

Cleveland Alzheimer's Residential Centre Limited

Allison House

Inspection report

Fudan Way, Teesdale
Thornaby
Stockton On Tees
Cleveland
TS17 6EN

Tel: 01642675983

Date of inspection visit:
03 June 2019
06 June 2019

Date of publication:
15 July 2019

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

About the service

Allison House is a residential nursing home providing personal and nursing care to 34 people living with dementia at the time of the inspection. The service can support up to 38 people in a building that was built specifically for this purpose.

People's experience of using this service and what we found

People's medicines were ordered, stored and disposed of safely. Medicine records were not always fully completed. This had been identified by the provider and steps were being taken to improve this. Guidance around the administration of medicines that were given covertly (hidden in food or drinks) was not always followed correctly. We have made a recommendation about the management of covert medicines.

People were supported by well trained staff. Mealtimes were relaxed and people were supported to eat and drink enough to keep them healthy. When people required access to health care this was arranged to ensure the best outcome for the person's wellbeing. The service had been thoughtfully decorated and adapted to encourage both independence and interaction.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care was delivered with dignity and respect. Relatives were happy with their family member's care and felt well informed and included in decisions.

People's care plans contained detailed information to ensure their individual needs and preferences had been considered. They were reviewed regularly to reflect any changes. Staff did their best to ensure people were not socially isolated and provide activities they enjoyed.

There was a calm, friendly atmosphere and relatives felt welcomed. There was a procedure in place for addressing complaints and a new system had been introduced to record and monitor low level concerns.

An effective system of checks and audits was in place. People and staff were regularly consulted about the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published June 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do, and by when, to improve. At this inspection we found improvements had been made and the provider was no

longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Allison House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector 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.

Service and service type

Allison House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and nine relatives about their experience of the care provided. We spoke with thirteen members of staff including the chief operating officer, registered manager, deputy manager, nurses, care workers, agency care staff, kitchen staff and housekeeping staff. 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.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed documents sent by the registered manager to show what actions had been taken in response to initial feedback. We spoke with one professional who regularly visits the service and received written feedback from two others.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same and is still rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People were receiving their medicines as prescribed. However, two people sometimes refused to take their medicines and permission had been sought to give them covertly, hidden in food or drinks. There were clear instructions in place for staff but these were not always followed accurately. Following the inspection the registered manager confirmed this was to be discussed at the next staff meeting and also raised in individual staff supervision sessions.
- Clear guidance was not provided for staff on the application of creams, gels or lotions. We discussed this with the registered manager and following our inspection we were sent evidence to show they had immediately taken action to rectify this.
- Some medicines records had missing signatures. These errors had been identified through a robust system of checks and action was being taken to ensure all staff recognised the importance of accurate records. There was no evidence of any missed doses or negative impact on people.

We recommend the provider consults best practice guidance on keeping comprehensive medicines records and ensuring all necessary guidance is in place and followed by staff.

- Medicines were stored securely in a locked trolley. The medicines room was kept clean, tidy and at an appropriate temperature for safe storage of medicines.
- People's relatives were happy with the support their family members received with their medicines. One relative told us, "They got specialist advice regarding his medicines to control his drug intake, he was taking too many mixtures."

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their responsibilities with regards to safeguarding people. Referrals were made to the local authority safeguarding team where appropriate.
- Staff had been trained in how to protect people from abuse and were aware of how to report any concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had individual risk assessments in place. This meant staff had information about the areas in which each person was at risk and how best to reduce those risks.
- The registered manager recorded and reviewed information about accidents and incidents. If they identified any patterns or areas of concern they made changes to reduce any future risk.

- A number of safety checks were regularly completed on the premises to ensure risks were minimised. This included gas safety and water temperature checks.
- Fire safety procedures were in place and included regular fire drills and equipment checks. People also had individual evacuation plans in place so staff knew how to support them in an emergency.

Staffing and recruitment

- There were plenty of staff available to meet people's needs without delay. The provider had introduced a system for calculating staffing levels and this was checked regularly to make sure there were enough staff on duty to keep people safe.
- There was a robust recruitment system in place and checks were done to ensure staff were suitable to work with vulnerable people before they were employed.

Preventing and controlling infection

- The service was well-maintained, clean and tidy throughout. Staff followed infection prevention and control procedures. One relative told us, "Generally it's clean, if there's an accident its cleaned straight away. The new flooring is good, it's always getting mopped."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Comprehensive pre-admission assessments were completed in line with best practice and guidance. This meant the registered manager could ensure the service was able to meet each person's care needs before they moved in.
- Staff completed further assessments on admission and detailed care plans were then written to describe how staff should meet people's needs.

Staff support: induction, training, skills and experience

- Relatives told us they were confident the staff had the necessary skills to care for their family member. One relative told us, "Yes they are trained, they are very kind, they do a tough job."
- Staff were supported in their role and received regular supervisions. A supervision is a one to one meeting between a member of staff and their line manager.
- New staff completed an induction to the service and staff training was up to date.

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

- A 'hydration station' had been set up with the aim of encouraging people to drink more fluids and in doing so reduce the risk of infection.
- People were given help to make their food choices from picture menus and alternative meal options such as sandwiches were always available. Specialist cutlery and crockery was provided to best meet the needs of people living with a dementia.
- Kitchen staff had a good knowledge of people's food preferences and if people needed their food to be prepared in a specific way this was done correctly.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People saw healthcare professionals when they needed to. The staff team had built positive working relationships with visiting health and social care professionals.
- One external professional who worked closely with the service told us, "When carrying out reviews [at Allison House], staff have known the person well and have been able to give me detailed, personalised information about the person to help with my review/assessment work."
- We received positive feedback from the local authority regarding the successful way people had been supported to move in to the service after another home had closed.

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

- A full redecoration of the service had been completed since our last visit. This included the addition of a number of realistic murals which helped to identify certain areas of the home.
- There were easy to recognise signs around the home to show people where bathrooms and toilets were. Toilets had contrasting coloured seats and flushes to make it easier for people living with dementia to use them safely and independently.
- People's rooms had been decorated to suit their individual taste. Personal items such as photographs and ornaments made rooms feel homely.
- There was a large well-maintained garden which had a level path and handrail, so people could walk outside safely.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people did not have capacity to make decisions this had been properly assessed. Family members and healthcare professionals had been included in best interest decisions.
- Where people's liberty was deprived to keep them safe, DoLS authorisation had been granted. If there were any specific instructions added to a person's DoLS authorisation, known as a condition, these were being met.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff delivering care in a kind and caring way. The atmosphere in the service was calm and staff supported people with a great deal of patience, particularly if they became distressed or anxious.
- Relatives were all very happy with the care received by their family members. They told us the staff were kind and caring. One relative said, "I have no issues at all, they are very approachable, very caring with great empathy. I have definitely 'fallen on a cushion'."
- The service had introduced a 'Twilight Club' for those people whose dementia caused them to become restless or anxious during the evening. Staff did small group activities or would sit with a cup of tea and chat to people. This has impacted very positively, reducing distress and making the environment much calmer at this time of day.

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

- People were involved in decisions about their care wherever possible. Whilst it was not always possible for people to be involved in the bigger decisions about their care because of their dementia staff always asked them about the smaller details such as where they would like to sit and what they would like to eat or drink.
- Relatives we spoke with all felt involved in their family member's care. One relative told us, "We look through the care plan and if we are happy with it we sign it. We talk to his key worker and add anything in or take things out."
- People had access to local advocacy services should they need them. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. They spoke politely when providing any level of support, for example asking permission and explaining what they were doing before gently wiping food from a person's face.
- Relatives told us their loved ones' privacy and dignity were always considered. One relative told us, "They always put a sign on his door saying, 'do not disturb' when they are providing personal care to him." Each person's room had one of these signs available for staff to use.
- People were given opportunity and space to spend time with their relatives and visitors away from busier communal areas. A snack station had been created in the main entrance. People could sit here with their relatives. Staff told us, "One person's daughter visits and they like to sit here together with cakes and tea. Staff also bring her here when she becomes agitated to calm her and it has a really positive effect."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained a great deal of information on the best way to support each individual. This meant staff had the information needed to ensure care was delivered in a personalised way.
- Care was delivered in the way it was described within people's records. For example, one person's care plans stated they liked to be wrapped up 'cosy and warm' in a blanket and throughout our visit we saw staff ensuring this was the case.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included information on people's ability to communicate and how staff should communicate with people effectively. For example, where people needed to wear glasses or hearing aids this was clearly highlighted.
- Signs around the service were clearly written in bold print and used pictures to help people understand what the signs meant.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives told us they felt welcome to visit their loved ones at any time. If relatives wished to eat with their family member this could be arranged.
- People were supported with activities they enjoyed, including listening to their favourite music and trips to local attractions and amenities.
- The member of staff who was in charge of activities only worked 15 hours per week and activities did not always take place in their absence. The registered manager told us they were working on this as an area for improvement.

Improving care quality in response to complaints or concerns

- Only one complaint had been received in the last two years. This had been appropriately investigated and recorded in line with the provider's policy. As a direct result of the findings action had been taken to retrain the staff involved.
- A low level concerns log had been recently introduced so that any concerns brought to the registered manager's attention were documented and dealt with before they escalated to a formal complaint.

End of life care and support

- At the time of our inspection nobody was receiving end of life care.
- End of life care plans were not in place for everyone. We discussed this with the registered manager, and after our inspection we were sent evidence that this had been added as a specific check on the care plan audit forms.
- The service was part of the Gold Standards Framework with two staff champions in this area. This is a model of good practice that enables a 'gold standard' of care for all people who are nearing the end of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider's system for auditing the home had failed to identify when there were mistakes or missing information, particularly around medicines and people's care records. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- New audits had been introduced and had been successful in identifying issues. There were a variety of checks done on medicines which had greatly reduced the risk of mistakes being missed.
- When audits had identified issues prompt action was taken to reduce future risk.
- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager understood their role and responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff we spoke with were proud to work for the service and very happy in their jobs. They spoke very highly of the registered manager and how supportive and approachable they were.
- One member of staff told us, "Staff morale is good and has been since all the changes. It's definitely a nice place to work, the staff are like a big family. Management are really good and I always feel well supported." Another said, "It's the best it's been in all the years I've been here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of the duty of candour. This is where we ask providers and managers to be open, honest and transparent about their service. The registered manager assisted us throughout the inspection, listened to the advice given and undertook to act upon the issues raised.
- Any incidents were appropriately reported to the local authority and families kept informed.

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

- Forms were issued to relatives for them to provide feedback on how people were cared for at Allison House. These were reviewed and action taken in response to comments received.
- There were regular staff meetings and all staff told us these were useful. An employee satisfaction questionnaire was also completed.
- Staff were regularly asked for their views and felt included in decisions made. One member of staff told us, "I can just go straight to [registered manager] and any ideas I have are always taken into consideration."

Continuous learning and improving care; Working in partnership with others

- The service was well run with a clear management structure in place.
- The registered manager had attended a manager's training group organised by the local authority and continued to share ideas and best practice via an online managers' forum.
- The registered manager worked alongside an infection control nurse to successfully introduce a hydration station into the home.
- The service had a good relationship with the local authority. A member of staff from the local authority told us, "I found the manager and deputy very positive to work with; they were open to all feedback and keen to make any suggested improvements."