



Inspection Report on

Allerton Lodge

**Allerton Cottage
Naid Y March
Holywell
CH8 8LG**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

23/01/2023

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About Allerton Lodge

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Deen Care Limited
Registered places	19
Language of the service	Both
Previous Care Inspectorate Wales inspection	8 February 2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Interactions between people and staff are warm, friendly and respectful. People are very happy with the service they receive and have positive relationships with the staff who support them. Personal plans on the whole reflect how the person wants to be supported, and risk assessment are in place. People told us they feel safe and receive support when they want and do not feel rushed. There is ample choice available on the menu and people confirmed the food is excellent. There is not enough staff on duty to carry out activities with people as they are busy attending to other tasks in the home. Care staff are recruited safely; action is required to ensure staff receive appropriate training and regular supervision. The storage and recording of medication require improvement.

The dining experience is positive, the environment is safe, warm, and clean, and meets people's needs. There is an ongoing refurbishment programme in place. Bedrooms are individualised and personal to the person occupying the room. The Responsible Individual (RI) visits the service regularly, however, their quality-of-care reports could be improved to contain more detail. Maintenance systems are in place to ensure risks to people's health and safety are identified however some issues are not addressed in a timely manner.

Well-being

People have choice about most aspects of their care in the home. People told us it was up to them when they got up and went to bed, and what they did during the day. When we arrived at the home, we saw people were being assisted to prepare for the day at their own pace. A choice of fresh, homely meals is provided, and any other requests are catered for within reason; people we spoke with confirmed this. People's rooms are personalised with their own photographs and things that are important to them. Staff are courteous and friendly towards people and respect their choices. We saw staff approach people in an affectionate manner. Staff use a respectful tone of voice when talking with people and gentle touch when assisting them. People we spoke with praised the caring nature of the whole staff team and told us they feel comfortable in the home. Staffing levels require improvements so that staff have time to provide, and people are given an opportunity to engage in activities.

People's physical, mental health and emotional well-being is monitored, and health care sought when needed. Care records mainly reflect the person's care needs and on the whole referrals are made to a variety of professionals such as dietician and General Practitioner (GP). However, we did note one person had discharge from their eyes and required a medical review and the chiroprapist had not visited the home for some time. People told us their family and friends are welcome at any time, and we saw visitors throughout our visit. Care staff have access to training; however, all staff have not received up to date training to enable them to meet the needs of people in the service effectively. People told us staff are *"amazing"*, *"the staff are nice, very professional"*, *"we can have a laugh with them"*, and *"we are very fond of them all"*.

Arrangements are mainly in place to protect people. When looking at records we saw that some staff had not attended training in safeguarding people from abuse. A safeguarding policy is in place for staff to access if needed. Recruitment records confirm that checks have been carried out to make sure people are suitable to work at the home. On the whole care records show people's support needs are reviewed regularly so any changes are not neglected. We did identify some contradictory information in a small sample of personal plans. Support is provided when needed in a calm, unrushed, manner with staff cheerfully engaging with people they assist. Governance arrangements such as audits require improvement so that they are completed in a timely manner and the auditing and analysis of falls requires improvement. Staff supervision has not been taking place every three months as per the requirements. The recording and storage of medication remains an area that requires improvement.

The living accommodation supports people's well-being. Furniture is clean and comfortable and of good quality. Some bedroom flooring had rips and scratches; this has already been identified and actioned by the operations manager and responsible RI. There is a rolling redecoration programme in place. People's bedrooms are spacious and personalised with views of the large garden. The service is clean, homely and maintenance work is completed to ensure people live in a well-maintained environment. Attention is needed to ensure

Personal protective equipment (PPE) is securely stored away and communal toiletries are not used. Equipment is serviced regularly and maintained to ensure safety.

Care and Support

People are provided with the quality of care and support they need and prefer, and they have access to community healthcare services. People are referred to general practitioners and receive nursing and other health care from community services. Prompt action is taken if they are unwell or have a developing health concern. We did note on one occasion one person had discharge from their eyes and required a medical review, this was not actioned until it brought to the operations manager attention. People's weight and diet are monitored. Staff monitor people who are at risk of pressure damage and record their repositioning; however, improvement to evidence the prescribed care is recorded accurately is needed. The hairdresser and chiropodist have not visited the home for some time as we saw some resident's hair was long and required styling. We saw one person's fingernails required cutting. The operations manager has confirmed since the inspection both have been booked. Records show on whole people receive their medication as prescribed and care workers with responsibility for administering medication have received training. The recording and safe keeping of medication continues to require action. These issues are still having an impact on people's health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement action.

There are not enough staff employed to provide positive stimulation. We did not see staff providing any activities, staff interacted positively with people and worked hard attending to people's care needs. We did not see activities taking place during our visit and there is no activities person post and no activities planner in place. Staff are expected to fulfil this role as best they can in addition to their care, domestic and laundry duties. Residents and staff confirmed no activities take place and said there is not much happening. We saw staff had recorded one activity as brushing someone's hair. We did see one person was going out for lunch and another person was going out to see their friends and going to their own hairdresser. Both residents had facilitated these activities themselves.

Records demonstrated there is a varied menu and people confirmed this. The cook knows what people like and dislike and is very knowledgeable about people's preferences. All meals are homemade using good quality products and, where possible, these are purchased locally. We saw ample stock of products in the kitchen and freezers. The midday meal was well presented, smelt nice and good portions were served. People told us they had enjoyed their meal, as they do every day. People complimented the cook and also told us they look forward to them visiting them for a chat. A variety of snacks and drinks is available throughout the day. Theme nights occur every third Thursday when options include a fish and chips or kebab night. People said they look forward to these evenings.

On the whole people can be confident there is an up-to-date plan of how their care is to be provided in order to meet their needs. We found records to be comprehensive; not only detailing care needs but noting information about the person's life/ medical needs and their

history. The plans are supported by risk assessments, however, the management plans such as prevention of falls require significant improvements. We saw risk assessments and personal plans are reviewed on a monthly basis or more often, as required when people's needs change.

Environment

The environment is comfortable and maintained on the whole. Accommodation is offered on two floors and bedrooms are personalised to varying degrees and based on their personal preferences. Everywhere was warm, clean, tidy, nicely decorated and comfortably furnished. People confirmed the home is warm, clean and comfortable and they feel safe living in Allerton Lodge. We saw people are comfortable and relaxed with their own things around them. Every bathroom and rest room had an ample supply of soap, hand towels and a pedal bin. The operational manager and maintenance person confirmed they had recently purchased bio-degradable hand towels as some residents had recently placed hand towels in the toilet which had caused a blockage in the drainage system. Chickens roam freely in the garden to provide additional interest in the garden.

There is evidence of ongoing refurbishment to maintain and improve standards. However, some areas require immediate improvement such as the flooring in two bedrooms. The RI confirmed they have already identified these areas as requiring attention and a plan is in place to purchase new flooring. We found some shared toiletries were stored in the communal bathrooms which poses a risk of spreading infections. Personal protective equipment (PPE) is available to staff around the home and is used appropriately. Storage cupboards containing PPE, mainly in the bathrooms, are not always locked when not in use. There are some people living in the home who may access these items, which could cause a choking hazard if ingested. These are areas for improvement, and we expect the provider to take action.

The service provider on the whole identifies and mitigates risks to health and safety. The building is secure, visitors are required to sign in and out and there are keypad door locks in areas where people are particularly vulnerable. We saw all safety checks are routinely carried out and logged. Servicing of appliances and equipment is up to date. We found evidence of this in the sample of records we looked at. This included maintenance of manual handling equipment, gas appliances and electrical installations. Fire safety is ensured through testing of fire equipment and lighting and training of staff and there is a personal emergency evacuation plan for everyone living in the service. The home has recently been awarded a Food Hygiene Rating of 4 (good). The laundry room is tidy and organised and each person has their own clothes basket. There are suitable washing and drying facilities with clean and dirty items kept separate. A maintenance person is employed part time at the service who carries out everyday work at the service. Staff have received training in Fire Safety and Health and Safety.

Leadership and Management

There are governance arrangements in place to help ensure the service is well run but these require improvement. The service is currently undergoing new management arrangements and a new interim manager has been appointed for the short term. The operational manager is currently managing the service, as well as supporting two other homes owned by the same provider. New senior management have also been appointed as well as the specialism of a troubleshooting company to help identify how the service could be improved. The RI visits the service regularly and produces a report of their findings every three months. However, there has been insufficient oversight of the service to address the outstanding non-compliance from the previous inspection and there are new areas of noncompliance identified at this inspection relating to staff training and staff supervision. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice in respect of the providers lack of oversight of the service. The provider must take immediate action to address this issue.

There is a Quality-of-Care review report for the service dated February 2022; however, this does not meet the six-monthly requirement. The last report gave feedback on what staff and people have said about feeling safe, they had a choice in their daily care routines and menu choices. The report did not include analysing data on incidents and notifiable incidents. The home's last audits such as health and safety, care planning and housekeeping audits should be completed monthly were last completed in October 2022, and we did not evidence that falls crosses, falls audits or any analysis are being completed in order to learn lessons and make improvements. On the whole the reporting of notifiable events to the regulator (CIW) is made in a timely manner, however, we found there was a couple of events which had not been reported until it was brought to the RI's attention at inspection. While no immediate action is required, these are areas for improvement, and we expect the provider to take action in relation to the Quality-of-Care Review report and notifications to CIW.

People are supported by staff who are suitably recruited but do not always have the skills and qualifications to provide the levels of care and support required. Care workers are vetted at recruitment. Three staff recruitment files were checked as part of the inspection. The files we inspected were well organised and satisfied regulatory requirements. Staff training included Mental Capacity Act, Deprivation of Liberty Safeguards, Equality and Diversity, Administration of Medication, Food Hygiene, and Infection Control. More specialist training is required to meet the needs of people living at the home, including dysphagia diet food and texture, safeguarding, manual handling, preventing falls in care and skin tissue viability. This is placing people's health and well-being at risk and we have therefore issued a priority action notice in respect of staff training. The provider must take immediate action to address this issue.

People are not always supported by staff who receive formal supervision from their manager to support them in their role. We were unable to evidence formal staff supervision has taken place and the operational manager confirmed this is an area for improvement. Confirmation was received after the inspection that this area is currently being prioritised and all staff have been invited to attend one-to-one supervision and staff support is being provided daily. However, this is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

People are not always supported by a service that provides appropriate numbers of staff. Staff rotas we viewed and our observations on the day of our visit evidenced there is insufficient staff to meet all the needs of people in the service. Some residents are at high risk of falling and require close observations. A dependency assessment tool is not used which will enable the RI to determine safe staffing levels in the home. The RI has not identified the need to ensure adequate staffing arrangements are in place as staff are busy attending to domestic duties when the domestic staff member is off, and staff also cover laundry duties. Staff do not have time to provide positive activities for people in the home. We acknowledged there is a national shortage of staff in the care sector and the provider is actively trying to recruit staff and is working hard to use innovative ways to recruit new staff, but this is proving difficult.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
36	The provider has not ensured staff receive one to one supervision every three months and staff have not received training to enable them to meet the needs of the people they care for in a safe manner.	New
66	The responsible individual has not effectively supervised the management of the service.	New
21	The service provider does not ensure there are enough care staff on duty to provide activities with residents, and has not demonstrated people are given the consistent quality care and support required to meet their needs and promote, protect and maintain their health and well-being.	Not Achieved
58	Current medication storage, record keeping and administration practice demonstrates the service	Not Achieved

	provider does not follow current best practice guidance for medication storage and administration.	
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Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status
60	The responsible individual has failed to notify the regulator (CIW) of two events which are reportable under Regulation 60.	New
44	The provider has not ensured the building is free from hazards and some bedroom flooring requires replacing.	New
80	The responsible individual has not completed a quality of Care review every six months. The report does not contain all the required information.	New

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