



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

30/08/2023

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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	23 January 2023
Does this service promote Welsh language and culture?	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

This was a focused inspection, which concentrated upon areas of the service identified at the last inspection as needing priority action. On this occasion we did not consider care and support, the environment and leadership and management in full.

People are happy and are supported to live their lives as they choose. People's voices are heard, and their independence is promoted. People's health needs are understood by care staff, and timely referrals are made to seek advice and guidance when needed. The home is supported by a range of visiting health professionals to help ensure people receive the care they need to remain as healthy as possible.

Care is delivered by an enthusiastic and familiar staff team. Care documentation reflects the person being cared for. Staffing levels are adequate and the provider is actively seeking to recruit new staff to work at the home. The home provides a comfortable environment for people to live in which is safe, well looked after, and meets their needs. The environment is warm, clean, and well decorated. The Responsible Individual (RI) has oversight of the service and visits the service regularly. There are clear systems in place to monitor the quality of care provided, through a suite of audits and layers of governance. The provider has a continuous / rolling programme of investment in the service. Food stocks are good, and people enjoy a choice of meals and snacks throughout the day.

Well-being

People are supported with their physical and social wellbeing. People and a relative we spoke with are complimentary of the staff and management of the home. We observed staff assisting people calmly with dignity and respect. Care records give care workers the instruction required to support people accurately, however, reviews of people's care documentation need to include input from the person or an appropriate representative. We saw documentation showing referrals to relevant health care professionals are made in a timely way. We observed care workers have good knowledge of people's needs, refer to people in a positive way and it was clear they know the people they support well. We saw people being helped by care workers appropriately in a kind and gentle manner, and at their own pace.

People can exercise choice and control over their every-day lives. We observed people enjoying various areas to sit in and the company of others. We observed interactions with people by care staff are considerate and respectful of people's wishes. There is a choice regarding meals, and we were told people can have alternatives if they do not like the choices on the menu. We observed and people told us they can get up and go to bed when they wish. The provider seeks the views of people living at Allerton Lodge and the staff team.

People are protected from potential harm, abuse, or neglect. Care staff records are checked robustly. Training records show care staff have undergone most of the training provided by the home and there is now a robust set of management audits in place which ensure any risk is minimized.

The home is clean, warm, comfortable and bedrooms reflect individuality. We viewed documentation which showed maintenance work and improvements have been identified to be undertaken and during the inspection electrical testing was being undertaken. It is clear the provider is investing in the home.

Care and Support

As this was a focused inspection, we have not considered this theme in full.

At our last inspection, we identified an area for improvement regarding the care and support people receive. At this inspection, we found the necessary improvements have been made. We saw personal plans give enough detail and instruction for care workers to undertake care and support with individuals appropriately. We saw care staff, both full time and agency staff, clearly know and understand the needs of the individual they support. Care workers we spoke with confirmed this. People we spoke with told us they receive the support they require. We saw people were well kempt, were clean and tidy, had their glasses on and dentures in, when they chose to. We spoke with one person who had not had a shave that morning. They told us this was their choice as they don't like to shave until after lunch. We saw records of people's care and support requirements, such as the amount of food and fluid consumed, and people's weights, are undertaken and recorded in real time on people's files. We spoke with a person's next of kin who told us their relative has put weight on since coming into Allerton Lodge, is calmer and more settled than before they moved in, and they also felt their relatives' medical issues were under control at Allerton Lodge. However, we saw some records of people's oral health care are not completed in line with best practice. We spoke with senior managers about this who confirmed this will be undertaken in a timelier fashion.

People can be confident the service has an accurate and up to date plan for how their care and support is to be provided. We saw personal plans reflect information held in other professionals' documentation held on people files. We saw personal plans reflect when professionals have visited an individual and the outcomes of this visit. We saw appropriate referrals were being made to professionals and appropriate documentation is being kept on the individual's personal plan. People's personal plans are reviewed in line with regulations. However, the person or an appropriate individual needs to have input into the personal plan. We saw risk assessments held on people's files were also detailed and gave staff appropriate instruction on how to support the individual in question.

Improvement has been made in regards safe systems of medication being in place. We viewed medical charts and found these are completed in line with best practice. We saw the medication trolley is locked and stored securely when not in use. There is also a safe system in place for taking medication to people upstairs. There is a comprehensive medication policy and procedure in place, and we viewed an independent medication audit which had recently been undertaken whose findings were good.

Environment

As this was a focused inspection, we have not considered this theme in full.

The service provider has made improvements that ensure people live in a home that promotes the achievement of their personal outcomes. The home is warm, welcoming, and decorated well throughout. There is space for people to choose where they want to spend their time and during the inspection, we saw people sat in both the lounge and the dining area. We viewed a selection of bedrooms and saw they are warm, clean and people can personalise them if they so wished. Some doors to people's rooms had their photograph on, helping them with familiarisation and orientation. We spoke with senior managers about those room doors which didn't have this and were advised that some people didn't like their photo and didn't want it on their door. People told us they are happy living at the home.

We observed daily cleaning being undertaken by staff; the home was clean throughout the inspection. Most communal areas were hazard free to ensure people's safety, however one shower room did have several items stored in it, which care staff would have to move before someone could use the shower. We spoke with senior managers who advised us of the difficulties they have with finding space for storing equipment, though a solution will be investigated. We found some lockable cupboards were left unlocked, senior managers told us this would be dealt with. The home shows evidence of recent investment by the owners as furniture, flooring and the stairlift are new.

People can be confident they live in a safe environment. The main entrance is secure, and our identification was checked before we were permitted entry. People's care documentation is kept electronically, and this is password protected. We had sight of the home's health and safety records and saw there is a process in place to ensure safety checks are completed by external contractors and management in a timely manner. These included oil, electrical, fire and water checks. We saw the lounge carpet had a split down the join which did not constitute a trip hazard at the time of the inspection. We spoke with senior managers about this who advised us this was to be replaced. We also viewed the RI's last visit report which had identified this for replacement.

Leadership and Management

As this was a focused inspection, we have not considered this theme in full.

At the last inspection we identified an area for improvement around people being supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge to provide the levels of care and support required. At this inspection, we found the necessary improvements have been made to ensure appropriate numbers of suitably fit and knowledgeable staff are in the home. We spoke with care staff who told us they receive supervision. Records show that at the end of June 2023, all care workers have received supervision. We spoke with care staff who told us they receive a lot of training; this was confirmed in records we saw. We also saw training in areas such as oral care has been arranged for September 2023. We saw staffing rotas which show staffing levels are adequate. We also saw evidence the provider is actively recruiting for roles within Allerton Lodge and has recruited a Regional Manager and an Area Manager. We viewed records which show the provider has recruited for the post of activities co-ordinator and is awaiting the person to start in their role. We saw evidence that staff recruitment is robust and that care workers have undergone all the necessary checks. We also saw care staff are registered with the appropriate professional body.

We saw improvement in the RI's supervision and governance of the service. We saw the RI is undertaking their regulatory requirements in regards their three-monthly visits. The services 6 monthly quality of care report has been completed. These documents are comprehensive and show consultation with stakeholders. The quality-of-care audit is also open and transparent in its findings, and analyses the information received. We saw that there is a layered management structure in place, incorporating weekly manager reports, monthly area manager reports and monthly governance reports and meetings, which the RI attends. We were told senior managers were accessible to managers. There is also a series of scheduled audits in place. The provider has an action plan in place which reviews information about the service from several sources. We saw that policies and procedures such as Infection Control, Distress Responses, Falls, and Safeguarding are in place. We also saw that monthly team meetings are held.

The provider has improved its reporting to the regulator. We have received timely notifications from the provider that meet the requirements of the regulations.

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
N/A	No non-compliance of this type was identified at this inspection	N/A
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.	Achieved
58	Current medication storage, record keeping and administration practice demonstrates the service provider does not follow current best practice guidance for medication storage and administration.	Achieved
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	Achieved

	the people they care for in a safe manner.	
66	The responsible individual has not effectively supervised the management of the service.	Achieved

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
N/A	No non-compliance of this type was identified at this inspection	N/A
60	The responsible individual has failed to notify the regulator (CIW) of two events which are reportable under Regulation 60.	Achieved
44	The provider has not ensured the building is free from hazards and some bedroom flooring requires replacing.	Achieved
80	The responsible individual has not completed a quality of Care review every six months. The report does not contain all the required information.	Achieved

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