

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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Atkinson Court is a residential care home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 75 older people.

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

There was no activities lead at the service, and staff had not been trained in providing activities. Planned activities were not carried out, and staff said they were unable to ensure people received enough stimulation and entertainment on a day to day basis. However, the provider was in the process of recruiting an activities lead at the time of the inspection who was expected to plan and provide activities.

Although we found the service was generally clean, there were some areas which were not always well presented.

We have made a recommendation around cleanliness and the environment.

Staff received training to ensure they were competent to meet people's needs, but staff did not always receive regular supervisions and one to one support.

We have made a recommendation about staff support.

People received their medicines safely and as prescribed. Systems and processes around medicines management were safe.

Safeguarding systems and processes ensured concerns were raised and investigated appropriately.

Care plans contained good person-centred detail and were regularly reviewed.

People said staff were kind and caring, and their privacy, dignity and independence was protected.

Risks to people were assessed appropriately, and regular environmental checks were carried out. People said they felt safe, and safeguarding issues were reported appropriately.

People had good access to health and social care professionals and actions from these visits were clearly recorded.

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.

There were adequate quality systems and processes in place to identify improvements. Although we found recording issues, actions were being taken in response to concerns identified.

There were regular staff meetings and meetings with people and their relatives. The provider did not use surveys and questionnaires to gather feedback and improve the service.

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 good (published 2 July 2019).

Why we inspected

The inspection was prompted in part due to concerns we received regarding staffing levels, governance and medicines management. A decision was made for us to inspect and examine those risks.

Follow up

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

Requires Improvement ●

The service was not always 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.

# 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. 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

This inspection was carried out by two inspectors, an assistant inspector and two Experts 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

Atkinson Court 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 did not have a manager registered with the Care Quality Commission at the time of the inspection, however the service did have a manager who was in the process of registering with the Commission. Since the inspection a new manager has been appointed and registered with the Commission.

#### 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 nine people who used the service and ten relatives about their experience of the care provided. We spoke with eleven members of staff including the manager, assistant manager, nurses, senior care workers and care workers. 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 four people's care records and multiple medication records. We looked at four 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.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- We found that medicines administration was safe. We found medication care plans were detailed, there were no gaps in recording of medicines administration records (except for prescribed creams), there were clear 'as required' medicines protocols in place and controlled drugs were safely managed.
- We found some examples from our reviews where there were gaps in recording of administration of prescribed creams without explanation. There was no evidence from incidents reviewed that people had not received their medicines.
- We found an administrative error by the GP where a person's printed prescription of drink thickener did not accurately reflect the amount directed by the NHS speech and language therapy team. The person was not at risk of choking and received the correct amount of drink thickener. We spoke with the nominated individual about this; they contacted the GP to ensure the written prescription was amended during the inspection.

### Staffing and recruitment

- We received mixed comments from people who use the service and staff about staffing levels and deployment of staff, however our observations on inspection and findings following review of staffing tools indicated staffing levels were appropriate.
- The manager stated that they used a dependency tool to calculate people's level of need and staff accordingly. Rotas reviewed evidenced that staffing was generally provided as planned. The manager said they were actively recruiting and had staff in the pipeline or who had just started.
- We found that staff were recruited safely, this included a criminal background and identity check.

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

- There were adequate systems and processes in place to protect people from the risk of abuse. Staff understood and had been trained in safeguarding vulnerable adults. There was an anonymous whistleblowing line for staff to raise concerns.
- Safeguarding concerns were reported appropriately to the local authority and CQC.
- People and relatives said they felt that the environment was safe and that people were generally safe. Comments included, "I wouldn't be here if I didn't feel safe", "[Name] is as safe as can be".

### Assessing risk, safety monitoring and management

- Risks to people were assessed appropriately. These included risks of falls, skin damage and malnutrition. Where appropriate, additional monitoring was in place.
- "Relative is 'high risk of falls', had quite a few since coming here. All are documented and family always

informed".

- Risks presented by the environment and health and safety considerations were managed and monitored appropriately. There were adequate health and safety certificates provided by accredited third party organisations for example fire risk assessments and electrical safety certificates. There were regular checks of the environment and equipment used to ensure they were fit for purpose.

#### Preventing and controlling infection

- There were areas of the home which were not always well presented. These included communal areas and kitchenette dining areas, where there was debris on the floor and surfaces could have benefited from a more recent clean. However, we did not find this was a consistent concern in other areas of the home such as the main kitchen and bathrooms which were clean.
- We also found opened food and drink items in fridges which had not been labelled with a date when they were opened, but these products were within date. These issues had been identified by the manager in walk rounds and audits.
- Staff we spoke with said they were not always satisfied with the cleanliness of the environment. A member of staff said, "Its not clean its mucky. I'll be honest it frustrated me so much. It doesn't matter how many times you ask housekeeping they are always having to do something else. We had to cover a chair up a couple of days and it's still not been done. Everything just needs cleaning."

We recommend the provider review systems and processes around cleanliness and the environment.

#### Learning lessons when things go wrong

- Lessons learned were shared with staff when things went wrong. We saw examples where learning from other organisations such as the NHS was shared at supervisions. A member of staff said, "We have a 'flash meeting' every day so that comes up. We do get lessons learnt. Just get asked if there are any incidents and make sure there is an incident form they log it on the system".



# 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 meant the effectiveness of people's care, treatment and support achieved good outcomes.

Staff support: induction, training, skills and experience

- Staff we spoke with said they had good levels of training to help them meet people's needs. Comments included, "I get enough training and support. We get supervisions and things like that", "Training is good yea I feel confident enough". The service's training matrix evidenced that staff were compliant with training the provider considered mandatory. Comment from relatives and people included, "Well trained? Some of the staff's been here a long time, they seem okay", "Yes, now they are, it's got better, staff are always going on training".
- When we reviewed documents around supervisions, we found that supervisions were not always carried out in line with the provider's policy, which stated all staff should receive a one to one supervision every three months. Supervisions we reviewed were often 'group supervisions' in response to an incident or when a general piece of information was distributed, rather than a conversation where staff could discuss training, progression and HR needs.
- Documented supervisions were difficult to locate, some were held on staff personnel files while others were held in a 'supervisions' file.

We recommend the provider review policies and procedures around supervisions and support provided for individual staff.

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

- We observed that food was appetising, and people were offered choices, including where foods had been pureed or blended for people at risk of choking. People and their relatives were complimentary about food provided. Comments included, "What I've seen of the food it seems okay. As far as I know relative eats well, has fortified drinks too", "Thinking about the amount they have to cook, I think food is spot on", "Food is alright, choice of two for most meals. For breakfast I like a cooked breakfast and I get it".
- People had drinks of their preference, and we saw people were provided with drinks individually throughout the day.

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

- People's needs were assessed before they used the service. This included their life histories, support networks, likes and preferences, and their medical needs.

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

- Staff worked with other agencies to provide care and support, and people had good access to relevant

healthcare services and professionals. People and relatives said they had good access to health and social care services. Comments included, "Yes, they will get a doctor out. Had to get one out recently when I had a chest infection", "Very good at calling doctor immediately. Chiropodist comes in, optician visits annually, family take relative to the dentist".

- Care plans contained detailed logs of people's interactions with health and social care services, why they were required and what guidance was provided for staff by professionals.

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

- The dementia unit of the home was decorated pleasantly, however furniture was not always maintained to high standards and furniture was not always easy to wipe clean. Toilets were clearly signed.
- The dementia floor was divided into units, with communal areas in each unit.

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.

- The service was working within the principles of the MCA. People's capacity was assessed and best interests decisions made in consultation with people's families, health professionals and advocates.
- People who had been assessed as having capacity were not restricted, and least restrictive options were considered where a person was deemed to lack capacity, for example installing bed rails to prevent falls injuries.
- DoLS applications were made appropriately and applications made were tracked and followed up by the manager.

# 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 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.

Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection we observed kind and caring interactions.
- Staff we spoke with were able to describe how they protected people's privacy and dignity, and promoted their independence. Comments included, "We have routines for people, for example [Name] we put the pad on the bed first, stand with a towel in front of him, ask if he is fine with me and another girl. You have to let [Name] do it himself".
- People and relatives said staff respected their independence and privacy. Comments included, "Personal care provision is very good, staff are very respectful", "I walk unaided, dress myself, it just takes me a while, that's all".

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

- Care plans contained information about people's diverse needs and preferences, such as their religious identity and any specialist diets.
- People and relatives said staff were kind, caring and compassionate. Comments included, "They do care, definitely. I think they do. Staff seem to do a lot of work, seem to make time for my relative", "Very kind and caring, always say 'hello' to relative, never seen any rough or uncaring treatment", "Staff are nice here", "They're [staff] fantastic, they're very good".

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

- People and relatives say they were involved in making decisions about care, and the service ensured advocates (people appointed to make important decisions about vulnerable adults' care) were included in decision making. Comments included, "No, my son is my advocate, always asks me to go with him to meetings with him", "We are advocates for [Name]", "I speak for my [Name]".

# 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 now deteriorated to requires improvement. This meant people's needs were not always met.

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 not always supported to develop and maintain relationships to avoid social isolation and were not supported to follow interests or take part in activities that were socially and culturally relevant to them. Comments from relatives included, "They are just sat there, no activities, just sat watching television", "They are recruiting an activities coordinator, staff try and get involved but they don't say [Name] has done this or that. They used to get the mini bus to get them out. There are some people that need better stimulation or could go outside". A person we spoke to said they were not asked if they wanted to go outside.
- There was no activities lead at the service during the inspection. Staff had not been provided training on activities provision, and staff said that they did not always have the time to engage in activities. Although staff were designated as conducting activities on the rota, staff said they were not always made aware of this, and that their time was taken up with providing support for basic care needs.
- There was an activities board, however this was out of date. There was a salon which was used by a regular hairdresser, however the hairdresser no longer visited the service. People were supported to access to hairdressers in the community.
- There was a minibus designed to be used to transport people to events in the community and undertake trips however these had not happened for a considerable amount of time.
- Comments from people and relatives included, "Last year we got a trip out to the supermarket and they've cut down on staff, nobody's asked recently",
- One staff member said, "No stimulation which I think brings on a lot of the challenging behaviours, people just pace up and down. I try and do it if I can but it's not often I get the chance".
- An activities audit dated November 2019 showed the manager had identified that 'an action plan is required around activities. We have a lack of activities', however this was not followed up.
- The manager stated that an activities coordinator had been recruited and was awaiting a background check before they started work. The manager hoped this would improve stimulation and interaction for people using the service.

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

- Where care plans were completed, they contained good person centred-information, details about their life history and clear guidance for staff on supporting people in a way that met their needs and preferences.

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.

- Care plans contained information about people's communication needs and how staff should communicate with people effectively. This included people's level of language comprehension in English.
- We were told by the manager that information was available in different formats if required.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure, and complaints were responded to in line with the provider's policy.
- People and relatives, we spoke to said they knew how to raise complaints and that their complaints would be acted upon.

End of life care and support

- People who required palliative or end of life care had relevant anticipatory medication available. There were also relevant plans in place in relation to this area of their care.

# 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 improved to good. This meant the service management was consistent. Leaders and the culture they created supported 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

- There were adequate systems and processes in place to identify risks and improvements. Although we found recording issues within audit documents which we discussed with the manager, we found no evidence of impact on people.
- On exploring issues identified with the manager they were aware of the issues and had taken or were taking action to address shortfalls identified.
- There was no registered manager in post at the time of the inspection. A manager had been recently employed and they had introduced themselves to staff, relatives and residents, and they had applied to be registered with the commission. Since the inspection a new manager has been appointed and registered with the Commission.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received mixed comments from staff around the leadership and culture of the service. One staff member said, "We have had several managers. We've got used to it now. Didn't feel it was consistent. But we've got used to it. From how the new manager speaks and a couple of meetings we had seems quite positive, same things we want for the residents and Atkinson court".
- A staff survey had not been conducted. There were regular staff meetings within different staff groups where staff discussed their concerns, these were well attended. The new manager introduced themselves and discussed expectations and working culture.
- A resident survey had not been conducted, however there were relatives and residents meetings. At the last meeting in November, the new manager introduced themselves, and discussed food, activities plans and general issues people had raised.

Working in partnership with others

- The manager had plans in place to develop new links with community groups and organisations, and the provider used existing links with local care homes and the clinical commissioning group dementia specialist.

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

- There was a duty of candour policy in place, and the manager understood how to implement the principles of the policy.