

ADL Plc

# Allambie Court

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection took place on 24 and 26 April 2018. The visit on 24 April was unannounced.

Allambie Court 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.

Allambie Court is registered to provide accommodation with nursing and personal care for up to 30 older people who are living with dementia. At the time of our inspection visit there were 25 people living there.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we inspected Allambie Court in October 2017, we gave a rating of 'inadequate.' At that inspection, we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.' We found there were not enough staff to keep people safe, and that risk was not properly managed. Medicines were not administered safely or as prescribed and the systems in place to quality assure and check the care provided were ineffective. Furthermore, people, relatives and staff were not confident the home was well led.

The service was placed in 'Special Measures'. Services in special measures are kept under review and inspected again within six months.

At this inspection, we found sufficient improvements had been made to remove the service from special measures, and the rating changed to 'Requires Improvement'. However, we found continued breaches of the regulations related to the safe and effective management of medicines. This was because guidelines for people prescribed medicine to control their diabetes had not been reviewed by a clinician, the application of prescribed creams was not properly recorded, and guidance in place for people in receipt of 'as required' medicines was not sufficiently detailed.

Action had been taken to ensure risks were assessed and plans were in place to manage those risks. Risks relating to weight loss were now tracked and recorded, with action taken to protect people where there were concerns. People's needs for supervision had been reassessed and the registered manager regularly calculated and reviewed the level of need throughout the home to ensure there were enough staff to keep people safe.

Some action had been taken to improve the systems used to check and audit the quality of the care

provided at the home. Maintenance was better managed, and the home environment had been improved. However, the provider's system of checks and audits had not identified some of the issues we found, particularly around medicines management and infection control.

People told us they felt safe with the staff who supported them, and we saw people were comfortable with staff. Staff received training in how to safeguard people and understood what action they should take in order to protect people from abuse. The provider ensured staff followed safeguarding policies and procedures. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people. Staff told us they had not been able to work until these checks had been completed.

Whilst the provider had taken action to identify gaps in training and had plans in place to address them, there remained significant gaps in some staff training such as dealing with behaviour that challenges, as well as supporting people living with dementia. Not all staff demonstrated confidence in dealing with behaviours effectively. Staff induction still did not include national recommended standards, but plans were in place to introduce these.

Staff were supported to maintain their skills through regular individual 'supervision' meetings, and care staff spoke about effective checking of their competence to do their work. However, recorded checks of nursing staff competence were not sufficiently detailed to assure us how this had been assessed.

People were offered a choice of meals and drinks that met their dietary needs, and where they were at risk, their food and fluid intake was recorded. Whilst action was taken as required, fluid monitoring was not effective and the provider was making changes to ensure fluid recording protected people.

People received timely support from appropriate health care professionals. Staff now felt supported by the registered manager, and reported significant improvements had been made since the provider ensured more support was available.

People were asked for their consent before staff supported them. Where people lacked capacity to make particular decisions, this had been assessed to ensure people were protected. Where people lacked capacity and had been deprived of their liberty to keep them safe, the provider ensured they applied to the relevant authority to ensure this was done lawfully.

People and relatives told us staff were respectful and treated people with dignity. We saw this in interactions between people and staff. However, people were not supported through positive interactions consistently, which could impact on their well-being.

People did not always receive care that was responsive to their needs. Records designed to ensure this happened were not always properly completed, and we found staff were not always aware of when people had their needs met. However, we observed several examples of staff responding to people's needs and requests quickly during our inspection visit.

Improvements had been made to ensure people were able to maintain activities and hobbies that interested them. Further improvement was planned.

People who were supported at the end of their lives had their needs met and their care plans recorded their needs, preferences and wishes at this time.

Complaints were logged and acted on in line with the provider's policy and procedure, and actions were taken to ensure the service improved following complaints and concerns.

## 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 consistently safe.

The administration and management of medicines was not properly recorded and guidelines to ensure safe and effective administration of medicines was not always in place.

Risk assessments were in place, and staff have information they need to support people safely. Staff knew what action to take to safeguard people from the risk of abuse, and the provider had measures to ensure they recruited people who were suitable to work in the home. There were enough staff to meet people's needs, and the provider kept this under review.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

Effective training and induction systems were not in place for either nursing or care staff, but training gaps were being addressed and induction was undergoing improvement. Staff were supported by regular one to one meetings with the management team. People were offered a choice of meals and drinks that met their dietary needs, and where they were at risk, their food and fluid intake was recorded. Whilst action was taken as required, fluid monitoring was not effective and the provider was making changes to ensure fluid recording protected people. People received timely support from appropriate health care professionals. Where people lacked capacity to make day to day decisions, this was assessed and documented. Staff understood the need to obtain consent from people in relation to how their needs should be met. DoLS applications had been made as required. The provider had taken steps to tailor people's environment to their needs, in line with current best practice.

**Requires Improvement**



### Is the service caring?

The service was not consistently caring.

Staff took opportunities to engage with people to enhance their well-being. However, this did not happen consistently throughout the home.

**Requires Improvement**



People were treated as individuals and were supported with kindness, dignity and respect. Staff were patient and attentive to people's individual needs and showed respect for people's privacy and dignity. People were supported to be as independent as possible.

### Is the service responsive?

The service was not consistently responsive.

People did not always receive care that was responsive to their needs. Records designed to ensure this happened were not always properly completed, and we found staff were not always aware of when people's needs had been met. Staff responded to people quickly and effectively on a day to day basis, but this was not consistent. People were supported to maintain hobbies, activities and interests. People knew how to raise complaints and were supported to do so. Care plans considered people's wishes for their care and support at the end of their lives.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well led.

Some improvements had been made since our previous inspection. However, the provider's system of checks and audits had not identified some of the issues we found, particularly around medicines management.

The provider has a recent history of not sustaining improvement. Whilst improvements have been made, the provider needs to demonstrate sustained change.

People, the majority of relatives and staff felt able to approach the new registered manager and felt they were listened to when they did so. They told us the registered manager had been supported by the provider to make positive changes and that they were confident this would continue with continued provider support. Staff felt well supported in their roles.

**Requires Improvement** ●

# Allambie 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.

The inspection was comprehensive took place on 24 and 26 April. The visit on 24 April 2018 was unannounced. The inspection was conducted by one inspector, a nurse specialist advisor and an expert by experience also supported the inspection on 24 April 2018. Our visit on 26 April was announced.

We also reviewed information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. Commissioners sent us their own quality monitoring information prior to our inspection visit. This information indicated improvements had been made since our previous inspection. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection visit, we spent time observing interactions between people and staff. We spoke with six people who lived at the home, and with ten relatives. We also spoke with the registered manager, the operational manager, one member of nursing staff, four care staff and the activities co-ordinator.

We reviewed seven people's care records, to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated to check how the provider gathered information to improve the service. This included medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

# Is the service safe?

## Our findings

At our previous inspection in October 2017, we found medicines were not administered safely or as prescribed, and systems designed to ensure the accurate administration of medicines were not always effective. We also found some people's health and safety was at risk because assessed risks were not always managed effectively. There were not enough staff to keep people safe or to respond to their needs. We rated safe as 'Inadequate.' We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as a result.

At this inspection, we found some improvements had been made. However, we were concerned medicines were still not managed effectively. This meant there was one continued breach of the regulations. However, a newly appointed lead nurse was aware of the issues and was planning positive changes. The rating has changed to 'Requires Improvement.'

At our inspection in October 2017, we found two people had their medicines administered 'covertly'. Covert medication is the administration of medicines in a disguised format, for example in food and drink. As a result, the person is unknowingly taking medicines. One person's care plan did not include information about which medicines had been approved to be given covertly, or how these should be given. There was also no detail on the person's MAR sheet to show which medicines could be administered covertly. There was a GP letter on the person's MAR file giving authorisation for covert administration, but no specific detail on which medicines this was for, or how they should be administered.

At this inspection, we found people's needs had been reviewed and, as a result, only one person had their medicines administered covertly. That person's care plan stated their medicines could be 'crushed' and would still remain effective. However, the registered manager and nursing staff told us that, if the person did not agree to take their medicines, they gave them covertly with food. This was not clearly documented in either the person's care plan or on their MAR sheet. We were concerned, as there was no evidence a clinician had been consulted on this method of administration. One of the medicines prescribed for the person was to be 'given thirty minutes before food.' We were concerned that, if given covertly with food, this medicine might not be effective. We raised this with the registered manager who told us they would arrange a review of this with the person's GP.

Where people were prescribed insulin to help control their diabetes, we found instructions for nursing staff were not clear and had not been reviewed by a clinician as required. For example, one person had been discharged from hospital on 1st February 2018, and, at the time of our inspection visit, the instructions on how much insulin they should take dependent on their blood sugar readings, remained hand written, and had not been reviewed by a clinician. The registered manager told us they had copied the instructions from the 'discharge sheet' the person had left hospital with. Following our inspection visit, we raised this issue with a Care Quality Commission (CQC) specialist pharmacist advisor. They told us a GP or clinician should have reviewed these instructions after the person was discharged from hospital. They told us it would be good practice to have a review by the person's regular GP after transfer between hospital and Allambie Court, and that the registered manager should have ensured a clinician was involved. Following our



inspection, the operational manager sent us information indicating this had now been reviewed and updated by a clinician.

At our previous inspection, we found the application of prescribed creams was not always recorded. At this inspection, we found that, whilst some improvement had been made, the recording of the application of creams was inconsistent. The clinical lead nurse told us care staff applied prescribed creams, and recorded that they had done so in people's daily records. The nurse explained nursing staff would then check this and sign Medicine Administration Records (MAR). However, we reviewed the daily notes of two people who were prescribed creams to be applied directly to their skin and found care staff had not always recorded if these had been applied. This meant we could not be assured people were having creams applied as required, which could impact on the condition of their skin. The clinical lead nurse acknowledged this was an issue, and showed us cream application charts and body maps they intended to start using with staff, to ensure the application and recording of prescribed creams took place as required.

Where people were prescribed medicines on an 'as required' basis, we found the guidance in place for staff on when these should be given, was not sufficiently detailed for staff to understand when people needed these medicines. For example, one person was prescribed medicines they could be given if they became anxious or agitated. The guidance in place for the person stated the medicines should be given if the person became 'agitated'. It did not provide staff information on the person's behaviour and how this might signal the need for medicines, or how staff could manage situations with the person without giving them medicines.

Where people took medicines for pain relief, there was no 'pain scoring' system in use to help indicate when medicines might be required. This meant that, where people were unable to tell staff when they were in pain, there was no clear guidance in place for what staff should look out for that people might need pain relief. Whilst regular staff knew people well and told us when they would consider giving people medicines, the home used agency nursing staff who were less familiar with people. We were concerned this meant people might not receive 'as required' medicines when they needed them, or that they might receive medicines when it was not required.

This was a continued breach of Regulation 12 HSCA (Regulated Activities) Regulations 2014. Safe care and treatment.

The provider had taken action to ensure people received their medicines in a timely manner. They had identified the medicines system they had in place was creating significant delays and that people were therefore at risk of not receiving their medicines in a timely manner. So, they had recently changed the pharmacy they used, and also the medicines system. This meant people received their medicines in a more timely manner to ensure they were administered safely and effectively. A newly appointed clinical lead nurse was working on medicines system to ensure they were safe and effective. They explained, "Next time you [CQC] come, this place will be a palace and the medicines will all be sorted."

At our previous inspection, we found risks were not always managed safely, particularly those associated with food and fluid intake, as well as weight loss, which put people at risk. At this inspection, we found improvements had been made. Kitchen staff had up to date information about people's specific dietary requirements such as needing thickened fluids or soft food in order to reduce the risk of choking. This linked with information in people's care plans, as well as information recorded on daily 'handover' sheets which were shared with all staff so they knew what people's dietary requirements were. Staff we spoke with were able to tell us about people's specific requirements.

We found that, where people were at risk due to weight loss, effective systems were now in place to identify this so action could be taken to keep people safe. People were weighed regularly, this was recorded and checked by nursing staff who then recommended and took action such as referring people to clinicians to investigate reasons for their weight loss. The last check of weight loss records had taken place on 9 April 2018, and four people who had been identified as experiencing weight loss had all been referred to clinicians on 11 April 2018.

Records showed that, where risks to people's safety had changed and incidents had occurred, changes had been made to keep people safe and to ensure lessons were learnt. For example, one person had rolled from their bed onto a crash mat placed by the side of the bed on the floor. The person had already been assessed as being at risk of falls from their bed, and measures were in place to protect them. However, following this incident and another where the person had been observed to be 'slipping' from their wheelchair, the person's care plan had been updated to include the new risk and to show the risk of falls had increased. Alongside this, the lead clinical nurse had contacted the person's GP to ask for a review of the person's health and medication to see if there could be any contributory health factors exacerbating the risk of falls.

Other risks had also been assessed, such as where people were fed via a 'PEG' or where people's skin was at risk of damage. A PEG is where a tube is passed into a person's stomach through their abdominal wall in order to give them food and fluids directly. However, whilst some of these risk assessments were clear and up to date, others were not. One person, for example, had diabetes and was prescribed insulin to help treat this. Their care plan did not include a risk assessment for their diabetes, and did not give staff information on signs to look out for which might indicate the person's diabetes was unstable. However, when we spoke with staff, they understood what to look out for, and told us they would escalate any concerns to nursing staff.

Other risks, such as those linked to the premises, or activities that took place at the home were assessed and actions agreed to minimise those risks were in place. Routine safety checks were completed for the premises, these included gas checks and checks on electrical items. The provider ensured equipment was safe for people to use. For example, the registered manager sent us records of maintenance of hoisting equipment following our inspection visit, which showed this was up to date.

There was a plan for emergencies so the provider could continue to support people in the event of a fire or other emergency situation. Staff knew what the arrangements were in the event of a fire and were able to tell us about the emergency procedures they would follow. People had Personal Emergency Evacuation Plans so staff were clear what individual support people would require in the event of a fire or other emergency.

At our previous inspection, we found there were not always enough staff available to meet and respond to people's needs. At this inspection, we found provider had taken some action to address this. Records showed a staffing calculation tool had been used correctly and on a regular basis in order to review staff numbers to check they matched the number of identified hours of support people needed across the home. Recruitment that was planned at our previous inspection had taken place. The provider continued to use agency nursing staff to ensure staff numbers were appropriate, but told us these staff tended to be consistent.

People and their relatives told us there were enough staff to meet people's needs. Comments included, "Yes I think there are enough staff I don't know about weekends.", "There is enough staff most times I think.", and, "I come at different times and always see someone on duty."

Staff told us that, whilst there were 'busy times', generally they felt there were enough staff on duty to meet

people's needs. One staff member commented, "Yes we are fully recruited now, with domestic staff too, that helps." However, they added, "I do think there should be staff in lounges at all times." Another staff member said, "Sometimes it is fine, but on some days when people are upset it means you are struggling. But, we get extra support from the nurse, the senior care staff and also [registered manager] will help." A member of nursing staff commented, "We could possibly do with one more staff member on each floor but we do manage."

During our inspection visit, we observed people's needs were met and interactions took place. However, this was less evident in the upstairs lounge where there were periods of time when people were left unsupervised. No-one experienced any risk or harm as a result of this, but the registered manager told us the aim was for most people to use the downstairs lounges which had been redesigned and refurbished to make them more comfortable and stimulating for people. We were told new furniture was on order for downstairs lounges so more people could use them.

The registered manager had worked pro-actively with commissioners since our last inspection to ensure people's needs were reviewed and clearly documented. For example, people who had previously been identified as needing 'one to one' support had been reassessed and their care plans were now much clearer on what level of support they required. This made it easier for the registered manager to ensure appropriate staff numbers were in place to meet people's needs.

People told us they felt safe living at Allambie Court. One person said, "There is nothing to worry about here, I have my walking frame [which made them feel safe.]." Relatives also spoke positively about their family member's safety. One relative explained, "[Person's name] used to fall over a lot before they came here. However, they [staff] seem to have put that right."

Staff had received training to protect people from abuse and understood their responsibilities to report any concerns. They understood how to look for signs that might be cause for concern, and were aware of their responsibilities to report any concerns to the management team. Staff were also aware of how and when to escalate concerns if they were not dealt with by the provider.

The provider's recruitment process ensured risks to people's safety were minimised, as they took measures to try and ensure new staff were of 'good character.' Staff told us they had a DBS check which the home completed and they had to wait for their references to be returned before they were offered employment. The Disclosure and Barring Service (DBS) is a national agency that keeps records of criminal convictions.

People we spoke with told us staff followed good hygiene practices in order to keep them safe and reduce the risk of infection. One person said, "They wear aprons when they serve food, also wash their hands." We observed staff using Personal Protective Equipment- such as single use gloves and aprons - appropriately during our inspection visits.

An infection control audit completed by the Clinical Commissioning Group (CCG) in April 2018 gave Allambie Court a score of 81%. This meant the rating awarded was 'amber' which is marked by the CCG as 'needs attention.' A range of issues were identified in the audit, and actions had been agreed with the registered manager, some of which were already in the process of being completed. For example, cleaning schedules had been revised to help monitor the cleanliness of the home environment, and the registered manager was in the process of completing an action plan in response to the CCG's findings to ensure improvements were made.

## Is the service effective?

### Our findings

At our previous inspection in October 2017, we found staff did not always receive the training they needed to maintain their knowledge and skills. We also found people at risk of dehydration or malnutrition were not always supported as required. We rated 'effective' as 'Requires Improvement.'

At this inspection, we found some improvements had been made, but further improvements were required. The rating remains 'Requires Improvement.'

Training records analysed at our previous inspection showed there were significant gaps in training staff had completed which the provider considered essential, so we could not be sure staff had their skills and knowledge updated as required.

At this inspection, training records showed action had been taken to address some of the gaps in training we had previously identified. However, there remained some gaps in staff training. A recent audit of training completed by the provider showed they had identified thirteen staff members were yet to attend 'challenging behaviour' training. The provider had instructed the registered manager to arrange training for these staff by the end of May 2018. The audit had also identified a total of eight staff were yet to attend training on supporting people with dementia. Again, the provider had instructed the registered manager to arrange this training by the end of May 2018.

Gaps in training for staff around dementia and managing behaviour caused us some concerns, since Allambie Court specialises in supporting people living with dementia. During our inspection visit, one person was agitated and was making verbal and physical threats to staff members. Some staff members managed this effectively through the use of distraction techniques included in the person's care plan. However, other staff members were not able to deal with this confidently or effectively. At one point, one staff member said, "He scares me he does." The lack of consistent training for all staff meant that at times people's experience of receiving care could be compromised because staff did not feel confident when providing support to people.

At our previous inspection, the provider had plans in place to incorporate the Care Certificate into staff induction. The Care Certificate requires observed practice so that the person in charge of the training can be assured the new member of staff has the attributes which are necessary to provide high quality of care. Whilst newly recruited staff told us they had an induction when they started working at Allambie Court, and felt well supported, the Care Certificate was still not in place. We raised this with the registered manager who told us now they had extra management support in place from the provider, they were to start piloting the Care Certificate, and that the registered manager would complete it in the first instance with a view to rolling this out for all staff.

Staff told us the registered manager and senior staff checked their competence through observations of their practice and discussion in one to one meetings and group 'supervision' meetings. One care staff member told us, "[Senior carer] will observe us and then give us written feedback in the form of a report. It is

very useful." We saw records of group supervision meetings which showed a range of topics were discussed. We also saw records of 'competency' checks the registered manager undertook with nursing staff to ensure they remained competent and had kept their clinical knowledge up to date. Recorded information on what competencies had been assessed and how was very limited and we could not be sure how thorough this process was. However, records showed nursing staff had retained the professional registration they required in order to practice legally.

People told us they thought staff were well trained and had the skills they needed to support them. One person commented, "They know what's going on with my care." Another person told us, "I think they are well trained, they know their job."

At our previous inspection, we found people who needed support to maintain adequate hydration and nutrition were not always supported. At this inspection, we found kitchen and care staff had up to date information about people's needs around food and fluid intake, which was updated and shared at every handover of staff. We spoke with kitchen staff, who told us they 'fortified' foods with full fat milk and cream for example, to encourage higher calorie intake for people. They also showed us alternative puddings they had made for people with diabetes. One member of the kitchen staff told us how they tried to make food visually appealing for people. They said, "You eat with your eyes. I want people to think things look nice and then hopefully they will eat them."

We reviewed food and fluid charts for three people who had been assessed as 'at risk'. These charts recorded food and fluid intake to help protect people. However, these charts had not been consistently and accurately completed. For example, for one person, their fluid intake chart for 24 April 2018 recorded 'tea' on a number of occasions but did not record how much tea the person had drunk. Another person's fluid chart for 25 April 2018 recorded '300 mls' of fluid plus 'tea', which was recorded twice. Again, this chart could not be used to establish how much the person had drunk. We discussed this with the operational manager, who acknowledged these charts were not effective as they had not been properly completed. They assured us they would work with staff to establish who was most at risk and what mechanisms would be used to record and act on fluid intake.

People spoke positively about the food on offer at Allambie Court. One person said, "There are two choice menus, the food is OK." Another person told us, "I can always ask for some more if necessary." We observed people being offered choices about what they ate and drank, For example, one staff member said to a person, "What would you like to drink? You've got lemonade, orange juice, shandy, perhaps a cup of tea?"

Assessments completed before people moved to Allambie Court were not always clear and contained contradictory information. For example, one person's date of moving to Allambie Court was recorded as 11 March 2018, but a body map had been completed on 21 November 2017. Another person's assessment stated 'low waterlow, may be higher'. Waterlow assessment gives an estimated risk for the development of pressure sores on people's skin. Another person's assessment documented, under the heading of 'walking and mobility', recorded 'unable'. Whilst these assessment were expanded upon and more clearly defined in people's full care plans, pre-admission assessments needed to be more detailed and clearer to ensure the home was able to meet people's needs before they moved in.

People, relatives and staff told us the provider worked in partnership with other health and social care professionals to support people. Care records included a section to record when people were visited, or attended visits, with healthcare professionals. For example, people had seen their GP, dietician, chiropodist and dentist when required. Nursing staff made referrals to health professionals in a timely way so people received support when they needed it. One person commented, "The doctor comes round regularly."

Another person said, "The office does that sometimes - arranges hospital appointments."

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).

People told us staff got their consent before supporting them. One person told us, "Yes they [staff] always ask for consent and offer choices all the time." Another person said, "Yes, they ask me about my wishes and explain what they are going to do." During our inspection visit, we observed staff seeking people's consent.

Staff understood their responsibilities under the MCA and DoLS legislation. One staff member commented, "It's about people's ability to make their own decisions. Sometimes when they [people] can't, we have to make a decision in their 'best interests.'"

Capacity assessments were completed to determine what capacity people had to make decisions for themselves. We reviewed one capacity assessment however that was not signed or dated. We raised this with the registered manager, who assured us they would attend to this. Where decisions had been made in people's 'best interests' because they lacked capacity, these were documented and showed the provider had involved people and their representatives as required.

The registered manager had an understanding of the legislation in relation to DoLS. Where restrictions on people's liberty had been identified, the registered manager had made DoLS applications to the relevant authorities so they could be legally authorised. This protected people who could not make all of their own decisions by ensuring restrictions were proportionate and were not in place without the relevant authorisation. For example, where people were given medicines covertly, we found their capacity to agree to this had been assessed, a decision to administer medicines covertly had been documented in their 'best interests', and DoLS applications had been submitted to authorise this.

The provider had taken some action to ensure the home environment supported people with specific needs. For example, since our previous inspection, the provider had taken steps to make the environment more effective in supporting people living with dementia. The operational manager told us they had used evidence from the Kings Fund dementia research to re-design communal areas to enhance people's experience. The downstairs lounge for example, had been refurbished and made to look like a traditional living room. The registered manager and the operational manager showed us a refurbishment plan which not only ensured the building was well maintained, but also ensure the environment met people's needs. We were told, for example, that a traditional bar was planned for the first floor, which could be used for people to socialise and relax.

Relatives agreed positive changes to the environment had been made since our previous inspection. One relative told us, "It's not like an institution, its homely.", while another said, "This place is very relaxed, they have renovated it."



## Is the service caring?

### Our findings

At our previous inspection, interactions between people and staff were limited, and, when they did take place, were focussed on tasks to be completed. We rated 'caring' as 'Requires Improvement.'

At this inspection, whilst we observed a number of interactions between people and staff and noted some improvements had been made, caring interactions were not consistent throughout the home, and the rating remains 'Requires Improvement.' Positive interactions were well received by people, and staff seemed interested in how people were feeling and in their well-being. Where staff were 'passing through' communal areas of the home for example, they took opportunities to greet people and share jokes and laughter with them. However, in the upstairs lounge area there were prolonged periods where staff were not present and were therefore not engaging with people, particularly on the first day of our inspection. On the first day of our inspection, one person sat in the same chair for the majority of the day and we did not observe staff interacting with them. Another person, again on the first day of our inspection, was sat in a wheelchair for much of the morning with a cold tea in front of them. Staff told us the person was mobile and it was not clear why they were in a wheelchair. One staff member told us, "It can seem more neglected upstairs. But, people normally do come downstairs. I don't think anyone is deliberately neglecting people, the care staff are busy."

People and their relatives told us staff were kind, caring and respectful. Comments from people included; "Yes they are kind to us.", "Yes staff take time they don't rush, they know how I like my tea for example." One relative told us, "Yes, they [staff] do respect people."

Staff spoke with us about what being 'caring' meant for them. One staff member said, "If I can make even a small difference to that person's day, give them a bit of a reminder of a memory and see them light up, that is enough for me."

People were supported to maintain relationships with family and friends. Relatives told us there were no restrictions on when they could visit or how long they could stay for. On the day of our inspection visit, a number of relatives were visiting people, and we saw they were comfortable with staff and were made to feel welcome.

People's care plans included information about their likes, dislikes, backgrounds and history. There was a 'living eulogy' section which included information people and their relatives had shared which staff could use to communicate with people over shared interests for example, and build a rapport with them. The activities co-ordinator told us they were reviewing and expanding these so staff had access to more personalised information about people, but also to help facilitate more meaningful activities for people.

People told us their dignity and privacy was respected by staff. One person said, "As far as respect privacy and dignity are concerned, they respect us." Another person commented, "Staff knock before they enter." We observed this during our inspection visit. For example, people were assisted to go to bathrooms or their rooms if they needed support with their personal care. Staff ensured people could speak with them privately

and discretely if they wanted to discuss something personal. To help ensure people's privacy and dignity was maintained, people's care plans were kept securely and were only accessed by those who needed to access them.

People told us they were supported to be as independent as possible. One person commented, "I wash myself, they don't have help me unless I ask them to." During our inspection visit, we observed staff supporting people to be as independent as possible. For example, when supporting people to move around the home, staff ensured people had the opportunity to be part of the process, by encouraging to do whatever they could for themselves.



## Is the service responsive?

### Our findings

At our previous inspection in October 2017, we found care records designed to ensure people received safe and consistent support that met their needs, were not always completed or updated. We also found systems designed to inform staff of changes were not effective. We rated 'responsive' as 'Requires Improvement.'

At this inspection, whilst some improvements had been made in these areas, the rating for 'responsive' remains 'Requires Improvement' as people's needs were not consistently responded to.

We found records had been completed to supplement people's care plans. For example, where people had received support with their personal care, this was recorded. Where people needed assistance to change position to protect their skin, this was also recorded. However, two of the 're-positioning' charts we looked at, whilst completed and showed people had been 'turned' regularly, did not indicate how frequently people's position had to be changed. We were concerned this meant people who needed support to re-position and protect their skin might receive this support inconsistently which could put them at risk.

On the first day of our inspection visit, we asked staff which people were still in their rooms. We also asked staff about the people in communal lounges, and whether or not these people had received personal care recently and, for example, had incontinence pads checked or changed. Staff we spoke with were not able to tell us clearly. We noted there were two call bells on the wall in the upstairs lounge area, but it was not clear if people could use them to call staff to respond to their needs. When we asked the registered manager how they determined who could access these call bells and whether people needed portable call bells, they replied this decision was made 'as required.' It was not clear whether people's ability to use call bells had been assessed or that plans were in place for people to call staff to respond to their needs if they needed to.

When we asked staff if incontinence pad checks and changes were recorded, one staff member told us, "We do hourly checks when people are in their rooms, as we are also checking they are generally OK and have a drink for example, which we record. If people are in the lounge, some will tell you if they need changing, if not we only leave it four hours maximum before we do so. There are always two of us on each floor so we co-ordinate and we know who has been checked and when between us." They added, "For people who are non verbal, you might spot people fidgeting or looking uncomfortable, then we will check them." Staff acknowledged that, for people in communal areas, this was not routinely recorded.

On the first day of our inspection visit, we observed some people spent almost the whole day in a small lounge on the first floor. There were periods when people were unsupervised with little or no engagement or interaction. At one point, at approximately 11 a.m. the tea trolley remained in the upstairs lounge, there was cold food still on the trolley which could have been eaten by anyone in the lounge when unsupervised. One person was sat in a wheelchair at a table with a cold cup of tea in front of them. We asked staff how long the person had been sat there and were informed they were not sure and they had never seen this person in a wheelchair as they were independently mobile. None of the staff we spoke with could tell us why the person was in the wheelchair or how long they had been there, indicating staff did not have effective systems in place to ensure adequate supervision of people and to ensure people's needs were responded to.

On the second day of our inspection visit, we saw breakfast items were cleared immediately. We were told the first day of our inspection visit was the start of a new system for organising mealtimes, designed to give people more choice and more time to eat. We were told that, following this, the process had been refined and improved so food was not left out. We also observed on day two of our inspection visit, that people were not left unsupervised in the upstairs lounge as regularly and staff were more aware of people's needs and could respond more effectively. One staff member told us it 'could seem' that people in the upstairs lounge did not have as much engagement and interaction as those downstairs. They explained the plan was for most people to be downstairs to ensure needs were responded to and people were engaged. They explained six easy chairs had been ordered for the downstairs lounge so people could sit comfortably there.

People told us that, on the whole, staff were responsive to their needs. One person commented, "When you need a drink or some more food all you have to do is ask." Another person said, "The staff respond as quickly as they can when you call out or press the buzzer."

We saw a number of examples of staff responding to people's needs effectively. For example, one person who could become agitated and anxious was given sections of piping as this had been something they had done when they worked as a younger person. This helped to calm and distract the person and was consistent with what was recommended in the person's care plan. We observed another person saying to a staff member, "I want my nails painting." The staff member replied, "Okay, give me ten minutes." The staff member returned shortly after this and painted the person's nails for them.

Improvements had been made since our previous inspection to how people were supported to engage in activities or things that interested them. The activities co-ordinator told us they were in the process of completing 'living eulogies' with everyone living in the home. They explained these eulogies looked at people's lifestyles and interests from before they lived at Allambie Court. They told us this then allowed them to design support around people's interests and past experiences. Improvements had also been made to how these activities and interactions were recorded, there were now 'one to one' sheets in people's daily records which any staff member could complete to record interactions with people. For example, one recent recording read, "Took [name] for a walk in the garden." A recording for another person read, "Sat with [name] and listened to them playing the [musical] bells while talking to her teddy."

Staff told us how they responded to equality and diversity needs. One staff member said they felt 'things were changing' and that as people moved into the home they were more likely to disclose information about their sexuality for example. Staff told us that, as part of their induction, and in ongoing discussions with senior staff as part of one to one supervision meetings, senior care staff talked with them about equality and diversity and the importance of respecting this.

People told us they were confident to raise concerns and complaints and felt they were listened to when they did so. At our previous inspection, relatives had not always been confident to raise complaints or that they would be dealt with. At this inspection, relatives told us improvements had been made. One relative said, "I have no concerns. If I have any issues, I just speak to the manager." Another relative commented, "I can let the staff know if there is a problem."

Where people were supported at the end of their lives, care records showed information was in place for staff on how people wanted to be supported. Records also showed how the provider liaised with medical professionals to ensure people were comfortable at this time, and how information was shared with people's families where appropriate so they knew what support was in place and why.

## Is the service well-led?

### Our findings

The current manager first 'registered' with CQC in January 2016. We inspected Allambie Court in March 2016, and again in February 2017. At both inspections, we awarded a rating of 'Requires Improvement' overall, and the 'well-led' question was rated as 'Requires Improvement' at both inspections.

At our inspection in October 2017, we found systems to audit and check the quality of the service to help it improve were not effective, and had not been completed regularly and consistently. We also found staff did not always feel well supported, and that the home was poorly maintained with action not taken where this had been identified as necessary. We rated 'well led' as 'Inadequate', and found a breach of the regulations.

At this inspection, we found some improvements had been made, but more were required. The rating for 'well led' has changed to 'Requires Improvement', and there is no longer a breach of the regulations.

The registered manager told us that, following our previous inspection, the provider had taken steps to ensure they were well supported. For example, the provider had arranged for an experienced manager to work at Allambie Court two days per week in order to assist with establishing effective auditing systems and to help make required changes. The provider had also recruited a lead nurse, who had been working at the home for approximately five weeks at the time of our inspection visit. The registered manager commented, "Things have been great, the support has been fantastic. I now have time to focus on the management side of things."

Following our previous inspection, an action plan was devised in order to address the issues we had identified, along with other areas the provider wanted to improve and develop. For example, the management of risks had been audited and improved by the provider. Action had been taken to ensure risks around weight loss were identified and addressed for people, and systems were now in place for the clinical lead nurse to audit weight charts and ensure action was taken to protect people as a result. Action had also been taken to improve the home environment so it better supported people living with dementia. Maintenance issues we identified at our previous inspection had also been addressed, time and money had been invested in this by the provider to ensure the home was better maintained and safe for people.

However, the provider's auditing, checking and improvement systems had not always been effective, and still required improvement. For example, medicines audits had been completed, and had identified a move to an alternative pharmacist and therefore a new medicines system which the provider hoped would improve the timeliness and effectiveness of their medicines management. This audit had also identified a need to establish a new clinical room, which was in the process of being refurbished and prepared. However, these audits had not identified guidance for 'as required' medicines was not effective, or that covert medicines guidance was not effective since this was being given with food without any evidence a clinician or pharmacist had agreed this was effective. Diabetes medicines had not been reviewed as required by a clinician, and this had not been identified through the medicines audit.

The provider's checks had also not identified some of the concerns the CCG had identified when they

completed their 'infection control' audit. Following our inspection visit, the provider sent us evidence of how it was addressing these issues.

At our previous inspection, staff told us they did not always feel well supported by the registered manager. At this inspection, staff reported improvements had been made following more support from the provider. Staff felt the home was improving slowly and were positive about the future. One staff member told us, "Sometimes before the communication was not always great. Things changed and you didn't always find out. But recently it is much better, there has been a big change." Another staff member commented, "I think all the changes are for the better. It is not feeling as rushed." A third staff member told us, "Management are trying to improve things, trying to make things a success." Staff also spoke very positively about senior care staff, who they told us offered them consistent and valuable support and guidance.

Relatives we spoke with at our previous inspection told us they did not always feel the registered manager was effective, and they were not always confident in getting an effective response to any concerns they raised. At this inspection, relatives gave us mixed views on how effectively managed Allambie Court was. Two relatives were very happy with the home and how it was managed, telling us they were responded to quickly and effectively. One commented, "Anything to do with mum, we are consulted." The other relative told us, "We are kept informed all the time, but we ask for the information about [name] when we visit." However, other relatives, whilst positive, told us they thought it was the support from the provider that had made a difference and had initiated improvements. One relative commented, "That senior person should come here often if the place is to be well run."

Staff told us they were supported through attendance at regular staff meetings. On the first day of our inspection visit, we saw a staff meeting was scheduled to take place, where upcoming changes to meal arrangements were to be discussed with staff. The registered and operational manager also planned to discuss 'lead roles' at this meeting, so there were designated staff responsible for overseeing areas such as infection control to help staff understand what actions were required by them, and to support the registered manager and the provider to make improvements. Records showed staff meetings had taken place since our previous inspection, and that planned actions to improve the service had been shared with staff.

People and relatives we spoke with told us they could not recall having been formally asked for feedback on the quality of the service provided at Allambie Court. People could not recall being invited to meetings to give their views, and the provider told us this was something they were planning to improve. However, relatives informed us they were regularly given opportunities to give feedback on an informal 'ad hoc' basis. Relatives meetings were also documented and further meetings were planned to help the provider understand people's experiences and to make changes.

The registered manager was not familiar with the 'Accessible Information Standard' [AIS]. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. They acknowledged this was not something they had yet considered in detail at Allambie Court, but assured us they would attend to this as they reviewed and updated care plans.

The registered manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the service or people who used the service. These had been reported to us as required throughout the previous 12 months. The registered manager had clearly displayed the rating from their previous inspection on the premises, as required. The provider did not have a website on which to display their rating.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure the safe and effective administration of medicines.