

Athorpe Health Care Limited

# Athorpe Lodge

## Inspection report

Falcon Way  
Dinnington  
South Yorkshire  
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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?	Good ●

# Summary of findings

## Overall summary

### About the service

Athorpe Lodge is a purpose-built care home close to the centre of Dinnington. It provides accommodation for up to 94 people in four units. The care provided is for people who require nursing or personal care. Some people living at the service were living with dementia. At the time of our inspection there were 86 people using the service.

The home also provided accommodation for people who were medically fit for hospital discharge but required additional support and therapy prior to moving back to their own homes.

### People's experience of using this service

People were safeguarded from the risks associated with abuse. Risks associated with people's care were assessed and plans were in place and followed to minimise them. During our inspection we observed there were enough staff available to meet people's needs. Staff we spoke with confirmed they had been recruited safely. People's medicines were managed in a safe way and people received their medicines as prescribed. Accidents and incidents were monitored and well analysed and we saw evidence of lessons learned.

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.

Staff were knowledgeable and had received appropriate training and support. People received a balanced diet which met their individual needs. People were offered choice, and this was respected. People were supported by staff who were kind and caring and who maintained their dignity and respect.

Care plans we looked at reflected people's individual needs and preferences. The provider had a complaints procedure which was appropriately followed, and people and their relatives felt able to raise issues if needed. People's end of life wishes were documented.

Audits were in place to ensure the service was monitored appropriately. Feedback about the registered manager was positive and staff felt well supported.

People were involved in the service and opportunities to give feedback were in place.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 19 June 2018). There was also an inspection on 8 April 2019 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

#### Why we inspected

This is a planned re-inspection because of the issue highlighted above.

#### Follow up

We will continue to monitor information we receive about the service until we 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?

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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Athorpe Lodge

## 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 was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Athorpe Lodge 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

This inspection was unannounced.

#### What we did before 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. 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 eight people who used the service and five relatives about their experience of the care

provided. We spoke with seven members of staff including the registered manager, nurses, care workers, activity co-ordinator and the cook. We spent time observing care to help us understand the experience of people who could not talk with us. We also spoke with three therapist who were based at the service.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at 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.

# Is the service safe?

## Our findings

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

At our last inspection of May 2018 this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm. and protected from avoidable harm.

### Preventing and controlling infection

- We completed a tour of the home with registered manager and found the service to be mainly clean and well maintained. However, two units required washable seating to enable them to be kept clean. The registered manager confirmed new furniture had been ordered.
- Staff had access to personal protective clothing (PPE) such as gloves and aprons and we observed them using this as appropriate.

### Systems and processes to safeguard people from the risk of abuse

- The provider ensured staff received training and support to recognise and respond appropriately to abuse.
- The registered manager kept a record of safeguarding incidents and assured appropriate actions were taken to keep people safe.

### Assessing risk, safety monitoring and management

- The provider had improved the way they identified and managed risks to keep people safe.
- Risks associated with people's care and support had been identified and actions were in place to minimise risks occurring.
- Staff we spoke with knew people well and were knowledgeable about the risks in relation to their care.

### Staffing and recruitment

- The provider had improved systems to ensure staff were available to meet people's needs.
- During our inspection we observed staff interacting with people and found there were enough staff available to ensure people received timely care. One person said, "I am looked after here and I just have to press a button and someone comes to help. Its the next best thing to being at home."
- Staff were recruited safely. Staff we spoke with told us they had a DBS check and references had been received from previous employment.

### Using medicines safely

- The provider had improved systems in place to ensure people received their medicines as prescribed.
- We observed one care worker administering medicines and found they did so in a safe manner.
- We saw medicines were stored safely. Clear records were kept which stated when medicines had been given. These were known as medication administration records (MAR's).

### Learning lessons when things go wrong

- The registered manager kept a record of accidents and incidents and took appropriate actions to ensure they were minimised.



# 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 our last inspection of May 2018 this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Improvements had been made to ensure people received a balanced diet which met their needs.
- People were supported to eat and drink sufficient amounts to maintain a healthy diet which met their needs.
- People told us they enjoyed the food provided at the home. One person said, "The food is always very nice." Another person said, "I don't eat a lot anymore, but what I do have is very nice."
- We spoke with the cook who was knowledgeable about people's dietary needs and choices.

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

- The provider had improved the way advice from healthcare professionals was acted on.
- People had access to healthcare professionals and were referred appropriately to services to support their needs.
- Staff took on board advice given by healthcare professionals to ensure people received effective care.
- We spoke with three healthcare professionals who were based at the home, providing therapy to people using assessment beds. They were all very complimentary about the staff team and how they worked effectively with them. One therapist said, "The staff are also good at recognising when things are not working to plan and will raise this with the therapist team and look at what alternatives could be used to support them in a more appropriate way for them."

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

- The home was designed and decorated to meet the needs of people who used the service. However, some parts of the home required redecoration. The registered manager was aware of this and had already acted to commence this work.
- People had access to outside space and a well-maintained garden area.

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.

- Systems had improved to ensure the service was working within the principles of the MCA.
- We looked at care records and found where people lacked capacity, decisions had been made in people's best interests.

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

- People's needs were assessed prior to using the service to ensure the home was suitable to meet their needs. The pre-admission assessment included areas such as mental health, communication, mobility needs, nutrition, skin integrity etc.
- People's needs were also constantly assessed to ensure the home could facilitate their needs. A form called 'my initial identified needs' was then completed which was a plan on a page to show at a glance what support the person required.

Staff support: induction, training, skills and experience

- Staff received training and support which gave them the knowledge to carry out their roles and responsibilities.
- Staff we spoke with told us they felt they worked together well as a team and were complimentary about the support they received from the management team.
- Staff told us they received a thorough induction which comprised of mandatory training and shadowing experienced staff.

# 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 our last inspection of May 2018 this key question was rated good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- During our inspection we observed staff interacting with people in a kind and caring way. We saw staff chatting with people in a friendly and polite manner.
- Each unit had a welcoming feel and a homely atmosphere. We saw people's visitors were warmly greeted by staff.
- Staff were committed to supporting people in line with their preferences. One care worker said, "I've worked here a few years. I love the residents, they come first. They say you shouldn't get too close to them [people] but it's impossible not to. Working closely with people every day you create strong bonds. It's just good to make their time with us as nice as it can be."
- People we spoke with complimented the caring way staff interacted with them. One person said, "Sometimes, when they [staff] are passing my door, they [staff] put their head in [my room] and ask if I need anything and chat if they have time." Another person said, "I give the staff full marks for everything. They are all very caring." One relative said, "Being a carer myself in the past, I notice a lot and there isn't one of them [staff] who isn't really caring and helpful. They all go above and beyond for the residents here, and not just [my relative] either, they care for everyone the same."

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

- People were supported to express their opinions and be involved in making choices about their care.
- Throughout our inspection we saw staff asking people what they wanted to do and offering choices such as what people would like to eat and drink.

Respecting and promoting people's privacy, dignity and independence

- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality
- Staff we spoke with understood how to maintain people's privacy and dignity. One care worker said, "If people get anxious during personal care we try something else or leave for few minutes and then go back. We always knock on doors and close doors and curtains."

# Is the service responsive?

## Our findings

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

At our last inspection of May 2018 this key question was rated requires improvement. At this inspection this key question has now improved to good. 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

- Since our last inspection the provider had developed better systems to ensure people received personalised care which met their needs and took in to consideration their preferences.
- We looked at care records and saw they were informative and reflective of the care and support being delivered.

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.

- The registered manager ensured the service was meeting the principles of the AIS.
- Information throughout the service was displayed in a format which people could understand.

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 told us they were involved in a range of social activities. One person said, "I do drawing. Singers come in sometimes and we have a sing song. I do what I want to do and there's no one telling me when to get up or go to bed."
- The home had recently held celebrations for Burns night and the Chinese New Year which people had enjoyed.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and people and their relatives told us they felt comfortable to raise any concerns.
- We looked at the record of complaints and found they were followed up in line with the providers policy and procedure for dealing with complaints.

End of life care and support

- We saw that people were supported during end of life care.
- We looked at care plan documentation and found needs and wishes of people were documented.

# 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 our last inspection of May 2018 this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team and the staff we spoke with were committed to providing person-centred care and support.
- We spoke with people and their relatives and they felt the home was well managed and that staff were approachable. One relative said, "If I have any anxieties or questions, they [managers] do get back to me. The manager's door is always open, and they are very friendly and approachable."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was supported by a senior unit manager and a team of senior staff and nurses.
- Staff we spoke with were clear about their roles and responsibilities.
- People we spoke with had confidence in the registered manager and found all staff to be approachable.

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

- People and their relatives told us they were provided with opportunities to share their views about the quality of the service. These included resident's meetings and quality surveys
- Relatives we spoke with felt able to contribute ideas and suggestions. One relative said, "I have found the manager to be proactive about suggestions I've made. [Manager's name] attitude seems to be, let's give it a go."

Continuous learning and improving care

- The service had a governance system in place which was used to ensure the service maintained standards. This included a series of audits for areas such as medication, health and safety, infection control and care planning. Since our last inspection audits had been embedded in to practice and were clearly identifying areas which needed addressing.

Working in partnership with others

- The service worked in partnership with other professionals. Various professionals were referred to when needed to support people.
- We saw the service had built up relationships and worked in partnership with professionals providing

support to people using the assessment beds, funded by the clinical commissioning group. This had assisted people in receiving consistent care when medically fit for hospital discharge they moved in to the service for a short period. This was to support people to return to their own homes.