

# The Sandwell Community Caring Trust

## Allerton 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Allerton Court is registered to provide accommodation and personal care for up to 48 older people. At the time of the inspection 45 people were living at the home.

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

Whilst improvements around medicines had been made, further improvements were required. People received their medicines as expected, but we found medicines were not always stored correctly and the use of some medicines were not always documented as required. Quality monitoring systems were in place. However, audits had not identified issues related to medicines which were discovered during the inspection. People were supported by staff to remain safe.

Previously there were concerns around staff member's availability for people, however during this assessment we found there were enough staff available to people and people's needs were attended to in a timely manner. Risk assessments were in place to minimise any potential risk to people's wellbeing. Staff were recruited in a safe way.

Whilst previously we had found that training was not always given or updated, at this inspection we saw staff received training and had been provided with an induction. Staff members felt able to approach the registered manager with any concerns. Staff knew people's needs. People were assisted to receive food and drinks by staff where required. People were supported to maintain their health.

Staff were now aware of the requirements of the mental capacity act and had received training. People were supported to have choice and control over their lives and staff understood that they should support them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff ensured that people's privacy and dignity was maintained.

People's care plans reflected their needs and preferences and staff understood the care that people required. Although at the previous inspection people felt that they were under-stimulated by lack of activities, this had been addressed with new activities introduced. The complaints procedure had been improved and complaints were dealt with appropriately in line with the procedure in place. Feedback was taken from people and used to inform the service. People knew the registered manager and felt they were approachable.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Requires Improvement. (Report Published 23 January 2019). The service

had been rated 'requires improvement' in each of the key questions.

There was a previous breach of regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the lack of oversight of the service. This had now been met.

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 not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# Allerton Court

## 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 two inspectors, an assistant inspector, a pharmacist 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

Allerton Court is a care home, which provides accommodation and personal care for older people. 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 professionals who work with the service. We used the information the provider sent us in the provider information return [PIR]. 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 seven people who use the service and four relatives. We spoke with five members of care staff, one member of administration staff, the chef, four visiting professionals and the Registered Manager.

We looked at four people's care records, including their Medication Administration Records (MAR), three staff recruitment records and records relating to the governance of the service. This included quality assurance audits, records of accidents and incidents and complaints made. We made observations of the care of people throughout the inspection.

What we did after the inspection

We received and reviewed the training matrix from the provider and saw that staff had received appropriate training, which was updated as required. We checked the providers website had been updated to include the homes previous ratings report. (Prior to the inspection we had discovered that the provider had omitted to include the report on their website. This had been an oversight as all their other locations had been included. This was rectified and checked following the inspection).

# 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. 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

- We had found at the last inspection that medicines were not administered safely. We found that this had now improved. Previously we saw that Medicine Administration Records (MAR) were not kept effectively, this time we saw that this had been improved upon. However, despite these changes there were still some issues around medicines management.
- People who required 'time specific' medicines told us that they received their medicines at a set time each day. We found that for medicines required at specific times there was not a time to administer the medicine recorded within the MAR chart and it had just been designated as morning (am) or afternoon/evening (pm), however staff had an awareness of when these medicines should be administered. We found the GP had not provided a set time for the medication to be given, but that had not been identified or questioned by staff. The registered manager told us that this would be discussed with the GP as soon as possible, so the correct changes could be made, and some clarity provided around what time the medicine should be given.
- We found medicine care plans required more information, as information around side effects of medicines were not recorded in detail. Allergies people experienced were not always recorded. This means staff members supporting people may not always have the information they needed.
- We saw that fridge temperatures where some medicines were stored were not checked appropriately to ensure that they remained within the required temperatures to keep the medicine safe to administer to people. Staff had recorded the same ongoing temperature over a period, without realising the fridge thermometer required resetting after each reading. No care staff members were aware of how to reset the thermometer. This meant that staff did not always know if medicines were kept at the optimum temperature to maintain its effectiveness. We also found that fridges were not always kept locked. The registered manager told us that changes would be made at the earliest opportunity.
- We found that thickener powder required for people who may experience difficulties in swallowing food and drink was kept unlocked where people may be able to access it. This meant that it could be taken accidentally and pose a choking risk. The registered manager was not aware of the requirement to store it as recommended in a safety alert by NHS England in 2015 but said that they would speak with staff about arranging safer storage.
- People told us they received their medicines safely. One person said, "Yes, I always get my medicines on time, the staff give them to me correctly". A relative told us, "[Person] gets their tablets as prescribed, there hasn't been any problems".
- Staff members we spoke with told us they felt competent to give medicines and had received the necessary training."
- MAR charts that we looked at recorded the medicines given to people. We saw medicines had been administered and recorded correctly (excluding time critical medicines). Staff told us how medicines were

disposed of appropriately. Where people received medicines 'as and when' required there were instructions for staff as to how to give these.

### Staffing and recruitment

- We had previously found that staff were not always available to people. However, during this inspection people told us there were enough staff available to them and one person said, "Yes there are enough staff and they are very helpful, you just press the button and they come. I know you have to wait a few minutes, but they do come." A relative told us, "There are always staff around, no matter when you come you can find them. They always come when people want them." Staff members told us they felt there were enough staff to enable them to spend quality time with people in addition to supporting their care needs. We saw staff having time to spend with people.
- Rotas reflected the amount of staff on duty at the time of the inspection.
- We found all pre-employment checks had been carried out including the obtaining of references and Disclosure and Barring Service (DBS) checks.

### Assessing risk, safety monitoring and management

- People's individual risk assessments were in place and risks were identified. We saw that risks assessed included, but were not limited to skin care, pressure area care and falls prevention. Where people had specific conditions there were individual risk assessments in place identifying the condition and considering any hazards posed.
- People's risk assessments considered risks presented by their home environment and possible hazards, such as infection control and any medical diagnosis or healthcare requirement.
- Accidents and incidents had been dealt with as required, with action being taken if needed.
- Personalised evacuation plans were in place, which gave details to staff should there be the need to evacuate people safely from the building.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, with one person saying, "I really am safe here, it is my home and the staff keep me safe." A relative told us, "[Person] is safe here, it is much better than where they were before, we can relax now knowing they are safe here."
- Staff understood the need to keep people safe and were able to describe to us the different types of abuse that people may encounter. One staff member told us, "People could be abused physically, mentally, sexually or financially I am sure I would notice this and wouldn't hesitate to raise it as a safeguarding concern." Staff were aware of how to report such issues and we saw that safeguarding referrals had been dealt with as required.

### Preventing and controlling infection

- We found staff ensured hygienic practices were in place when assisting people. One person told us, "Oh yes it's spotless here. They work hard [care staff] and they always wear gloves."
- Staff had completed infection control training and told us how they understood the need to ensure cleanliness within the home. We saw that a timetable was in place for regular cleaning of the home.

### Learning lessons when things go wrong

- The Registered Manager told us how they had ensured that positive changes were made following the previous inspection. Examples given included medicine administration was checked more thoroughly, including the writing of expiry dates on bottles of medicines and these being checked regularly. Staff training was now up to date, including that around mental capacity and knowledge was evaluated following training. Improvement had been made to activities with a regular exercise class in place. Complaints now



had an outcome recorded within files to ensure the process taken was clear and audits were more robust than previously found.

# 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 Requires Improvement. At this inspection this key question had improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- We had previously found that staff were not always trained to ensure that people's needs had been met effectively. However, people we now spoke with felt staff were knowledgeable and well trained. One person told us, "The staff really know me and what I need. I have been here a long time." We asked one staff member what a person's specific likes were, and their answer reflected the person's care plan.
- Staff received an induction, which included the shadowing of longer serving staff members and learning about the people they were supporting. A staff member told us, "The induction helped me learn about my job." We saw that staff had completed the care certificate. The care certificate is a set of standards, which sets out the required skills, knowledge and behaviours required of people working in health and social care sectors.
- Staff received training and staff we spoke with told us their most recent training had been in health and safety. We saw that the training matrix provided guidance for managers as to when staff training was due to be carried out.
- Staff told us they received regular supervision, but that they could go to the Registered Manager at any time.

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

- Pre-admission information received from the local authority or previous care provider assisted the provider in compiling an initial assessment to ensure care was planned and reflected people's individual needs and preferences.
- Protected characteristics within the Equality Act, such as disability needs, religious and cultural requirements, age, gender and sexuality had been considered as part of the assessment process.
- We found that a specific oral health assessment was in place for people.

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

- People told us they were happy with the quality of the food provided. One person told us, "It is very good. I've got no qualms about the food; they have got a good cook. It's good I can't fault it." People told us they had a choice at mealtimes and one person said, "We have a menu and we have a choice of two meals on the menu. They [staff] try and give you something else if we don't like what's on the menu."
- We spoke to the chef who was able to talk to us about people's dietary requirements and how cultural and religious needs could be met, for example a vegetarian diet or halal prepared food. Food for people with diabetes was prepared using a sugar substitute, but with the same appearance and pureed food was presented attractively.

- We saw, and people told us, they received drinks periodically throughout the day and as they wanted them.

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

- The provider worked with other healthcare professionals to ensure positive outcomes for people, for example we saw that district nurses and occupational therapists amongst other professionals visited the home. One professional shared with us, "I think they provide a good service, the residents I have seen have found it homely. Staff are very pleasant, always very good. They are good at adapting to the situation and always want the best for the person. People are not in uniform, so it helps people feel relaxed."
- We saw from records concerns were shared with professionals in a timely manner and appropriate actions taken where required. One professional told us, "They[staff] always notify me of any changes in the needs of people who I visit, and they carry out all of the actions I ask them to."
- We saw that people saw health professionals when required, to ensure their wellbeing was maintained.

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

- We saw there was an environment assessment in place. This assessed any hazards, who may be harmed, if the risk was controlled and any further action to take.
- We saw that there were some untidy looking wires on display on the lower floor, which whilst were not live and did not pose any risk, were of an unsightly appearance in people's home. The Registered Manager told us they would ask the maintenance workers to address this at the next opportunity.

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.

- People told us that staff sought their consent before supporting them and one person told us, "The staff always ask my consent before helping me with anything." A relative told us, "When [person] has a shower they [staff] ask beforehand if it is okay and they get everything ready in preparation, so they are aware of what they are doing." A staff member told us, "We always ask for consent, they can choose, and we are always there for them to help."
- Staff spoke of how they would recognise non-verbal gestures from people who could not voice their consent verbally and spoke of head shakes, smiles and body language.

# 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 Requires Improvement. At this inspection this key question had improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- We found that some information regarding people's medical diagnosis and related medicines was displayed within communal areas of the home, which meant that confidential and private matters related to people's health could be disclosed. The Registered Manager told us how they would take action to move this information out of sight.
- People told us they were treated with dignity and their privacy was respected. One person said, "I don't need much help, but when I do the staff always make sure I am happy with their support and they help me in the right way, like keeping me covered and keeping my care private, away from others." A staff member told us, "I try my best to treat people how I would wish to be treated, I do not want anyone thinking we don't consider their privacy and dignity as we do, greatly." We saw staff knock on people's bedroom doors before entering and speaking to people in a respectful manner.
- We found that lots of people living in the home were very independent and this was also encouraged daily by staff. People enjoyed visiting the local area, with lots of people finding a trip to the local town for shopping very enjoyable. We saw where support was required staff would call taxi's for people or accompany them into the community.
- We found that some people enjoyed doing small jobs around the home and this was encouraged by staff.

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

- We had previously found staff interactions with people were limited, however during this inspection we saw that staff sat in lounges with people having interesting discussions and focussing topics on what they knew people liked.
- People told us staff were caring towards them with one person saying, "They [staff] are very caring, they look after you well." A relative told us, "It is much better than where [person] was before, they have time to care here and they really do. They hold birthday parties for people and remember special occasions, that is caring to me".
- We saw how one staff member offered a person a hot honey and lemon drink, when they noticed they were suffering with a cold.
- The registered manager and staff were aware of the need to ensure people's diversity were respected. The registered manager told us any cultural and religious needs would be acknowledged. We saw a number of people had lived within the local community themselves most of their lives and staff enabled them to retain these links by taking them to places they were familiar with and talking about experiences in the shared community.

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

- We found people were offered choices as far as possible and one person told us, "I make my own choices here, like I did at home. I chose what I am wearing today."
- People told us they felt their opinions mattered and that they were listened to. One person said, "They [staff] speak to me as an equal, just the way they would speak to anybody else and they listen."
- People and their relatives told us they were involved in developing the care plan and that their input was valued.
- Where people required the services of an advocate, the Registered Manager told us they would signpost the person to the relevant organisation. An advocate assists people to express their views and wishes and stands up for their rights.

# 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 Requires Improvement. At this inspection this key question had improved to Good. This meant people's needs were met through good organisation and delivery.

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

- Previously we had found that people felt 'bored' within the home. However, during this inspection we found there were lots of things available on-site for people to get involved with. This included arts and crafts, trips into the community, bingo sessions and one to one and group discussions on enjoyable topics. A new activity, which people told us was a great success was a weekly exercise session, which also included a quiz and 'brain teasers'.
- We saw visitors were welcomed and one relative told us, "They always welcome me and the family. They offer us a drink and are always friendly."
- People told us how they had developed friendships with other people using the service and we saw they chose to sit near each other to enjoy each other's company.

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

- General care plans were detailed and covered guidance for staff to carry out day to day care of people, however, we found care plans around medicines required some additional information.
- Care plans were personalised to include people's life history, likes and dislikes and general preferences.
- We found care plans were reviewed in a timely manner and people and relatives had been involved with their content. One relative told us, "My relatives care plan was discussed. A social worker came to the hospital to discuss [person] going home and [person] said they didn't want to go home, so they arranged a short stay here. Then [person] said they wanted to stay here, so it was arranged and [person] now lives here permanently. "
- Where people required spiritual or religious guidance the appropriate representatives from their religion visited them in the home.

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.

- The Registered Manager told us how written information could be produced in a pictorial format (evidence was provided), large print or any appropriate format where required.

Improving care quality in response to complaints or concern

- We saw that since the last inspection conclusions to complaint reports were now in place and an appropriate audit trail was in place. Complaints had been dealt with effectively and as required.
- People told us they knew how to complain if needed. One person told us, "I have never had to complain, but I would speak to the manager." A second person said, "I just tell staff if I have a problem. They go straight to the main one [Registered Manager] and they sort it out."

#### End of life care and support

- We found where end of life care was carried out a specific plan was in place and staff were aware of people's needs. Staff had been trained in carrying out end of life care.
- Where there was a 'do not resuscitate' (DNAR) order in place this was shown clearly and known by staff.

# 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 had remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- During the previous inspection we found that although quality assurance audits were carried out these did not identify areas that required improvement. These areas included, lack of oversight of patterns and trends, and the failure to identify when staff training was out of date. The unsafe administration of medicines, lack of adequate recording of administered medicines and lack of competency checks for staff giving medicines. During this inspection we saw a number of improvements had been made and the previous breach of regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance had now been met.
- Training for staff was now carried out in a timely manner. The administration of medicines had improved, and more frequent audits were in place. Staff members told us they received regular competency checks of their ability to give medicines. We saw that records for these checks were held, but these were only signed by the staff member and not the senior staff member completing the check. The Registered Manager told us this would be looked at retrospectively and all assessments of competency would be signed off appropriately in the future.
- Although improvements had been made, audits completed had not identified all of the issues raised within this inspection. This included; medicines care plans lacking detail, fridge temperatures not reset correctly, storage of thickener not appropriate and staff medicine competency checks not being signed off by the overseeing manager. This meant that people may not always receive their care as they would expect to.
- The provider and registered manager understood the regulatory requirements of their role. They had ensured that notifications were sent to us where incidents occurred, so that we could see how they had responded to any issues raised.
- The most recent inspection rating was displayed within the building, but not on the website. It was explained that this was an oversight by IT employees as links to the reports of the providers other locations were in place. This was completed following the inspection and is now in place.

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

- People knew the Registered Manager, one person told us, "I know the manager, they pop up to see us, they are lovely and helpful." A relative told us, "They [Registered Manager] is always approachable. If they can help you, they will. From experience this is way above the other homes [we have used] and we have



been to a lot of other homes." A staff member told us, "[Registered Manager's name] is great, we can go to them at any time, they're a really good manager."

- People told us they liked living in the home. One person said, "I would definitely recommend this place to others. My relative sent an email to them about how happy we were." A relative told us, "This is the best place we have seen by a mile, it is far better than the competitors." A professional visiting the service told us, "People who come here temporarily often then want to come permanently. I think it is one of the nicest homes I go to, it is not the most up to date home, but the care is here. They [staff] know the residents, I would be more than happy for my mum to come here". A staff member told us, "I have worked here a long time and wouldn't want to work anywhere else, people [using the service] are valued here".

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

- We found feedback was taken effectively from people using the service and their relatives. We saw feedback was mainly positive, except for a small number of comments regarding general cosmetic upkeep of the property and the exterior painting programme. The Registered Manager spoke to us about how the building was scheduled to have work carried out on it imminently. Positive feedback we noted was, 'very high standard in all areas of care' from a person using the service and 'made [person] feel like this is their own home'.
- Feedback had also been taken from professionals and this was positive.
- Resident meetings took place and included discussions on likes and dislikes on the menu, likes and dislikes around activities, and outings, home facilities, cleanliness, laundry and other comments. Meetings took place every few months. People told us they were able to share their opinions and they had been listened to, such as continuing with the exercise activities.
- We found staff meetings were held regularly, and the agenda included; resident's issues, staff issues, safeguarding, medication, health and safety and thank you messages.

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 and met their duty of candour. Any concerns raised by people were investigated and actions taken where required.
- The Registered Manager understood the importance of contacting the local authority safeguarding team or CQC should any reportable incidents occur.
- Staff had been provided with information on whistle blowing and told us they felt comfortable in doing so. One staff member said, "I would contact CQC or the local authority if I felt I needed to whistle-blow, but I doubt it would come to that."

Continuous learning and improving care / Working in partnership with others

- We found staff worked well with health professionals and saw them visiting the home and interacting well with staff. One professional told us, "The staff always act on anything I ask of them and they follow professional advice."