

Leonard Cheshire Disability

Athol House - Care Home Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Athol House is a care home for people with learning disabilities. Athol House accommodates 21 people living with a physical disability. The service is situated in a large building with a large communal area, bedrooms and bathrooms located on all floors. The home has recently added the service user band of learning disabilities. At the time of our inspection 20 people were living at the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting the principles of Right support, right care, right culture.

- Right support: The model of care and the setting did not maximise people's choice, control and independence. For example, the building was a large home and we could not see evidence that the home met the needs of people living with a learning disability. The building was not purpose built and the layout was at times hard to navigate. The corridors were narrow and whilst they accommodated wheelchairs, people told us it was challenging at times to use their wheelchairs.
- Right care: On the whole care was person-centred, but at times we saw examples when care given to people did not always promote people's dignity, privacy and human rights. For example, during our inspection we saw two people who needed very specific reassurance and staff did not have the time to provide this level of care. Another person wanted to speak up about the care they were receiving but they felt they were not always listened to by staff. One person we spoke with felt they were not always given the opportunity to make suggestions regarding the care they were receiving. We raised this with the registered manager during the inspection and they addressed the issues promptly.
- Right culture: The ethos, values, attitudes and behaviours of leaders and care staff did not ensure people using the service led confident, inclusive and empowered lives. For example, we were not reassured that staff had the appropriate training to support people's individual needs. For example, since the service user band of learning disabilities had been added to the home, staff had not received appropriate training to support people. Within people's support plans there was an option to record individual goals, but we found in some people's care plans they were blank.

Medicines were not always administered or managed in a safe way. Risk management plans were not detailed, and they were not updated when people's needs changed.

The provider did not always have effective quality assurance systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people.

The premises were clean and tidy. Infection prevention and control measures and practices were in place to keep people safe and prevent the spread of COVID-19 and other infections.

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

Rating at last inspection

The last rating for this service was good (published 12 September 2018).

Why we inspected

The inspection was prompted in part due to concerns we received regarding another service which the registered manager was managing. A decision was made for us to inspect and examine those risks at this service. 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.

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 monitor the service. 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 safe care and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Athol House - Care Home

Physical Disabilities

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.

Inspection team

The inspection team included one inspector and a member of the CQC medicines team.

Service and service type

Athol House 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.

At the time of the inspection, the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. 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. We used all of this information to plan our

inspection.

During the inspection

We spoke with four people who used the service. We spoke with six members of staff including the registered manager, team leader, activities worker, care and domestic staff. We reviewed a range of records, including three people's care records and multiple medicine 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 also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at data regarding staffing and quality assurance records. We contacted five healthcare professionals and received feedback from three professionals. We spoke to two staff members and four relatives.

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 good. At this inspection this key question has deteriorated to Requires improvement: 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; Learning lessons when things go wrong

- Risks to people had not always been considered, assessed or planned for to help ensure people received care safely. Where risk assessments were in place, they were not always detailed enough. For example, one person was at risk of pressure sores in a particular area of their body, but their tissue viability risk assessment did not mention this. As a result, staff did not have accurate information to appropriately mitigate the possible risks.
- In another person's file we read they were at risk of seizures and over the course of the year they had seven seizures, staff were recording the seizures but there was no risk assessment in place to mitigate the possible risks associated with this person's health conditions.
- Risk assessments had not always been completed in relation to the risk associated with people's current care needs. For example, a person smoked but there was no risk assessment in place to manage this potential risk, yet we read in this person's support plan that they needed to be reminded not to smoke in their rooms.
- We found that risk assessments were not always reviewed in line with the provider's policy. For example, one person's risk assessment was last updated in March 2020 and was due to be updated in September 2020. The review had not taken place and this person had three subsequent falls.
- The provider had completed an annual fire check and we saw there were still outstanding works to be completed. We observed two wheelchairs being charged in the main lounge area. Staff told us they had nowhere else to charge people's wheelchairs. This was a potential fire risk.
- Accidents, incidents and near misses were logged within people's files but we did not see evidence of the registered manager being proactive about learning lessons when incidents happened. For example, risk assessments were not always updated when incidents like falls occurred.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure people received safe care treatment. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised this with the registered manager during the inspection and they told us they would take action to address the issues we found.

Using medicines safely

- Medicines were not always being managed safely. People had electronic medicine administration records (MAR) however, these were not always effective as some medicines prescribed for external use [topical cream] were not recorded on the system. This meant staff could not record when they were administering

this medicine.

- We found that some medicine risk assessments had not recently been reviewed and there was no risk assessment in place for a person who kept a flammable topical medicine for use in their room.
- We found that for one person, the time of day one of their medicines was scheduled had been changed without evidence that this had been authorised by the prescriber.
- We found that for one person who was prescribed a high-risk cardiovascular medicine requiring regular blood monitoring tests, that one of their recent tests had not happened and that the home had not identified this or taken appropriate action to arrange another test.
- We reviewed records to show staff had been assessed as competent to administer medicines. However, one member of staff who recently gave people their medicines and insulin by injection had not been assessed as competent.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure the safe management of medicines. This placed people at risk of harm. This was a further breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the provider took prompt action to address the issues that we found.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies in place providing clear guidance on how to respond to allegations of abuse. Staff completed training on safeguarding adults as part of their mandatory training.
- Staff looked after people's finances. We counted one person's money and saw that there were effective systems and checks in place to ensure that risk of financial abuse was minimised.

Staffing and recruitment

- There were mixed opinions about the staffing levels at the home. Comments included, "It can drag when we don't have enough staff. " And "Toileting can be a problem and the layout [of the building] can be challenging. " We spoke to the registered manager about staffing levels during feedback and they confirmed that the staffing levels had been reviewed and there were now extra staff working the morning shift to ensure people's needs were being met.
- New staff were recruited safely. The provider had safe recruitment practices in place. We looked at two newly recruited staff files. These included evidence staff had the relevant previous experience and qualifications. Checks were carried out to ensure staff were suitable before they started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring criminal record checks were completed.

Preventing and controlling infection

- The provider had effective infection control practices in place. The building was tired looking in places but on the whole, it was clean and free from malodours. The provider had recruited three full time domestic cleaners and there was a cleaning schedule in place for each shift. At the end of each shift, staff had to complete a daily log which was checked by the registered manager. If issues were identified these were addressed.
- As a result of the pandemic the provider had reviewed their infection control training and staff had received further training.
- We were somewhat assured that the provider was using PPE effectively and safely.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

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 good. At this inspection this key question has now deteriorated to requires improvement. 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; Continuous learning and improving 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 did not have effective quality assurance systems to monitor the service delivery as they had not identified the issues and concerns we found at the inspection. For example, whilst audits were being carried out on support plans, they had not identified the issues we found with people's risk assessments. We also found risk assessments were also not always robust enough to mitigate identified risks.
- The provider's arrangements to monitor medicines were also ineffective as they were completing monthly audits, yet they failed to identify the issues we found.
- Staff had not received training in supporting people with learning disabilities which meant they did not always have the required skills to support people in a person-centred way.
- When risks were identified, there were at times little evidence of action having been taken to address concerns. For example, there were still outstanding actions required from the fire audit, yet the provider had admitted new people into the service with complex health issues.

Failure to effectively operate systems and processes to monitor and improve the quality of the service places people at risk of receiving inappropriate care and treatment. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People, staff and their relatives spoke highly about the registered manager. They told us they were open, honest and approachable.
- The registered manager had a deputy manager who was working at another service, this meant there were staff shortages. During feedback senior managers recognised the impact this was having on the day to day running of the service.
- The registered manager understood her regulatory responsibilities and had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law. The rating from the previous inspection was being displayed.

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

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

- The registered manager told us they had not conducted an annual survey for the past two years. We asked how the registered manager received feedback from people and they told us this was done informally and through "house meetings". The last meeting was in December 2020. The registered manager told us this was because of staff illness. We reviewed some minutes and we saw there were common themes that continued to emerge in these meetings. For example, people were asking to meet with the kitchen staff since June 2020. The registered manager told us this had happened, but we could see no evidence that this meeting had been arranged. The registered manager told us they would ensure this was recorded appropriately.
- On the whole, people told us they felt safe at the home and felt they could raise concerns, however they sometimes felt frustrated at the length of time it took for issues to be resolved. One person said, "I am safe but even if I raise concerns it can take time to get an answer." We spoke to the registered manager about this and on the following day we received confirmation that this person's queries had been addressed.
- People using the service told us they felt it was well run. Their comments included, "Undeniably the best place for me" and "The care is good, the girls are excellent so caring."
- Relatives also gave very positive feedback on the home. Comments included, "No concerns they seem to be good" and "They look after [person] wonderfully, this year has been a challenge and they organised the care as best they can and [person] is very happy."
- Staff received regular supervisions. The provider had introduced new support packages for staff and managers as a result of the pandemic. For example, registered managers across all of the provider's homes had been offered sessions with a psychotherapist and staff and their families had been offered an increase in wellbeing resources.

Working in partnership with others

- The registered manager kept up to date with developments in practice through working with managers across all of the providers services.
- The provider worked collaboratively and closely with the local community for the benefit of people living at the home. Examples included, working with a local school, college and music groups. Some activities were placed on hold due to the pandemic, but others had started to offer a service online. The registered manager told us when it was safe, they would look to reinstate all of the work which was done with the local community.
- The registered manager confirmed they had worked closely with the local authority and the Clinical Commissioning Group (CCG) during the lockdown period to identify any issues relating to the pandemic.

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>The registered person did not always ensure safe care and treatment because they had not always assessed risks to service user's safety nor had they done all that was reasonably practicable to mitigate the risks to the safety of service users. The provider did not always ensure the proper and safe management of medicines. Regulation 12 (1) (2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective arrangements to assess, monitor and improve the quality of the service and to assess, monitor and mitigate risks service users faced while in receipt of care. Regulation 17 (1)</p>