Care Quality Commission

Allenbrook Home (Halesowen) Ltd

Allenbrook Home (Halesowen)Ltd

Inspection report

209 Spies Lane
Halesowen
West Midlands
B62 9SJ

Tel: 01214225844

Date of inspection visit:
09 February 2023

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Allenbrook is a care home with nursing that provides nursing and personal care to younger adults, older people and people living with dementia. Allenbrook can accommodate up to 34 people. There were 28 people living at the home when we visited.

Inside the home communal areas were spacious with a large conservatory where people could sit and enjoy the garden. Each person had their own bedroom.

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

Known risks to people had been assessed and plans were in place to manage these. People's medicines were managed safely. People were protected from abuse. There were enough staff and they had been recruited safely. Measures were in place to protect people, staff and visitors from infections.

People's needs were assessed before their care started and kept under review. Staff had an induction followed by regular training to give them the knowledge and skills to fulfil their roles. The home's environment reflected people's needs. Staff worked with community healthcare professionals to ensure people's health needs were met. Staff understood and respected people's right to make their own decisions.

The provider assessed the quality and safety of people's care. There was a positive and person-centred culture within the service. Staff felt well supported by management. The provider sought feedback from people, their relatives and staff on the service provided.

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 home was requires improvement (published 22 November 2019) and there was a 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 inspection was prompted in part due to concerns received staffing levels and management of people's medicines. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Allenbook Nursing home on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good** ●
Is the service effective? The service was effective. Details are in our effective findings below.	**Good** ●
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good** ●

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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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by 1 Inspector, a Specialist Advisor who was a Registered Nurse and 1 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
Allenbrook is a care home with nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
The inspection was unannounced. We visited the home on 9 February 2023. We remotely reviewed documents from 9 February 2023 until 17 February 2023.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection, this included notification received. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection
We spoke with 7 people living at the service and 7 relatives. We spoke to the registered manager, a director who is the nominated individual. 2 nurses, a clinical lead, an activities coordinator, 5 care staff and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at 6 people's care records to see how their care was planned and delivered. Other records we looked at included people's health record charts, and accident and incident records.
We also reviewed staff training records, safeguarding records, complaints and compliments, medicines records and records associated with the provider's quality assurance processes.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely
At our last inspection the provider had failed to robustly assess and manage the risks associated with the safe management of people's medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● People's medicines were handled, stored and administered safely, although some further improvements were needed.
●People's medication administration records (MAR) were handwritten and the instructions on these were not always easily readable. This increased the risk of medicines errors. We informed the registered manager of this concern who took prompt action to address this, contacting the pharmacy to obtain pre-printed MAR.

● People received their medicines from qualified nurses and trained care staff, who had had their competences checked. ● We observed medication being administered to people. This was carried out safely and reflected NICE guidelines.
● As required (PRN) medication guidelines were in place with clear directions for staff on how and when to administer these medicines.

Systems and processes to safeguard people from the risk of abuse
● People were protected from abuse.
● People told us they were cared for in a safe and respectful way. One person said, "I feel safe with staff." Another person said, "I feel safe. They look after me well here."
● People's relatives were confident staff helped people stay safe. One relative told us, "I feel [person] is very safe in Allenbrook."
● The registered manager had reported all safeguarding incidents where required to the local authority and CQC.
● Staff and the registered manager spoke regularly about safeguarding people; this was discussed in team meetings and daily 'flash meetings'. One staff member told us, "As a team, we take safeguarding very seriously; it's everything to keep people safe." ● All staff and the registered manager had completed safeguarding training.

Assessing risk, safety monitoring and management
● Known risks to people had been assessed and managed.
● Control measures were in place to keep people safe. For example, one person was at risk of falls and a care plan and risk assessment were in place to mitigate this risk. Risks associated with people's individual mobility needs had been assessed and staff had clear guidance on how to help them move and transfer safely.
● Staff were able to identify when a person's care needs or risks had changed, and this was reported immediately to the registered manager and appropriate health professionals.

Staffing and recruitment
● Recruitment processes were in place to employee staff safely. Pre-employment checks completed on staff included references, right to work in the UK checks and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● There were enough staff to ensure people's care needs could be safely met. People's relatives told us they felt staffing levels were safe.
● The provider used agency staff to cover current staff shortages. We saw checks took place before agency staff worked in the home to ensure they had the correct checks and training to meet people's needs. One permanent staff member told us, "We do have agency work with us. It can be difficult, but we mainly have the same agency staff."
●During our inspection visit we observed the call bell system being used. Call bells were answered in a timely manner to meet people's needs.

Learning lessons when things go wrong
● Accident and incidents were reported, recorded and monitored by the registered manager who completed a monthly analysis to review for any themes. Actions were taken quickly to keep people safe, including updating risk assessments and care plans. One relative told us, "My relative had a fall on the floor a couple of weeks ago. The staff supported them quickly up, checked they were safe and informed us straight away."
● We observed a daily 'flash' meeting. This meeting gave staff the time to inform the registered manager of any concerns which had arisen during that shift, along with things they had tried with people that worked well.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● At the time of the inspection visiting arrangements to the home were by appointment due to the volume

of visitors at one time in the home. The provider assured us they had considered the best interests of people in deciding on this approach and there was flexibility.

Good

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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
● People's needs were assessed before they moved in. This was completed with visits to people's home and formal assessments which captured their needs. ●
One relative told us, "We chose [person's] room [at the home] and the manager asked quite a few questions about [person]. We felt they would be well looked after there and, so far, that has proved to be the case."
● Some staff had a 'keyworker' role. This meant they had additional responsibilities in ensuring positive outcomes for a person.
● Staff showed good knowledge and understanding of people's needs. One person told us "Staff understand what I want and will always help."

Staff support: induction, training, skills and experience
● New staff had a formal, recorded induction to help them understand and settle into their roles.
● Induction for new staff included the Care Certificate. Most staff felt the induction was enough to give them confidence in their roles. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards
● Staff had training to give them the knowledge and skills needed to meet people's needs. This included training in record keeping, mental capacity, falls prevention, infection control, fire safety, and safeguarding. One staff told us, "The training is very good. They (registered manager and provider) are always looking at further training opportunities available."
● Staff had regular one-to-one and group supervisions to review and improve their performance.

Supporting people to eat and drink enough to maintain a balanced diet
●People were able to choose what they ate and drank. We received positive feedback from people and relatives around food choices. One person told us, "The food is very nice here. [I] shall never go hungry."
● Drinks and snacks were available to people throughout the day. People could help themselves or where needed have support from staff.
● Some people had specialist diets to meet their needs. We spoke to the chef who told us, "We are made aware of the person's allergies and any additional information around food as soon as they arrive."
●Records were in place to record fluid and food intake of people assessed at risk of malnutrition. One relative told us, "[Relative] is drinking more fluids, that was always a battle before."

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

● The environment was adapted with specialist equipment to meet people's needs. We saw a lift in place for people to use who had mobility needs. A stairlift was also in place for people who wished to mobilise independently.
● We saw people enjoyed spending time together in the home's communal areas, with the option to sit privately.
● Around the home signage was used to provide direction to people. This made it easier for people, particularly people with dementia, to navigate around the premises.
●All relatives gave positive feedback about the home's environment. One relative told us, "The home is always very clean and well maintained, it feels homely." Another relative told us, "My relative's bedroom is always clean and tidy."

Supporting people to live healthier lives, access healthcare services and support

●Staff monitored people's health and showed knowledge of appropriate ways to raise concerns if a person's health was to deteriorate.
● People had full access to healthcare services. This included support to access GPs, hospital care, chiropody, district nurses and specialist nurses.
● Senior care staff and nurses ensured people's health was monitored. We observed a nurse was made aware of a person feeling unwell. Appropriate action, communication and monitoring was put in place to ensure the person's needs were met.

Staff working with other agencies to provide consistent, effective, timely care

●The management team worked with community professionals to ensure staff had the knowledge and skills they needed.
● Care plans and risk assessments showed staff work closely with other agencies to provide the right care to meet people's needs. For example, we saw GPs and speech and language teams (SLTs) had been approached for guidance on people's care.

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 MCA 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● The provider had assessed people's mental capacity to make particular decisions. Staff and management had good understanding of their responsibilities under the MCA.
●Staff asked for people's consent before they provided any care and gained consent from the person.
●The provider had applied for DOLS authorisations as needed, and these covered current restrictions affecting each person.
●Staff had received training in mental capacity and DOLS. Staff were able to tell us what this meant for a person's care.

Good

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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; continuous learning and improving care
● The provider had embedded systems and processes to monitor the quality and safety of people's care, including whether people's health needs were addressed and the home's environment was safe.
● A service improvement plan was in place with specified identified actions planned to improve people's care. ●
Medication audits were completed by the clinical lead, including any discrepancies between actual and expected medicine stock levels. ●
The management structure was clear, and specific tasks and responsibilities were delegated effectively, including cover for members of the management team when they were away from work.
● Staff felt listened to and valued in their role. One staff member told us, "We are very much listened to, and the manager and director are both approachable."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The positive culture of the home showed the provider's values had been embedded, and staff and management we spoke were open and transparent.
● People told us they felt comfortable speaking to the registered manager if they had any concerns.
● Relatives told us they had confidence in the management of the home. One relative told us, "I think you can tell from the feel of the place that it is well run, and that the manager is in charge of everything. It runs very smoothly." Another relative told us, "The manager is approachable, and I can always pop into the office if I need anything."
● The registered manager had moved their office into the centre of the home. This meant they could observe standards of care and were visible to people, relatives and staff. One relative told us, "The manager's office has been moved to the middle of the home and is very accessible to everyone."
● Most staff told us that they found Allenbrook had a great atmosphere and was a good place to work.

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 understood their duties of duty of candour and the need to inform people and relevant others when things went wrong.
● The provider and registered understood the need to notify the local authority and CQC of relevant

incidents involving people or the service.

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

The provider promoted equality and diversity for people and staff. For example, the registered manager showed us examples of where they had adapted a flexible approach to staff rotas to accommodate a balanced work and home life for staff.

● Surveys were completed to gain feedback from relatives, staff and people. However, the director identified that the timing of sending out surveys was to be amended as certain months, for example December, were not effective points during which to gain a full response.

● Team meetings were held, and staff told us they felt the meetings were positive. Flash meetings were held daily, and one staff member told us, "Flash meetings are useful as we all know what we are doing around the home and can gain advice off each other."

● Relative meetings were organised by the registered manager and director to gain feedback regularly and to keep relatives up to date. One relative told us, "We attend the relatives' meetings and find these useful."

Working in partnership with others

●The home worked in partnership with other agencies and professionals, including the district nursing service, physiotherapy, occupational therapy, social workers, and mental health services.

● The home had regular visits from people's GPs.