

Methodist Homes

Allesley Hall

Inspection report

Allesley Hall Drive
Allesley
Coventry
West Midlands
CV5 9AD

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

What life is like for people using this service:

People continued to receive safe care. Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern. Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Good staffing levels were in place. Staffing support matched the level of assessed needs within the service during our inspection.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Specialist training was provided to make sure that people's needs were met and they were supported effectively.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions. The staff we spoke with were all positive about the senior staff and management in place, and were happy with the support they received.

People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

Staff continued to treat people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner. Our observations during inspection, were of positive and friendly interactions between staff and people.

People were involved in their own care planning and were able to contribute to the way in which they were supported. People and their family were involved in reviewing their care and making any necessary changes.

A process was in place which ensured people could raise any complaints or concerns. Concerns were acted upon promptly and lessons were learned through positive communication.

The service continued to be well managed. The provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required.

Rating at last inspection: Good (report published August 2016)

About the service: Allesley Hall is registered to provide accommodation and personal care to people who

may or may not have nursing care needs.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 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 caring?

The service was caring.
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led
Details are in our Well-Led findings below.

Good ●

Allesley Hall

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

This inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Allesley Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 45 people in one purpose built building. At the time of our visit there were 44 people using the service.

The service had a manager registered with the Care Quality Commission. This means 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.

Inspection site visit activity started on 10 December 2018 and ended on 10 December 2018.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted

commissioners who had a contract with the service.

During the inspection, we spoke with ten people who used the service, three relatives of people using the service, and two visiting health professionals. We also spoke with four staff members, the quality business partner, the administrative manager and the registered manager.

We looked at the care records of three people who used the service, we undertook a tour of the premises and observed staff interaction with people, and activities that were taking place. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- Safe care continued to be delivered at the service. One person said, "I feel safe here. For me that means that the nursing staff come in regularly and chat to me or call out to me as they pass by my door. I can always find someone to help me if I need them, I have to rely on my buzzer as my voice is very weak and quiet, I never have to worry, they look after me".
- Staff were trained in safeguarding and knew what to do if they were concerned about the well-being of people using the service. Records showed that safeguarding concerns were promptly reported to the local authority and other key agencies and action taken ensure people's safety.

Assessing risk, safety monitoring and management

- Risk assessments documented in detail any risks that were present in people's lives, and enabled staff to work safely with people. This included any health and medical needs they required, as well as plans to assess the risks of falls, moving and handling, and wellbeing.
- Staff felt confident in supporting people safely, and knew the risks that were relevant to each person's support.

Staffing levels

- There were enough staff on shift to safely support people. This included nursing staff on each floor of the service. People we spoke with said that staffing numbers were consistent, and they got the support they required promptly. One person said, "There are plenty of staff about, I feel very confident and safe."
- During our inspection we saw that staffing was consistent on all three floors of the service, and staff were spread out appropriately.
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Using medicines safely

- People continued to receive their medicines safely. Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes. People we spoke with were happy that they received their medicine on time, and as they wanted.
- Where people were prescribed medicines to take 'as and when required' there was sufficient detail to guide staff on when to administer them safely and consistently.

Preventing and controlling infection

- People continued to be protected against the spread of infection. One person said, "The place is kept

beautifully clean." We saw that regular cleaning took place, and the staff understood about how to prevent the spread of infection, by using the appropriate personal protective equipment such as gloves and aprons when required. Staff confirmed they had the equipment they required to manage the spread of infection.

- The kitchen had been rated as 'Five star' by the local authority for food hygiene practices.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. 'Reflective accounts' were used to record and document discussions between management and staff when any mistakes had been made. For example, when mistakes had been discovered in medicine administration.

Is the service effective?

Our findings

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

Good: 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 care needs were assessed before moving to the service, to ensure that effective care could be delivered to them.
- People's cultural needs were identified so staff could meet these. Where necessary assessments gave a brief overview of a person's religion or beliefs so staff understood what it meant to them. A visiting chaplain was regularly available for those that wished to take part in religious practices or discussion.
- Staff all had a good knowledge of each individual, and the preferences they had in regard to their lifestyle, and choices.

Staff skills, knowledge and experience

- People and relatives we spoke with were confident in the staff ability. One relative said, "The staff are really attentive and observant, they are well trained and know how to do their jobs well. Record keeping is good too, It's a nice home."
- Staff told us they were well supported and received regular one to one supervision so they could discuss any issues of concern or share good practice.
- Staff told us the training made available to them was extensive and helped them to feel confident in their roles. We saw that training records were kept up to date to ensure staff were effective and safe in their roles.

Supporting people to eat and drink enough with choice in a balanced diet

- People we spoke with were happy with the food. One person said, "There is plenty of choice, and it is cooked very well."
- We observed people during the lunch period, and saw that a choice of freshly cooked food was offered to people, as well as a range of drinks. For those that required it, support was offered to eat their food, and dietary requirements were observed by staff. For example, we saw one person had a pureed lunch as they had difficulty swallowing.
- Records were kept to monitor food and fluid intake when required.

Staff providing consistent, effective, timely care

- Staff continued to support people in a timely manner with their healthcare needs. The service was well staffed with nurses, and other healthcare professionals. The provider had trained a staff member in reflexology, so that people could benefit from this service if they wanted to. The provider also privately hired speech and language therapists and physiotherapists to come in regularly and support people with their healthcare needs, and to support staff with their practice.
- Care plans documented people's ongoing health requirements in detail.

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

- People's rooms were personalised to their own tastes, and reflected their own personal interests.
- The service, including communal areas and extensive gardens, was accessible for people to use. This included a lift to access the upper floors of the building.
- People and staff, took pride in the environment, and were happy with the facilities that were available to them and the quality of the building they lived in.

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 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). 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 were being met.
- Records were clear when decisions had been made in people's best interests or they had been asked to sign to consent. People we spoke said they were always offered choice, and staff checked for consent before providing care.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful. Records confirmed this.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People continued to receive support from a staff team that were friendly and caring in their approach. One person told us, "They always pop in to see I'm ok even though I don't need anything at the time; it's lovely that they do that. The staff come in in their own time to have pamper sessions like manicures or head massages. We went out to the cinema recently, that's lovely too." Another person said, "Our grandchildren are made welcome too and they love coming to 'Grandma's house'."
- During our inspection, we observed staff and the deputy manager, take the time to talk with people, and regularly check if they were okay. People were comfortable with the staff and management, and clearly knew them well.

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

- People and their families were encouraged to be involved in making decisions about care and support. We saw that care plans were regularly reviewed and changes were made when required. Reviews of care documented people's involvement, and people we spoke with all told us they felt in control of their own care, and that staff respected their choices and preferences in how they received care, or if they wanted any changes to be implemented.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with felt that staff were always respectful of their privacy. One person told us, "They're kind, they respect my choices, I wouldn't go anywhere else".
- During our inspection, we saw that staff spoke with people in a respectful manner, and gave people the time they required to respond without being rushed.
- Staff knocked on doors before entering, and supported people with respect and dignity when carrying out any personal care or support for people to eat.
- Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files and personal records were stored securely.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care

- People told us they received good quality care and support. Care plans contained personalised information, and set out how staff should meet people's needs. One person said, "The staff do really well getting to know everyone's likes and dislikes. The staff are very good."
- The staff understood people's likes and dislikes and supported people to achieve their goals. A 'Seize the day' scheme was set up to identify and support people with personal goals. For example, one person wanted to revisit the farm they had worked on earlier in their life. We saw that this trip was arranged by staff and the person was supported to achieve this goal. Other people were also supported to identify personalised goals, some small and some large, and achieve them with the support of staff. One staff member said, "It's not just a job, it's a vocation. I'm taking someone out Christmas shopping on my day off."
- A range of activities was available for people to take part in. For example, we saw a large group of people enjoying a reminiscence session where conversation was being held about past Christmases, and what people used to enjoy eating and drinking. Various items were handed around to help stimulate people's memories of this time.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that staff had acted to investigate previous complaints and had resolved the concern. No recent complaints had been made.
- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

End of life care and support

- People who required it, had an end of life care in place. Care plans recorded any wishes they may have in relation to their end of life care. Appropriate medication had been stocked and was ready for use should their needs change. Staff and nurses we spoke with understood the needs of people who were nearing the end of their life, and had been trained in this area.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created, promoted high-quality, person-centred care.

Leadership and management

- People told us the home was well managed and had an open and friendly culture. One person said, "It is a wonderful place. Very well run. The manager knows it inside out and has been here for quite a while."
- Staff all felt the service was well run. One staff member said, "I have worked here for a long time, and I would have left if it wasn't right. There are nurses on every floor, and the manager is very visible and approachable. We haven't used agency staff in years." Another staff member said, "I love it here, I would live here myself."

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The managers notified us and other agencies of any incidents which took place at the home and acted to put things right. Feedback we gained from other agencies was positive about the management, and said they were open, honest, and receptive to feedback at all times.
- People knew who the management team were and saw them regularly.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was a registered manager in post. 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. The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.
- There were effective systems in place to monitor the quality of the service. Comprehensive audits were undertaken by the provider, and the systems in place to monitor the standards and quality of the service were being managed effectively. There was a quality business partner whose role was to check on quality and regularly audit different areas of the service to ensure quality.
- We saw that all aspects of the service were looked at, including health and safety, staffing, and medication. We saw that when errors were discovered, improvements were actioned.

Engaging and involving people using the service, the public and staff

- People felt involved in the service and were encouraged to feedback. One person said, "If I had a problem or concern with my care I would raise it with the particular carer, anything else I would talk to the manager. New staff are introduced to me and my care explained. There's no problems at all"

- Surveys were also sent out which asked for feedback on the quality of care being received, and if any changes were required.

Continuous learning and improving care

- Team meetings were utilised to ensure that continuous learning and improvements took place. This included daily handover meetings between staff starting shifts and staff finishing shifts to summarise the most recent information. Larger team meetings were also held to cover all areas and update staff as required.
- Resident meetings were also held to gain feedback and learn how to improve care. The registered manager told us that food and activities were popular topics of discussions, and changes were regularly made to reflect people's preferences.

Working in partnership with others

- The service worked in partnership with outside agencies. During our inspection, we spoke with some visiting health professionals who told they felt the service was of a consistent high quality. They said, "I'd place my family here, it is one of the best and it's very popular."
- The service also had good relationships with the community. For example, local schools were involved with performing singing and dancing for the people who used the service.