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# Athelstan House

## Inspection report

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### Ratings

#### Overall rating for this service

Good



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?

Good



### Overall summary

The inspection took place on 17 and 18 November 2014 and was an unannounced inspection. The last inspection took place on 29 and 30 November 2013 and the provider was compliant with the regulations we checked.

Athelstan House is registered to provide accommodation and personal care for up to five adults. The service supports people with learning disabilities who may also have a physical disability. At the time of the inspection the home had no vacancies.

The registered manager has worked at the service for several years. 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.

People were happy with the service and we received positive feedback from people, relatives and visiting

# Summary of findings

health and social care professionals, who felt the service was well run and people's changing needs were identified and met. Staff supported people in a gentle and calm manner, respecting their privacy and dignity.

Recruitment records were not always completed in full, which means recruitment procedures were not being followed and this could place people at risk.

Staff had received training and demonstrated an understanding of people's individual choices and needs and how to meet them.

Staff understood safeguarding and whistleblowing procedures and were clear about the process to follow to report concerns. Complaints procedures were in place and relatives were confident to raise any issues they might have, so they could be addressed.

Overall medicines were being well managed and people were receiving their medicines as prescribed. Good practice points were discussed and the manager was receptive and said they would be addressed.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA).

Care records reflected people's needs and interests and were kept up to date. Communication between the manager and the staff was effective and they were all up to date with people's care and support needs.

The manager kept up to date with new information and sought out new experiences that could benefit people using the service. Systems were in place to monitor the quality of the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe. Recruitment processes were being followed, however gaps in employment histories had not been explored.

People and relatives we spoke with were happy with the service and said they felt safe. The service was being appropriately staffed to meet the needs of the people living there. The provider had arrangements in place to safeguard people against the risk of abuse.

Risk assessments were in place for any identified areas of risk and were kept up to date. People were receiving the medicines as prescribed and the manager was receptive to good practice improvements discussed during the inspection.

**Requires Improvement**



### Is the service effective?

The service was effective. Staff received training to provide them with the skills and knowledge to care for people effectively, and this was evident in the support they provided to people.

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), so they acted in people's best interests. This is where the provider must ensure that people's freedom is not unduly restricted.

People's individual dietary needs were identified and were being met and people could choose what they wanted to eat, so their preferences were met. People's healthcare needs were monitored and people were referred to the GP and other healthcare professionals as required.

**Good**



### Is the service caring?

The service was caring. People were comfortable with staff and we saw staff listened to them and supported them in a gentle and friendly manner.

People and their relatives were involved with making decisions about their care. Staff understood the individual support and care people required, communicated with them well and treated them with dignity and respect.

**Good**



### Is the service responsive?

The service was responsive. Care plans were in place and staff were kept up to date with any changes, so they could support and care for people effectively. Activities were planned to meet people's individual interests and abilities.

Relatives said they knew how to raise any concerns and were confident that these would be taken seriously and addressed. Staff knew how to identify if someone was unsettled and would work with them to address any concerns.

**Good**



# Summary of findings

## Is the service well-led?

The service was well-led. The service had a registered manager who communicated well with people using the service. Staff were motivated and introduced new experiences for people to improve their lives.

Accidents and incidents were audited and where possible action taken to minimise the risk of recurrence, whilst respecting people's independence.

Systems were in place to monitor the quality of the service, so areas for improvements could be identified and addressed.

Good



# Athelstan House

## Detailed findings

### Background to this 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 was planned to check 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.

The inspection took place on 17 and 18 November 2014 and was an unannounced inspection.

The inspection was carried out by one inspector. 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. Before our inspection, we reviewed the information included in the PIR along with information we held about the service. Following the inspection the provider sent us additional information we requested during our visit.

As part of the inspection we visited the location and viewed records. We also spoke with five people using the service, three relatives of people using the service, the registered manager, four care staff and four health and social care professionals. We viewed three staff records, care records of two people using the service and a selection of maintenance and servicing records. We observed the interaction between staff and people using the service.

# Is the service safe?

## Our findings

We viewed staff records. Application forms had been completed, however gaps in staff employment histories had not been recorded or explored with the staff, so no explanation had been identified. Health questionnaires had been completed by each member of staff. The records showed the provider had carried out checks including criminal record checks, references from the previous employers, proof of identity and right to work in the UK. We discussed the gaps in employment with the manager who said this would be addressed.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People confirmed they felt 'safe' at the service. Safeguarding procedures were available, including a flow chart which provided guidance to staff on reporting any concerns to the local authority. Staff had received training in safeguarding and were able to describe types of abuse and the action they would take if they had any suspicions of abuse. Staff understood safeguarding and whistleblowing procedures, including contacting the local authority to report concerns if necessary.

Risk assessments were in place in the care files we viewed and a personalised risk management plan for each identified risk was also in place. Staff were able to describe the risks for a person and how they supported the person in order to promote their independence whilst preventing identified risks from occurring wherever possible. Staff also understood people had a right to independence, and we observed staff enabling people to move freely around the service and go out with staff to support them. Accidents and incidents were recorded along with the action taken to address them and the outcomes. This meant processes were in place to keep people safe and maintain as much independence as they were able.

There were sufficient staff available to meet people's needs. At the time of our inspection there were four staff on duty including the manager and he told us the numbers varied depending on the activities being carried out each day. This was to ensure people could attend activities such as college, day centres and social events so there were sufficient numbers of staff to accompany people where necessary. The staff rota accurately reflected the staff on

duty at the time of inspection. The manager said they had not needed to use agency staff, however the service had details of an agency available so staff cover could be arranged if ever the need arose.

Procedures were in place for the management of medicines and these were reviewed annually, to keep the information current. Medicine administration record charts (MARs) were available and up to date. Receipts of medicines had been recorded and we carried out a stock check of four people's medicines and found the stocks were correct. Staff involved with the administration of medicines had all received training in medicines management. Where a medicine had special administration requirements, staff had received training in this so they had the knowledge to administer the medicine correctly. This was confirmed by staff we spoke with and was recorded in the training records we viewed. Where a medicine was prescribed on an 'as required' basis, the time and reason for administration had been clearly recorded on the MAR. One MAR entry had the administration instruction 'take as directed by the hospital', and the manager said he would discuss this with the dispensing pharmacist to ensure full instructions were included. Staff were aware of the dose to be given and had signed for it appropriately. Full administration instructions were recorded on other MARs we viewed.

Procedures were not always being followed when signing for the administration of controlled drugs. These were correctly entered on the MAR and in the CD register and each administration was checked and signed for by two staff. However, staff were using their initials rather than using their full signature when signing the CD book, and they were not signing the MAR. The use of a full signature protects the person making the record from having their initials copied as initials are more easily duplicated than a full signature. This was discussed with the manager who said both points would be addressed. Protocols for the administration of an as required medicine were in place, staff understood what the medicine was for and when it should be administered.

We viewed a sample of equipment servicing and maintenance records. These showed that equipment such as gas appliances, fire safety equipment, emergency lighting and portable electrical appliances had been checked and maintained at the required intervals, to ensure these were safe.

# Is the service effective?

## Our findings

Four staff had recognised qualifications in health and social care and further training was being undertaken. Staff had received training in health and safety and also topics specific to the needs of the people living at the service, for example, positive behaviour support, control and restraint and epilepsy awareness. Staff said they did online training for some subjects and practical sessions were arranged for others. Staff felt they received the training they needed to provide them with the skills and knowledge to care for people effectively, and we saw them putting this into practice when supporting people. People had different ways of communicating with staff and we saw staff understood these and were able to communicate with people effectively.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). This is where the provider must ensure that people's freedom is not unduly restricted. Where restrictions have been put in place for a person's safety or if it has been deemed in their best interests, then there must be evidence that the person, their representatives and professionals involved in their lives have all agreed on the least restrictive way to support the person. Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were able to describe people's rights and the process to be followed if someone was identified as needing to be assessed under DoLS. Applications were made where appropriate for DoLS and the manager had a good understanding of the process to be followed.

Staff understood people's right to make choices for themselves and also, where necessary, for staff to act in someone's best interest. We observed staff supporting people within the service and accompanying them on outings, and we did not identify any areas of concern with regards people's rights being respected and staff acting in their best interests. Staff had received restraint training specific to the needs and behaviours of individuals, so staff had the training and knowledge they required should the

use of restraint be necessary. The front door was locked when not in use and staff opened it when people were going in and out of the service. There was a policy in place for this and if people were assessed as being safe to go out unaccompanied then they would be given a front door key.

People's nutritional needs and wishes were discussed and recorded prior to admission to the service and care plans were in place to identify and address these needs. These included any special diets, food allergies or intolerances. We asked staff about people's nutritional needs and they understood people's individual dietary needs and how these were met. People were encouraged to eat healthily and were involved in the choosing and preparation of meals. We observed staff encouraging and supporting people with food preparation, making it an enjoyable activity. People were weighed monthly and this was monitored, so any significant changes could be identified and action taken to address them. Staff had received training in malnutrition care and the manager said people would be referred for healthcare input if there were any nutritional concerns. From discussions with staff and people using the service and observations during the inspection we saw people's individual nutritional needs and preferences were being catered for.

Staff were able to recognise changes in people's behaviour that could indicate they were feeling unwell, so an appointment for them to see the GP or other healthcare professionals was arranged when necessary. Records identified people's healthcare needs and a record of people's attendance at healthcare appointments and any instructions to be followed was made. A representative from the community dental service confirmed people attended for regular check-ups and staff took on board any instructions about people's dental care needs. Healthcare professionals confirmed staff were always 'very good' at supporting people, listened to instructions about any changes in people's care and treatment and ensured these were followed. Relatives we spoke with confirmed people's healthcare needs were being met and they were kept informed of any changes in their family member's health.

# Is the service caring?

## Our findings

People confirmed they were happy living at the service and the staff treated them well. A relative told us, “The staff are great...they have a good understanding of [my relative].” Relatives confirmed staff were respectful towards their family members, and we also observed this during the inspection. We asked people if they were happy at the service and they responded in their individual ways. One indicated with a ‘thumbs up’ sign, two smiled and nodded and two said ‘yes’. We asked staff what they thought was the most important thing to consider when caring for people. One said, “It’s good to make people’s lives better and see them improve, learn and grow.”

Relatives confirmed people had been assessed prior to going to the service, to find out about their interests and needs. People had the opportunity to visit the service for periods of time before moving in, in order to get to know the service and see if it was somewhere they would like to live. Relatives and people were involved in reviews carried out by social services and had the opportunity to discuss any matters that arose.

Satisfaction surveys had been completed by relatives in August 2014 and they were happy with the service. Where comments had been made, for example, someone not

knowing about the complaints procedure, the manager had taken action to address this and recorded it, to evidence the action he had taken. The manager told us he and the staff met with people and their relatives to discuss any matters so people could express their views and be listened to. Relatives we spoke with confirmed this and felt their family member was being well cared for at the service.

We saw staff interacting with people in the lounges and the kitchen and they were gentle, patient and friendly in their approach. People responded well to staff and there was a good atmosphere in the service. Staff were able to describe the care and support people required and demonstrated a good understanding of people’s individual needs. People were dressed to reflect individuality and one person confirmed they went shopping to buy their clothes, and could choose what they wanted to wear. Staff had undertaken training in topics including dignity, respect and person centred care and equality, diversity and human rights. Staff understood people’s right to be treated as an individual and demonstrated this in the way they supported people. We observed staff listening to people and treating them with respect. Staff gave people time to communicate, spoke positively with people and took time to understand their wishes. From our observations and conversations with staff we saw staff understood people’s right to privacy and respected this.



# Is the service responsive?

## Our findings

We asked people if they liked living at the service. One person said of the staff, "All of them are very good, I am happy here." Others confirmed they were happy living at the service. Feedback from the social care professional was very positive and they said the service worked closely with specialists to ensure they understood how to best meet people's needs. They said staff worked well with people and had a relaxed attitude which helped to promote a good environment for people to live in. They also said staff identified new experiences for people and these were introduced in a measured way, to allow the person to become familiar and comfortable with the activity.

The care records we viewed were comprehensive and provided a good picture of the person, their needs and how these were to be met. Each record was personalised to the individual throughout and covered all aspects of the person's life. Staff said they read the care records to keep up to date with people's care. We saw where someone had been reviewed by a healthcare professional and a new plan put in place, the care records had been updated to reflect this so staff had up to date information. The service had a system of daily records for each person, to record what they had done each day. These had not been kept up to date and the manager said this would be addressed.

We saw people had different interests and the individual activity programmes in people's care records reflected this. People spoke about their interests and staff had a good

knowledge of people's individual interests, which they supported them with. There was also time when the people at the service met together to do a planned activity, for example, going cycling or out for a meal. One person who attended college told us about some of the activities and confirmed they liked going there. The manager said holidays were planned with people so they could be involved in choosing the destination. People told us they had been on holiday earlier in the year, which they had enjoyed. We saw staff offering people choices about daily activities, for example, what they wanted to eat and which film they would like to see at the cinema. People had their own bedrooms. We were invited to view one and it was personalised and reflected the person's interests. People's religious needs were identified and people were supported to attend their chosen place of worship.

A complaints procedure including an easy read version was in place and available to people and their relatives. Staff explained that for people who were not able to verbalise concerns easily they would observe them for any changes in their behaviour that might signify they were unhappy about something. Where people could verbalise concerns we saw staff chatting with them and showing an interest in their wellbeing. We saw the manager spent time with people and if any questions were raised he would listen to the person, respond clearly and reassure them. Relatives were confident they could raise any concerns they might have themselves or on behalf of their relative, and they would be addressed.

# Is the service well-led?

## Our findings

Staff told us the manager was approachable and supportive and they discussed any issues or changes in people's needs or routines so everyone was kept up to date. Regular team meetings took place and staff were encouraged to think of new ideas for the people using the service, for example, new places of interest to visit. Staff said they had supervision sessions with the manager every 2 months and these were positive and covered a range of topics including training needs.

Relatives also said the manager was approachable and listened to them. One relative described the manager as 'very professional.' Feedback from health and social care professionals was positive about the service, the way it was being managed and the attitude and ability of the staff team to meet people's needs.

The manager spoke about how he prepared for admissions of new people to the service. He carried out an assessment and identified any areas of care that were outside the knowledge of the staff. He then arranged training for staff prior to the admission of the individual, so they had the information and skills they needed to be able to support the person. Staff confirmed this and said the manager discussed any such issues and they were encouraged to ask questions and ensure they were confident they would be able to meet the person's needs.

The manager spoke with us about people using the service and demonstrated a good knowledge of each person and the care and support they required. People confirmed they were happy at the service and we observed good interaction between each person and the manager.

The service had a variety of publications in health and care topics for staff to read and keep up to date with changes in care practice. The manager said they were members of the 'Speak Out' group in the borough for people with learning disabilities, which encouraged people to speak out and have a voice. From our observations and discussions with the manager it was clear he worked to keep up to date with good practices and was receptive to new ideas to improve the experiences of the people using the service.

The manager had an audit document on which he recorded the different service records and systems audited. The frequency of the checks varied from monthly to annually, depending on what was being audited. For example, fridge and freezer temperatures, medicine administration records and fire alarm checks were audited monthly, risk assessments six monthly and gas safety and legionella checks annually. Following the inspection the auditing of the daily records was added to this document for monthly auditing, so they would be monitored in future. The dispensing pharmacist had done a medicines audit in January 2014 and we saw the recommendations from the report had been carried out. A nutritional evaluation document to encourage healthy eating was in place and this had been reviewed every six months to identify any improvements. This showed the service was carrying out monitoring to ensure records, systems and good practices were being kept up to date.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers  Recruitment procedures were not always followed and so information was not always available to evidence that people were cared for, or supported by, suitably qualified, skilled and experienced staff. Regulation 21(b)