



Details of visit	Review of Care Home provision in Trafford
Service address:	Allingham House Care Home, Stockdean Close, Deansgate Lane, Timperley, Altrincham WA15 6SQ
Service Provider:	Maria Mallaband Care Group Limited
Date and Time:	Wednesday 30 March 2016 - 10:00 am - 12:30pm
Authorised Representatives:	Bonnie Hadfield, Lisa Fletcher, Susan George and Patricia Lees
Contact details:	Healthwatch Trafford, Sale Point, Sale, Trafford M33 6AG

Acknowledgements

Healthwatch Trafford would like to thank the management, staff and residents of Allingham House Care Home for their contribution to the Enter & View programme.

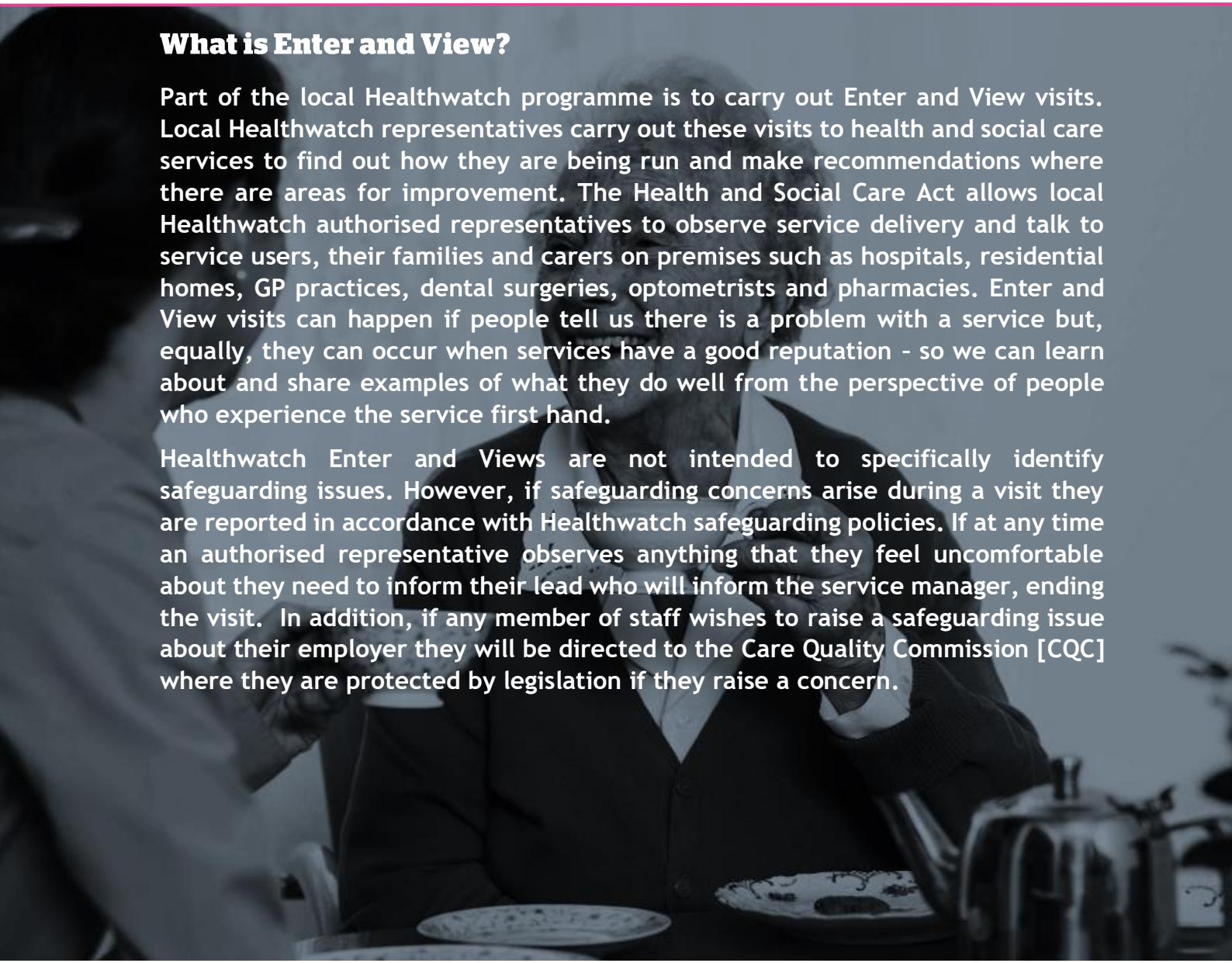
Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users, only an account of what was observed and contributed at the time.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission [CQC] where they are protected by legislation if they raise a concern.





Purpose of the Visit

The visit is part of an ongoing planned series of visits to care homes to discover what residents and their families think about the health and social services that are provided and examples of good working practice by:

- Observing & identifying best practice in the provision of Care homes ‘for vulnerable older people requiring social care or nursing care’
- Observing residents and relatives engaging with the staff and their surroundings
- Capturing the experience of residents and relatives

Strategic Drivers

- Ageing population in Trafford requiring care homes
- ‘Good practice’ policy Healthwatch Trafford
- Care Quality Commission & partners ‘dignity and wellbeing’ strategy [<http://www.cqc.org.uk/content/regulation-10-dignity-and-respect>]

Methodology

This was an announced Enter and View visit

Contact was made with the manager of Allingham House Care Home explaining our reasons for the visit. Posters were supplied to alert our visit to staff, residents and family members.

Some predetermined questions were available to the Enter and Visit team carrying out the visit and these can be found on Appendix 1. It was agreed with the manager that the visit would last approximately two to three hours.

We were guided by staff on the residents we could approach to answer our questions. We had the discussions with the following:

- Talked to 7 residents and management staff

Permission to speak to residents was received from residents prior to any conversation taking place.



Care, Dignity and Respect

The CQC 'dignity and wellbeing' strategy states that:

'People using services are treated with respect and dignity at all times while they are receiving care and treatment. To meet this regulation, providers must make sure that they provide care and treatment in a way that ensures people's dignity and treats them with respect at all times. This includes making sure that people have privacy when they need and want it, treating them as equals and providing any support they might need to be autonomous, independent and involved in their local community'. (<http://www.cqc.org.uk/content/regulation-10-dignity-and-respect>)

Summary of Findings

Allingham House Care Home is situated in a secluded residential location in Timperley. Opened in September 2012 as a new purpose built Care Home it was taken over by the Marie Malliband Group in May 2015. The home provides residential, nursing and dementia care for up to 86 residents. The manager of Allingham House has a professional background as a nurse and informed the Enter and View team that he continues to undertake specific pieces of work for the Care Quality Commission (CQC). These improve his knowledge and also continue to improve quality in the home. We received comments from the manager on discharge from hospitals that can be found on Appendix 2.

The residents are senior (over 65 years), the majority requiring support to manage their care needs. Currently 70% of the residents at the home are living with dementia. The length of time that people have been resident at the home varies from 11 months to 4 years. We were informed by management that outside services such as dentists, doctors, podiatrist, holistic therapist and a hairdresser are available and make regular visits to the home.

As a Qualified Nurse the manager provides night time cover and there are staff on-site 24 hours a day to provide care and support. The majority of Allingham House residents are Jewish with a small minority of residents from other faiths, the manager appeared diligent and sensitive towards the needs of all his residents. The home provides a consistent ambience and management culture that is reflected in the responses from residents that expressed that they felt safe, happy and well looked after at the home.



Overall the outcome of this Enter and View is extremely positive. The authorised representatives conducting this visit felt that the standard of care at Allingham House Care Home is very good.

The Enter and View representatives' observations concluded that:

- That residents are willing to share their views.
- That residents appeared relaxed, comfortable and happy with their surroundings.
- Staff were observed responding to residents needs in a friendly, considerate and compassionate manner.
- To promote social inclusion, the home provides a communal lounge and a garden area. The home provides a variety of activities that residents can participate in.
- That there is a secure environment with qualified staff on-site 24 hours a day, 7 days per week.
- That residents are able to see a doctor and other health professionals when required.
- The home operates a fully Kosher Home.

Environment

Allingham House is a new purpose built Care Home. It is very clean, decorated to a high specification and the ambience is friendly and welcoming. There is car parking available to the front of the home, the building is accessed by buzzer intercom notifying reception staff situated in the main foyer. People wishing to enter the home are fully visible to the reception staff. The building has CCTV outside.

The structure of the home is over three floors, the ground floor accommodates residents with different degrees of dementia, the 1st floor is for residents requiring nursing support and the 2nd floor is for people accessing residential care living with slight memory loss. Each floor has a Deputy Manager. The Enter and View team were informed by management that some residents' rooms have a device (similar to a child gate) across their doorway entrance to preclude dementia patients from wandering into their rooms. The home accommodates relatives of residents who are in a terminal phase of illness.

On each floor there is a staff room and a dining room and on every floor a nurse carries a phone that residents can use. The bedrooms are all separate with ensuite toilet and washbasin facilities. We were told by management that 80-90% of residents use the shower. There is one bath tub per floor with hoist and one mobile bath tub. The home has vinyl floors throughout the building that are very clean, the home smelt



fresh. Handrails were disguised as dado rails and situated throughout the home which were both unobtrusive and extremely useful.

We observed a number of different areas for residents to use which were accessible with adequate seating for them and their visitors. On each floor of the home there was a piano for residents use.

The cultural needs of the Jewish residents was strong as the Enter & View team evidenced the use of different cutlery, the all kosher food and information on Jewish festivities. The residents that the Enter and View team spoke to on the day of the visit had resided in the home from 11 months to 4 years. It was not possible to interview some residents due to their mental capacity.

Residents and Families Views

Wellbeing and care

All the residents that we spoke to commented on how friendly and helpful the staff are. We received a range of comments from residents such as:

“Very good, they look after you very well”

“Very Friendly and very helpful”.

“It is a good home life”

Residents requiring support with mobility told us that they get help from staff whenever it is needed. One resident commented that staff were helpful but don't have much time. We were told by both residents and staff that the home provides a personal summary leaflet in each room outlining the individual care the resident requires; this ensures continuity of care if there is a change to the regular staff member. The Enter and View team were informed by the manager that they endeavour to ensure that residents living with dementia have the same member of staff supporting them.

We learnt from the manager that residents and family members can approach him directly with any concerns. He also informed us that there is regular contact with relatives through a variety of methods such as emails, posters on walls, and relatives and residents meetings. On each floor of the home there is notice board with photographs of the residents that reside on that floor. The home operates an open visiting time up to 10pm and there is an open door policy if relatives have any concerns.



Safety

The manager advised us that there was no issue with security and that the outside doors are closed in the evening at 10pm with a little flexibility around the timings if required and that the home has staff on-site 24 hours a day to provide care and support. During the visit the team observed clear notices on fire procedures and we were notified of the sprinklers and special water outlets that were in place. We were informed that there are clear fire procedures included on the summary care plan that is in every room. In the event of a fire the management of the home have an arrangement with nearby organisations where residents can be taken, the details of the organisations were given to the Enter and View team. The home provides a resident box for each individual that holds a mobile phone with family/carers numbers (mobiles are kept fully charged), a blanket and a summary card of the individual's medication requirements. The boxes are held at reception to be used in the event of the building being evacuated.

Bedroom doors are open or closed depending on the choice of the residents. Some residents commented that sometimes residents may wander and try to get in rooms and that there is the option to have a gate across doorway to stop this from happening.

During the night we were informed that staff check residents every two hours and that each resident has a buzzer they can use to call staff. There are pressure mattresses and floor pressure mats to alert staff that people are getting out of bed. Residents we spoke to on the day said that they felt safe.

Time structure

All food served at Allingham House is Kosher and a Rabbi checks menus to ensure that they are have been culturally sourced from suppliers of Kosher food. One resident who was not of the Jewish faith stated:

"It would be nice to have eggs and bacon at weekends and that takes some getting used to".

All other residents we spoke to told us that they were very happy with the choice and quality of the food and enjoy their meals. We were given the rota for the meal times:

Breakfast 8-10am

Cakes and drinks trolley - 11am

Lunch - 12 noon

Tea - 5pm

Suppers - 8pm



Staff check residents' weight monthly and if any changes occur checks are carried out on a weekly basis.

When we asked those residents' who have medication how their medication was distributed they informed us they receive their medication from staff and that it was well organised.

Care

When asked about the procedure to reduce pressure sores the manager explained that no residents suffered with pressure ulcers and that staff regularly check on residents who require turning at night and that pressure mattresses are in place.

To reduce the risk of infection control the manager specified there is regular contact with the infection control nurse and procedures and training in place to minimise risk. We observed hand wash facilities and antibacterial hand wash accessible throughout the home. We evidenced residents able to reach call bells, drinks, side tables and walking aids. When asked about hydration residents informed us that there was always plenty to drink and it is available in all rooms.

The overall response regarding safety was very positive. Comments made by residents on the day were:

"I am very happy with care, safety, all aspects, no negative issues".

"I am very happy that I came here to live".

Fundamentals

Most residents told us that they were satisfied with the arrangement in place for bathing and showering and most shower as frequently as they wished.

The majority of the residents informed us that they were happy with the laundering of their clothes stating that their clothes were washed and returned to them. We received one negative comment from a resident stating that a few clothes had gone missing in the wash but that on the whole it was a good laundry service.

Activities

We were informed by management that currently Allingham House has two activity co-ordinators. There are also volunteers and people on work placement who help residents with such things as their nails and prayers. On the day of the visit residents told us they like to attend craft sessions and events organised by the home. Others liked to use the drawing pads, play the piano, watch films and doing quizzes. The



home has an indoor exercise bike for those wishing to use it. Most of the residents enjoyed going out in the garden, however, one resident commented:

“I’ve not been outside or had any visit”

The home organises an end of the month birthday celebration for the residents and families are invited. This is for residents who have had a birthday during that month. Party food is provided.

When residents were asked what they thought was good about their home at Allingham House the overriding consensus was very good with comments such as:

“complete happy”

“Wonderful, friends, feeding, keep me clean, outings”

When asked what if anything they would change we told:

“Nothing wants to change my daughter went to see a few places and thought that this was the best”.

Recommendation:

- It is recommended that the home manager express his concerns regarding social services processes and communication (*see appendix 2*) via the Principle Social Worker for adult services, Sheila Dawber

Suggestion:

- To review how dietary needs and spiritual needs of all residents regardless of faith are met

Providers response:

“we do have a contractual obligation to provide for Jewish residents but for non-Jewish we do not. This is thoroughly explained when we talk to non-Jewish clients before they come to Allingham House and since we have started we have not had a single problem. We also have a non-Kosher kitchen on the third floor”.

Good practice

- The home provides a personal summary leaflet in each room outlining the individual care the resident requires to maintain continuity of care if there are changes to the regular member of staff
- Resident boxes kept at reception to be used in event of fire



Appendix - 1

Predefined Questions Whilst on Visit

- **Wellbeing:** How would you describe your care home and the way you are looked after?
- **Safety** - How happy and safe do you feel?
- **Time structure** - How do you feel about your meals? Do you have medication and how is it distributed?
- **Care** - do you feel the staff are caring toward you and treat you with dignity
- **Fundamentals** - for example, are you able to bathe when you want, can you have visitors when you want them?
- **Inclusion** - how do you spend your day and what activities can you access?

Appendix - 2



Manager's comments on discharge from hospitals

1. Allingham House will generally accept patients discharged from hospitals between 11am -4pm preferable not after 5pm.
2. Allingham House send senior staff to do their own assessment whilst resident is still in hospital and can ask District Nurses to help in assessments.
3. If resident is not fit to return home management of Allingham House are confident to state this and will discuss this with family.
4. Some residents' who may need different levels of care i.e. requiring nursing level care and will be moved within Allingham House when beds become available.
5. Trafford Social Services take too long to assess residents and rooms at Allingham House cannot be kept available.
6. Social services asked for assessments for Continuing healthcare which now goes to panel. Allingham House management are not happy with Social Services communication processes which is poor and not working for the residents.

