

Caram (AH) Limited

Atholl House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Atholl House Nursing Home is a nursing home providing personal and nursing care to 65 people at the time of the inspection, across five units, some of whom were living with dementia. The service can support up to 84 people.

People's experience of using this service and what we found

People medicines records did not consistently contain clear guidance for staff to follow to ensure people received their medicines as prescribed. People did not always receive safe care in line with their needs. Staff were not always recruited safely. People were supported by staff who were trained in safeguarding. People were supported by staff who understood infection control guidelines and were following these.

People were not always supported to eat and drink safely. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported by trained staff who knew them well. People had access to healthcare professionals where this was required.

People were not always supported to maintain their dignity. People were supported by staff they described as caring. People appeared comfortable with staff and staff knew people well. People were encouraged to be involved in their care planning. People were supported to maintain their independence.

People were supported to maintain relationships with those who were important to them. People were encouraged to engage in activities they enjoyed. People were supported to communicate in a means more comfortable the them.

Quality assurance tools had failed to identify improvements at the service in relation to medicines, care, records and recruitment. People felt able to raise concerns with the registered manager and that these would be taken seriously. People, their relatives and professionals gave positive feedback about the registered manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 16 July 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This was a planned inspection to review the previous inspection rating. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no

concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to people's safe care and treatment and the oversight of the service at this inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always 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 not always well-led.

Details are in our well-Led findings below

Requires Improvement ●

Atholl House Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors and an assistant inspector.

Service and service type

Atholl House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that 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

We gave a short period notice of the inspection to ensure the provider and registered manager would be able to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with fourteen members of staff including the provider, registered manager, assistant manager, nurses, senior care workers, care workers and the kitchen staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four professionals who have regular contact with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- During the inspection we observed people were not always supported to maintain their safety. For example, the lounge on one unit was left unsupervised by staff for periods of time throughout the day, despite three people using the lounge who would not have been able to raise the alarm should they have required staff support.
- People did not always receive safe care where they were at risk of choking. For example, one person's care plan advised they were nil by mouth. However, staff had recorded on five occasions the person had been offered diet and fluids. We also observed a person who was high risk of choking had been left without staff support whilst a meal was next to them. This placed these people at significant risk of harm.
- People did not always receive support in line with their care plans and risk assessments. For example, one person's care plan advised they required two staff members to support them when transferring. However, during the inspection we observed only one staff member supporting this person to transfer.
- People's care plans and risk assessments did not always provide clear guidance for staff on how to meet people's healthcare needs. For example, people with diabetes did not always have clear guidance around whether and how often their blood sugars required monitoring. This meant people were at risk of not receiving care in line with their needs.
- Staff did not consistently have clear guidance to follow where people were prescribed medicines 'as required'. People also had protocols for 'as required' medicines they were no longer prescribed. We informed the registered manager who advised all 'as required' medicines would be reviewed following the inspection. However, this was a continuing concern from our previous inspection.
- Staff had not always signed people's medicines records to confirm they had received their medicines as prescribed. For example, on one unit there were six occasions staff had not signed for a person's medicines.
- People's medicines records contained conflicting information about the dose and times medicines were prescribed. This had not been identified by the nursing staff prior to these medicines being administered. This meant we could not be assured people had received their medicines as prescribed.
- Medicines were not always stored safely. For example, the medicines fridge was unlocked on one unit and we saw a medicine that had expired in August 2020 was still stored within a person's medicines.

Systems were not robust enough to demonstrate people were consistently cared for in a way that maximised their safety and that medicines were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager responded immediately to the concerns we identified during the inspection to

mitigate risks in relation to medicines, choking, care records and oversight. We will check improvements have been sustained at our next inspection.

- People had access to medical professionals to review their medicines where this was required.
- People were supported by trained staff who knew them well. For example, during the inspection we saw people were supported by nurses when they had experienced a seizure.

Staffing and recruitment

- People were not always supported in a timely way. This resulted in a person not receiving support with their personal care. This caused the person distress.
- Staff were not always recruited safely. For example, there were gaps in staff's employment histories and conflicting dates between those staff had recorded on their application forms and their references had recorded.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and staff we spoke with had safeguarding training and were knowledgeable about the different types of abuse. One staff member told us, "I would report concerns to the [registered] manager and they would escalate." We saw where staff had raised concerns, these had been reported to the local safeguarding team where required.

Learning lessons when things go wrong

- Accidents and incidents were reviewed by the registered manager to ensure actions could be taken, where required to reduce the risk of reoccurrence.
- Where things had gone wrong, the registered manager had shared learning with nurses and staff to encourage learning and improvement within the home.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This people received effective care, treatment and support which achieved good outcomes.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet by staff. People could make choices around their diet. For example, we observed people being offered alternative food where they did not enjoy the food they had originally chosen.
- People told us they enjoyed the food. One person told us, "The food is very good, I have never been hungry."
- Where people required modified diets, they were supported to access external healthcare professionals. For example, people had been assessed and reviewed by speech and language therapists.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People did not have oral health care plans in place. We spoke with the registered manager who acted immediately to ensure staff had clear guidance around how to support people to maintain their oral health care needs following the inspection.
- People's physical, mental health and social needs were assessed prior to the start of and during their care.
- People, those important to them and professionals were involved in the assessment and planning of people's care.

Staff support: induction, training, skills and experience

- Staff received an induction and shadowed more experienced staff to help them get to know the people they supported and to feel more confident in their role.
- Staff received training and told us the training was 'good'. The registered manager monitored training records to ensure staff training was kept up to date.
- Professionals we spoke with told us the registered manager and staff were committed to training and improving their skills and experiences and had engaged with external training provided by the CCG in end of life care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to professional support to maintain their health and wellbeing where they required this. For example, people had been referred to the tissue viability nurses where there was concerns around their skin integrity.
- Staff had a handover to support them to keep up to date with changes in people's needs.

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

- The home was clean and tidy. There was a garden which was accessible and a lift for people unable to use the stairs.
- People were able to personalise their bedrooms if they wished to.
- The provider was making improvements within the home however, these had been delayed due to COVID-19 government restrictions. We will check these on our next inspection.

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 that, 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff received training and understood the principles of the MCA and how this impacted on the people they supported. One staff member told us, "We try to help [people] to make decisions for themselves. We have to go with [people's] decisions. If [people] can't make a decision we speak with their family."
- The registered manager understood their responsibilities in relation to the MCA and DoLS and knew when and how to assess people's capacity, complete best interests decisions and to submit the relevant applications to the local authority.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their privacy. For example, staff closed doors and curtains whilst providing personal care.
- People are encouraged to maintain their independence. For example, one person was being supported by staff to gain confidence whilst walking more independently.
- People's right to confidentiality was respected and records were stored securely.

Ensuring people are well treated and supported; respecting equality and diversity

- At the last inspection we identified concerns in staffs' approach to people. At this inspection, sufficient improvements had been made and people gave positive feedback about the staff. One person told us, "[Staff] really work hard, they are good."
- Relatives told us staff were caring and attentive. One relative told us, "All the staff are very helpful and caring."
- Staff were knowledgeable about people's life histories. During our inspection we observed multiple positive interactions between people and staff.
- Staff had received equality and diversity training and people's religious, cultural and social needs were considered during care planning and delivery.

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

- People and where they wished, their relatives were supported to make decisions regarding their care. One relative told us, "I have been involved in [my relative's] care planning."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans which explored their preferences. For example, one person's care plan detailed their preferences for how staff interacted with them.
- People, and where appropriate their relatives were involved in the planning of their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication care plans which explored how they could be supported to communicate in line with their needs.
- Staff understood people's communication needs and people could access documents in various formats to support their understanding if this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in activities of their choosing, regardless of their abilities. For example, we observed the activity coordinator spending time reading to a person who was no longer able to do this independently, but had previously enjoyed reading.
- People were supported to maintain relationships which were important to them and the provider had employed an additional staff member to support people to keep in contact with those important to them during the pandemic.
- People were supported to make phone and video calls with those important to them to enable them to stay connected during the pandemic.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise a complaint. Where relatives had made complaints these had been responded to in full, as per the provider's policy and relatives we spoke with had been happy with the outcome of these.

End of life care and support

- People had end of life care plans in place which explored their preferences. One professional we spoke with told us staff have undergone additional training in end of life care and staff were committed about

ensuring people received good quality care at this time in their lives.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection we identified improvements were required to quality monitoring and oversight at the service. At this inspection we found whilst improvements had been made, further improvements were required to ensure quality assurance tools were consistently effective at identifying where improvements were required at the service.
- Quality assurance tools in relation to medicines had not identified the concerns we found during the inspection. For example, audits had not identified where people did not have protocols in place for as required medicines and missed signatures.
- Quality assurance tools had not identified where people's care records did not consistently contain detailed guidance for staff to follow. For example, one person's epilepsy care plan did not contain details on how staff should support them in the event of them experiencing a seizure.
- Quality assurance tools had failed to identify the concerns we found during our inspection in relation to staff recording care which conflicted with a person's nutritional care plans and risk assessments.
- Checks on staff's recruitment records had failed to identify where these did not always contain comprehensive information about their employment history.

Systems were not robust enough to identify where areas of improvement were required and to ensure improvements were embedded at the service. This meant people had not consistently received good quality care for the last four consecutive inspections. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team worked with us during the inspection to make immediate improvements to the areas we had highlighted of concern. We will check improvements have been embedded into practice at the next inspection.
- The provider had displayed their previous rating clearly on entrance to the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Working in partnership with others

- People, relatives, staff and professionals gave positive feedback about the registered manager. One relative told us, "[The registered manager's] door is always open. Any concern I have, I don't feel uncomfortable. In person or by email, it's an open door policy."

- The registered manager acknowledged there had been improvements made at the service since the last inspection, but that further improvements were required. The registered manager were working with external professionals to support them to continue to improve. One professional told us, "[The registered manager] is very focused on quality, care and meeting people's needs. They are very unaccepting of anything that doesn't meet these standards and are committed on making improvements at the service."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team sought regular feedback from people and their relatives. People we spoke with felt the registered manager was approachable and they would be able to share any concerns. One relative told us, "If I want to speak with [registered manager] I can leave a message and they will call me straight away. They always explain everything thoroughly."
- People were involved in reviews of their care plans and encouraged to give feedback about their care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour and was meeting these. For example, the registered manager had contacted people's relatives where accidents or incidents had occurred at the service.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not consistently supported in a safe way in line with their needs. This placed people at risk of harm. People's medicines records were not always accurate or complete and some contained conflicting information around people's prescriptions. This had not been identified prior to the inspection visit.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure quality assurance tools were effective to identify where improvements were required at the service. We identified concerns during the inspection that had not been identified prior to our visit, and improvements had not been sustained at the last four inspections.

The enforcement action we took:

We wrote to the Provider detailing our concerns and advising they needed to make immediate improvements.