

Amore Elderly Care Limited

Atkinson Court Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

Atkinson Court is a purpose-built care home for older people requiring general or specialist dementia nursing care. The service can support up to 75 people. At the time of the inspection there were 33 people using the service.

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

Medicines were usually managed safely and where we found shortfalls, these were addressed and rectified with immediate effect. There were overall sufficient numbers of staff. Some people said staff were very busy and they occasionally had to wait longer than they expected for call bells to be answered. Others said they had no concerns about staffing levels. Individual risks were managed appropriately and staff were aware of how to support people safely. People told us they felt safe and well looked after. The service was clean and staff followed good hygiene practices.

The service had an open and supportive culture. The management team continually considered ways to improve the service for the benefit people living there. Audits and checks were now fully embedded in the service and carried out to monitor the quality of care delivered. There was a commitment for improvement and learning from any actions identified. However, the provider had not always made sure notifications of safeguarding issues were sent to the Care Quality Commission (CQC) without delay. We have made a recommendation about ensuring timely submissions of notifications to the CQC.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider and staff acted within the law when people lacked capacity to make their own decisions. People's nutritional needs were met. However, the dining experience was not well organised on the first day of our inspection. Improvements were noted on the second day. We have made a recommendation about menus and the mealtime experience. Staff received induction, training, supervision and support to enable them to feel confident and be competent in their role. Records of these were not always clear. Staff worked with local health care professionals to ensure health care needs were met.

Staff were patient and friendly, and people's privacy and dignity was usually respected. People were happy living at the service and were very positive about the caring nature of staff. Staff valued people and knew how they preferred their care and support to be provided.

Care plans were kept up to date and reflected people's needs. Where we identified gaps in supporting documentation, the provider assured us these would be addressed. The provider was responsive to complaints and concerns. There were opportunities for people to discuss any concerns or suggestions they had about the service.

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

Rating at last inspection

At the last inspection the service was rated Requires Improvement (report published 15 May 2018). Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider is no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Atkinson Court Care 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. This inspection was planned to check 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.

Inspection team

On day one, an inspector, an assistant inspector, a specialist advisor in medicines and two experts-by-experience carried out the inspection visit. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day, an inspector and a specialist advisor in governance continued the inspection.

Service and service type

Atkinson Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

It is a condition of the provider's registration that they have a manager registered with the CQC. 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. At the time of the inspection, there was no registered manager. A manager had been appointed and had submitted their application to register with the CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the service. We contacted relevant agencies such as the local authority, safeguarding and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with eight people who used the service and six relatives. We also spoke with a health care professional, eight staff, two activities co-ordinators, the manager, deputy manager, a quality improvement lead, the managing director and the operations director.

We reviewed eight people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of 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.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm.

At the last inspection we identified a breach of regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks to people were not appropriately assessed and managed. At this inspection we found sufficient improvements had been made and the breach of regulation 12 had been met.

Using medicines safely

- Overall, medicines were managed safely and people received their medicines as prescribed.
- When people were prescribed oxygen, the records did not show the detail of flow rate. Staff were aware of this and arrangements were made at the time of inspection to ensure written flow rates were put in place.
- Systems were in place for ordering, receiving, storage and disposing of medicines safely.
- Staff administering medicines completed annual training and competency checks to support the safe use of medicines.
- Medication support plans identified the level of assistance people needed to take their medicines.
- Medicines audits and checks were carried out. Where errors were found they were investigated and action taken.

Staffing and recruitment

- People told us there were generally enough staff available; although at times they had to wait for support as staff were always busy. One person said, "There could be more staff. They are run off their feet." A relative and health professional both told us they had noticed recent improvements with staffing levels.
- Staff were not always deployed effectively on day one of the inspection. This meant some people experienced delays in receiving their meals. The provider acted to address this and improvements were seen on day two.
- Staff said there were usually enough staff to meet people's needs safely. We observed sufficient numbers of staff on shift to support and supervise people safely.
- Recruitment practices were safe and the provider had clear policies and procedures to follow which ensured suitable people were employed.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and managed. Staff understood where people required support.
- Some supplementary records to support risk management were not always completed in full. The provider had identified this through their own monitoring of the service and had plans in place to improve them.
- Overall, the premises and equipment were safely maintained.
- Emergency plans were in place and ensured people were supported in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems for safeguarding people from abuse. Staff received training in safeguarding adults and recognising abuse. They could tell us about this and how they would report any concerns they had.
- People felt safe at the service. They also told us their property was safe and respected. One person said, "No doubt about it that I am safe. I am well looked after."
- People's relatives also said they were confident their family members were safe. One relative said, "I feel my relative is safe because the staff are brilliant and fantastic."
- The provider had worked with the local authority and other agencies to protect people and investigate allegations of abuse when these had occurred.

Learning lessons when things go wrong

- The provider had systems for learning from incidents, accidents and complaints.
- The management team and senior managers analysed these to identify trends and look at ways to improve the service.

Preventing and controlling infection

- Staff followed good infection prevention and control practices. They used personal protective equipment: disposable gloves and aprons, when undertaking personal care tasks.
- People told us good standards of cleanliness were maintained.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were cared for by staff who were competent, knowledgeable and skilled. People and their relatives told us staff were trained to support them well. One person said, "Yes they [staff] do have the skills."
- Staff received an induction and training to help them understand their roles. They said training was comprehensive and kept up to date. Staff could speak about how they put their training in to practice. One member of staff described the good communication skills needed when supporting people living with dementia.
- Staff said they felt well supported and received regular supervision in their role.
- Training and supervision records were difficult to navigate and were not consistently clear to show if updates were due. The provider and management team rectified this at the time of inspection.

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

- We received mixed views about the food. People said they received enough to eat and drink but some people thought choice and quality could be better. One person said, "I can't say I get a choice." One relative told us their family member's food was often too dry.
- On the first day of our inspection we noted the main meal choices were only snack type meals. We discussed this with the manager who said new menus were being worked on to improve choices.
- The lunch time meal experience was not well organised. People were waiting for lengthy periods of time for their meals. Some people did not receive a warm drink with or after their meal. Dementia friendly approaches were not always followed. People were not always given visual aids to see what the meals looked like. The management team acted to address this and on the second day of the inspection we saw much improvement.

We recommend that the provider keeps menus and the mealtime experience under review.

- People's weight was monitored for any changes. Appropriate referrals to health practitioners were made in response to any concerns.

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

- People's needs were assessed and reviewed to ensure they could be met.
- Care was managed and delivered within lawful guidance and standards.

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

- People were supported to access and receive a range of healthcare services they needed. People regularly

saw healthcare professionals, such as doctors, specialists, opticians, chiropodists and dentists. Some people's records did not always show these visits had been recorded. The manager agreed to ensure the records were completed more robustly in future.

- People said staff were prompt in getting a doctor or other health professional for them.
- A health professional told us staff were skilled in identifying ill health and prompt in making referrals.

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

- The design of the building was suitable, with people having individual rooms and en-suite facilities. People could move freely around the home and had access to a secure outside garden area. The corridors were well lit and roomy. They were themed to enable people to find their way around.

- Lounges had dementia friendly memorabilia and resources such as tactile objects for people to use.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Records were clear when decisions had been made in people's best interests or they had been asked to sign to consent to their care.
- Where people were deprived of their liberty, the manager worked with the local authority to seek authorisation for this to ensure it was lawful.
- People and their relatives told us staff asked for their or their family member's consent before providing care and treatment. They said staff explained what they were going to do so people could make informed choices.

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.

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

- Overall, people's rights to privacy, dignity and confidentiality were respected. We did however, observe on one occasion a person's door was left ajar when personal care was carried out. We reported this to the manager who took immediate action to address this with the staff involved. A relative also told us of an undignified situation their family member had been put in. Again, we reported this and the manager commenced an investigation in to the concerns.
- People and other relatives told us staff treated people with respect and maintained their privacy and dignity. A relative said, "You can tell they treat people with dignity and respect because of the way they talk to them." A person told us, "They have a laugh with me. I like the way they talk to me."
- People were encouraged to maintain their independence. Care plans focussed on what people could do for themselves and how staff could support them to achieve this.
- Staff were aware of the importance of encouraging people to be as independent as possible. One member of staff said, "Being independent makes people feel more comfortable."

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

- People and their relatives told us the staff treated them with kindness, respect and compassion. Some of their comments included, "They touch my hand, I know they are here. Everybody is kind" and "They make me feel confident. They are cut out for this job."
- We saw staff being caring and polite towards people. They approached people in a calm and gentle way. A relative told us, "Staff are really caring and very nice. It's now the same staff and it's a nice atmosphere. My relative is confident to tell staff what she is not happy with."
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way. For example, staff spoke of the need for clear, concise communication when speaking with a person whose first language was not English.
- A health professional described staff as hardworking and caring.

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

- People had expressed their preferences as to how care should be delivered. This was recorded in their care plans.
- People were given choice and control in their daily lives. A relative said, "The staff are professional; fabulous, you can always depend on them. They talk all the way through to my relative when administering care and explain what they are going to do." Another relative said, "They are very polite with [family member] and respect the fact [family member] says 'no' and then they come back later."
- Meetings were held with people and family members. Where suggestions were made by people and relatives, these were taken into consideration and actioned. For example, a person had said supper time

meal choices were uninteresting and a 'night bite' menu was introduced.

Is the service responsive?

Our findings

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

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 told us their needs were met in a personalised way and this was also confirmed by people's relatives.
- Staff knew people's likes, dislikes and preferences. People told us staff knew them well. A relative told us staff were fully aware of their family member's individual preference when taking a shower.
- Comprehensive care plans had been developed for people. They provided information as to how care should be provided to meet the person's needs. Short, one-page profiles had also been developed for ease of reference. This helped to ensure staff had all the information they needed to provide person centred care.
- People were encouraged to make their own decisions and choices. People told us they could choose when they got up and went to bed, where they took their meals and how they spent their day.

End of life care and support

- Staff were not providing end of life care to anyone at the time of our inspection. The manager said they would always aim to support people with end of life care if this was their wish. They said they would liaise with the GP and community nursing or palliative care teams to ensure people got the care they needed. They spoke of how they had done this in the past.
- A health professional told us staff had attended palliative care and syringe driver training to support people at the end of their lives. They said they had confidence in staff to provide this care.
- Care records showed people's end of life care wishes were discussed if they wanted to do so.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware of their responsibilities under this legislation. They knew how to access translation services should these be required. Information on accessible information was on display in the service to remind people of their rights.

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

- Overall, people were happy with the activities provided. Some people said they would like to get out more. The manager told us they were planning to have more trips out as the weather improved.

- Two activities organisers were employed and they provided a range of group and individual activities. These included; intergenerational activities, where school children came in to the home for activities, monthly themed food nights and entertainers such as singers. One person said, "There are plenty of activities, there is always something every day."
- People's spiritual needs were met. There was a Church of England church service every month and a Catholic priest who came in to give communion to people privately.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were taken seriously and used to help improve the service.
- People and their relatives told us they knew how to make a complaint and were satisfied with the responses they received. One relative said, "There are not many issues now but [name of nurse] is very good at following up complaints."
- The provider had a complaints policy. Information about how to complain was available and on display. Records showed where formal complaints had been made, they had been investigated and responded to appropriately.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection we identified a breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems and processes to monitor and improve the quality and safety of the service were not fully established or operated effectively. At this inspection we found sufficient improvements had been made and the breach of regulation 17 had been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider was aware of their responsibilities in ensuring the Care Quality Commission (CQC) was notified of significant events which had occurred within the service. However, some safeguarding concerns had not been reported to the CQC in a timely manner. The provider's checking systems had led to these delays and once identified, action was taken to reduce the risk of any re-occurrence of this.

We recommend that the provider keeps this system under review to ensure timely submissions of notifications in the future.

- Effective quality assurance systems were in place to monitor the service and ensure risks were managed. The management team undertook a range of formalised audits and monitoring systems for the service. Where these had identified improvements were required, appropriate action had been taken.

- When we identified areas for improvement during this inspection, the management team were receptive to our findings and acted to investigate and make improvements.

- Staff were kept informed of important issues that affected the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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;

- Since the last inspection, there had been changes in the management team. Staff spoke positively about the management team and the improvements they were making in the service. Comments included; "There's been massive changes lately; good communication, supportive management. It is all good" and "So much has changed with [name of manager]. We have more time for people and are able to spend time with them."

- Overall, records in respect of people using the service were accurate or up to date. However, some records regarding people's care delivery or monitoring had gaps and we therefore could not be assured care was always delivered as planned.

- People and their relatives told us they were happy with the service and they would recommend it to others.

One relative said, "It's well managed now. The manager is more approachable and you see more of her. You are not frightened to say what you think."

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

- There were mechanisms in place to communicate with people and their relatives and involve them in decision making.. A relative said, "There is better communication now; the resident's and relative's suggestions are being taken on board."
- Staff had the opportunity to contribute to the running of the service through their contact with the management team. Staff said they felt valued and listened to.
- People were treated equally with no discrimination. Staff spoke of the importance of equality and treating people fairly. One member of staff said, "It doesn't matter who or what we are, we all deserve to be treated well."

Working in partnership with others

- The management team and staff worked closely with other partner agencies and community groups to achieve good outcomes for people. This included positive links with healthcare providers and the local authority care quality team.
- The manager had been invited to be a member of a local authority group who were to be trained in dementia mapping and a local authority staff recruitment and retention initiative. (Dementia mapping is an established approach to achieving and embedding person- centred care for people living with dementia).