their lives.

People and staff told us that communication between them and the registered manager was open and informative. People felt that they were kept updated on any changes planned to the service and staff felt that they were kept informed with regards to the daily running of the home and how issues would affect them. Staff told us that team meetings occurred roughly every three to four months and that this was an opportunity for them to put forward any ideas and thoughts and that these were listened to. We found that residents meetings were held regularly and people told us that they were advertised on notice boards throughout the home. People who lived in the home and their relatives said that these meetings gave them the opportunity to have their say on the service.

Staff told us that they were aware of the home's whistle blowing policy and that they would escalate their concerns to an external agency for investigation, should they witness a colleague carrying out unacceptable practice. One member of staff told us, "I would whistle blow for the sake of the residents". A second staff member told us, "I have the details of who I would need to contact to whistle blow and I wouldn't be afraid to".

We saw that the registered manager carried out weekly checks to ensure that the quality of service provided was monitored on an on-going basis. We viewed quality assurance files that looked at pressure sores, falls, infection control, staff turnover, medicine records, food and drink, staff meetings and supervision. These audits enabled the registered manager to see where any changes were required to ensure that people received the best quality of care that they could. The registered manager told us that the operations manager carried out an additional audit every month and we saw reports that had been compiled and records that were filed. Where actions were needed these were carried out and recorded. The registered manager told us that the whole staff team were supported very strongly by the operations manager and the team from head office. Staff confirmed this.

We received notifications of incidents and accidents as we should and this allowed us to see how effectively staff responded to people's needs.