Leonard Cheshire Disability

Athol House - Care Home Physical Disabilities

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?	Good

Summary of findings

Overall summary

Athol House provides accommodation and care for up to 21 people with physical disabilities. When we visited the home there were 21 people living there. The service was last inspected on 7 July 2014 when all of the regulations were met.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

We found that people who live at Athol House experienced a good quality of life as they were encouraged and supported to take part in activities they enjoyed. They had opportunities to meet people in the local area by going to community events and visiting local facilities. There were links with community groups and the home received visits from people who assisted by volunteering with activities.

There were good arrangements to keep people safe from harm at Athol House. Risks were managed well and people were protected from abuse. There were safe arrangements for dealing with emergencies. People received medicines as prescribed and they were managed safely.

Staff were trained and supported to do their work. They knew how to support people in line with the requirements of the Mental Capacity Act 2005 and 'best interests' meetings were held when people did not have the capacity to make their own decisions.

Staff were caring towards the people living at the home and they respected their privacy and dignity. Staff spent time getting to know people and agreeing how they could best support them in the way they wished.

People were supported to have their health needs met through contact with health care professionals and their advice was included in people's care routines. Meals were prepared in line with people's preferences and reflected the guidance given by health specialists.

People had opportunities to make their views known about the service and the staff made improvements in response.

There were effective management arrangements in the home. The provider monitored the service to make sure the care provided was high quality and shared good practice amongst services so standards developed and improved.

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. There were good arrangements to deal with risks and emergencies in the home.

People were confident that if they raised concerns about abuse they would be dealt with and staff knew the action to take if necessary.

Staff recruitment procedures were thorough and included appropriate checks to make sure applicants were safe to work with people.

Is the service effective?

Good

The service was effective. Staff were trained and supported to carry out their roles. The chef consulted with people about the meals so they met people's preferences, nutritional and cultural needs.

People were supported in line with the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. People were treated with respect and their privacy and dignity were maintained. People were supported with relationships that were important to them.

Staff were trained and knowledgeable about how to support people well at the end of their lives,

Is the service responsive?

Good

The service was responsive. People were involved in their needs assessments and in writing care plans that reflected their interests.

There was a wide range of activities available that were arranged to meet people's interests. People had the opportunity to be part of activities in the community and take holidays to places where their needs could be met.

People were invited to give their views about the service and

changes were made when necessary. People knew how to complain and felt confident their views would be taken seriously and addressed.

Is the service well-led?

Good

The service was well led. There was a registered manager in post who promoted good quality person centred care.

Checks and audits were carried out to ensure the quality of the service was maintained. The provider monitored the home and shared good practice to improve standards throughout the organisation.

Athol House - Care Home Physical Disabilities

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 February 2016 and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications sent to CQC. A notification is information about important events which the service is required to send us by law.

We spoke with eight people living in the home and with one relative. We spoke with six staff members including the registered manager, the deputy manager, an activity co-ordinator, and care staff.

We viewed personal care and support records for four people, viewed recruitment records for three staff and training records for the staff team. We looked at records relating to the management and monitoring of the service, including complaints records and audit reports. We contacted seven health and social care professionals to ask about their experience of the home, one provided feedback.

Good

Is the service safe?

Our findings

People living at Athol House were safe. People told us they felt "safe" living at the home and one person commented that there was "good security".

People were protected from abuse, they discussed safeguarding issues at meetings for everyone who lived at Athol House. People said if they needed to talk privately about safeguarding matters they would talk to the manager of the home or their key worker. They said they felt confident their concerns would be dealt with properly. A visitor told us they had no worries about their relative's safety and felt the staff were trustworthy.

Staff were knowledgeable about abuse, expressed commitment to keeping people safe and knew the actions to take to report safeguarding concerns to the local authority. Information about the process to follow and people to contact was displayed for reference in the staff room. Staff knew about the provider's whistleblowing procedure and how to use it. Staff could approach a UK Safeguarding Advisor employed by the provider for specialist advice and support.

Staff protected people from risks associated with their health conditions. They assessed risks and put measures in place to minimise them to keep people safe. There were assessments of people's risk of developing pressure ulcers and records of the action taken to reduce the risk. For example people were given equipment, such as specialist mattresses and pressure relieving cushions to reduce the possibility of pressure ulcers developing. Staff reviewed the risk assessments at least monthly to make sure their current condition was reflected.

People who needed assistance to move were helped by staff who were knowledgeable about how to do so safely. Instructions on care records gave guidance about how many staff were required to carry out tasks and what equipment they should use. For example, if people were helped to move using a hoist, two staff members were required to keep them safe.

People were protected from the risks associated with medicines. Staff gave people their medicines in line with the instructions of the GP. The home had secure storage facilities and only staff who were authorised to deal with medicines had access to them. The storage arrangements were well organised and this assisted in the safe handling of the medicines. The medicine administration records were in good order with no gaps and showed that medicines were given at the times prescribed. People told us staff gave their medicines at the correct times. Senior staff met with the GP and pharmacist to review medicines and this ensured that they took people's current needs into account when prescribing. Staff responsible for giving people medicines had specialist training and their competence was checked every year.

People's needs were met without delays because there were enough staff to care for the people living at the home. People told us staff came promptly when they requested assistance using the call bell system. On each shift a senior support worker took charge of the shift and worked alongside a team of six support staff in the morning and four support staff in the evening. Overnight the staff team working consisted of one

senior support worker and two support workers. Staff and people told us this mix was suitable to care for the numbers and needs of the people at the home.

People were protected against unsuitable staff working with them because the provider followed safe staff recruitment procedures. People who applied for jobs provided information about their work history and they were interviewed by senior members of staff. The provider did checks of the person's suitability for the work by requesting at least two references, including one from the person's previous employer and checks of people's eligibility to work in the UK. They also did a check of Disclosure and Barring Service (DBS) records which replaced criminal record bureau checks. The provider did not confirm staff in post until they had successfully completed a probation period of at least three months.

Volunteers assisted at the home and the provider undertook DBS checks before they could work with people who lived there. A volunteer organiser managed their input to the home and ensured they were trained and supported to carry out their roles.

People were protected in emergencies because staff knew how to respond to keep people safe. The home had emergency equipment available including first aid kits, fire detection and safety systems. Staff undertook regular checks to make sure that the equipment was in good order and regular fire drills took place. Each person had a personal emergency evacuation plan which described the assistance they would need to leave the building in an emergency. Specialist equipment was available to enable them to do so.

People were kept safe from infection by procedures designed to prevent and control it. Staff were trained in infection control measures and protective equipment such as aprons, gloves and antibacterial gel were available. We saw staff using them during our visit.

Food hygiene was managed well. Environmental health officers assessed the food preparation facilities in the home in May 2015. They awarded a rating of five which showed the food preparation facilities in the home were well managed and had high standards of hygiene.

Good

Is the service effective?

Our findings

People received support from staff who were trained to meet their needs. A relative told us the staff were knowledgeable and understood the how to care for the people living at Athol House. They said the staff "know what they are doing", and "they have helped [my relative] a lot." There was a positive attitude to training at the home and the manager said "we are always learning".

The training records showed staff completed a range of courses including health and safety courses such as safe moving and handling, fire safety, first aid, infection control and food safety. Training related to the needs of people living at the home included pressure care, percutaneous endoscopic gastrostomy (PEG) feeding, nutrition care and assistance with meals, dementia awareness, and medicines management. New staff had followed an induction training programme which included essential health and safety courses and disability equality training. They also spent time shadowing more experienced members of staff. A newly appointed member of staff told us their induction had been helpful and they felt supported in their role.

People were assisted by staff who were supported to meet their needs. Staff received support by meeting with a senior member of staff for supervision and group supervision sessions were also held. This allowed staff to discuss their work, training and development needs. Staff said they could approach senior staff for assistance between formal sessions and at team meetings. We heard that the team was supportive and got on well with each other which assisted in co-operative joint working. One staff member told us "everyone makes the service work", explaining that staff throughout the team contributed to the smooth running of the home and helping people to have a good quality of life.

People were asked to consent to support and treatment and staff recorded their wishes. The Mental Capacity Act 2005 (MCA) provides protection for people who may not have the capacity or ability to make some decisions for themselves. The Deprivation of Liberty Safeguards (DoLS) gives protection to people from unlawful restriction of their freedom without the authorisation to do so. The manager was aware the requirements of the legislation and had made applications for DoLS as required. Staff had received training in MCA and DoLS, were familiar with their purpose and how to maintain people's rights. The home had links with an organisation which could provide advocates and gave people information about them. An advocate is a person who is independent of the provider and local authority who supports people to make decisions.

People enjoyed the meals provided and they met their needs. A person told us the food was "very nice" and there was always choice available. They said the meals included fresh vegetables and fruit and took account of everyone's preferences. Another person said the meals were good and the chef understood what they liked to eat.

Staff assessed people's need for nutritional assistance using the Malnutrition Universal Screening Tool (MUST) and advice from dieticians was requested when necessary. Staff monitored people's food and drink intake to ensure everyone received enough nutrients. People who had swallowing problems were referred to speech and language therapists for advice. Staff told the chef about people's cultural, nutritional and medical needs in relation to meals. The chef discussed them with the person and they arranged appropriate

menus together. Staff understood the need for people to have textures of food that were appropriate for each person and took into account any swallowing problems they had.

People had the opportunity to see health care professionals and they had regular appointments with the GP, optician and dentist. District nurses visited people when they had nursing needs which were beyond the scope of the home. Each person saw a range of specialists relevant to their particular health condition and needs. These included tissue viability nurses, physiotherapists, occupational therapists, orthotists and wheelchair specialists. Staff recorded the outcome of the appointments. If advice was given for the person and staff to follow they incorporated this into the care records and daily routines. A physiotherapist worked at the home for two days a week and assisted people with their specialist needs. There was a range of exercise equipment available in the home's activity room so physiotherapy exercises could be followed.

People were assisted by the design and facilities in the building. A lift allowed access to everyone to all parts of the home. There was level access throughout the building and to the garden at the back of the house. All of the doors were wide enough to allow access for people using wheelchairs and grab rails and other aids were fitted to provide support for people who required it.

Good

Is the service caring?

Our findings

People were supported by staff who were caring and respectful of people and their needs. A person described the home as having a "friendly and welcoming atmosphere" and said that staff were "caring". We saw people and staff having relaxed and respectful conversations. Staff listened carefully and gave people time to express themselves fully.

A visitor told us the staff were "lovely" and they felt their relative was well cared for. They told us they were welcomed by staff and felt supported by them. A health and social care professional said, "I have found all of the staff to be very caring and understanding of [the person's] needs. They have always gone the extra mile to cater for their social, spiritual and physical needs and in my view, provide a very high standard of care."

People were supported by staff to maintain, renew and develop their personal relationships and friendships at the home and outside. This was based on staff taking time to discuss with each person what was important to them and helping them to achieve it in the way they wished. Staff had worked with people to use photographs to preserve their history and share them other people when appropriate. This prompted conversations about people's backgrounds and life experiences.

People's views about how their care was provided were taken into account. For example one record included the person's request to "let me get up when I want". The routines of the home were flexible and adjusted to fit with individual needs and preferences.

Care records included details of the person's life history, background and what was important to them. There was also information describing what other people liked and admired about them. This helped staff to see and treat people as individuals and have an insight into their personalities, interests and experience, so they could use this information to engage with them.

Staff recognised people's rights to privacy and for their dignity to be respected. A person was provided with equipment to help them to be more independent with their personal care. This fitted with their wishes, helped them to maintain their skills and to have more control over their care.

On the day before our visit the organisation Dignity in Care had promoted a 'Dignity in Action Day'. People and staff at Athol House marked the event by having a discussion about the topic of dignity and illustrated their discussion on a poster. We saw comments included "giving people a chance to do things." People also recognised the importance of maintaining privacy as part of their dignity. The following comments were also recorded "staff knock on my door before coming in"; "covering myself up to maintain my dignity always" and "dignity to me is about respecting each other's privacy and about individual choices". When we spoke with people they confirmed their privacy was respected and felt staff treated them with dignity.

People were supported at the end of their lives by staff who received specialist training and support in this area of care. People who wished to had made advanced directives detailing their preferences for the end of their lives. Staff had access to specialist support from a hospice that advised, supported and trained them

to provide good care for people and their relatives.

The home was assessed under the Gold Standards Framework (GSF) to evaluate the quality of care for people nearing the end of their lives. In September 2015 the home achieved 'beacon' status which is the highest standard and is awarded to services that show innovative and established good practice.

Good

Is the service responsive?

Our findings

People had their individual needs met because they were assessed and planned for. Staff assessed people's needs in consultation with them and created a care plan that was tailored to meet the needs. Care plans were reviewed at least once a year, and more often in response to changes to make sure they reflected people's current needs and wishes. Relatives and health and social care professionals were invited to contribute to the care reviews.

Staff understood the importance of individualised care. People gave staff information to put in the care records about their preferred daily routine and things staff caring for them needed to know. This included information about people's interests and how staff could help them achieve their preferred lifestyle. For example one record included the information that they liked to go to a pub for lunch occasionally and this was arranged. A health and social care professional told us about a person who settled well at Athol House. They said when they went to live at the home "their mood lifted" and staff understood their needs.

People's diverse needs were recognised and respected. Contact was made with cultural and faith groups to inform staff understanding of people's needs in this area. Staff respected people's cultural and spiritual needs and enabled people to express them as they wished. Staff also sought information about people's faiths so their wishes for their end of life care could be respected and observed. Some people attended places of worship each week.

People were able to take part in a range of activities that fitted with people's interests and helped them to develop new ones. One person told us they had settled well in the home and they enjoyed the chance to socialise with people and extend the range of activities they had access to. The activity co-ordinator spent time with people to find out how they liked to spend their time. Each person had a staff member allocated who was designated as their 'person centred planning champion' (PCP champion) as they shared interests and joined together on activities. Visiting specialists came to the home and offered people the chance to take part in music therapy, massage, reflexology and drama. People made use of the home's garden and staff had links with a charity which specialised on therapeutic horticulture. They provided volunteers to assist people to enjoy the garden and begin gardening projects. The activity coordinator told us people had shown an interest in growing vegetables and herbs that could be used in the kitchen.

People were engaged in a variety of activities during our inspection and we saw a group of people chatting together while playing a board game. People were using exercise equipment in the activity room, using tablet computers and a group of people were playing a board game. A relative told us there was "plenty for [my relative] to do" and said that staff had encouraged the person to become more active and that had helped their general health and well-being.

The staff were keen to extend the opportunity for activities to all people who lived at the home. Three staff had undertaken training in 'Namaste' which is an activity programme designed for people whose health does not allow them to join in regular activity programmes easily. Staff planned to use these skills to extend the activities available for people with dementia and people at the end of their lives.

People had the opportunity to mix with people from the local community by attending social clubs, pub quizzes and community events and festivals. Staff talked with people to find out if they had particular interests they could support them with. This helped to avoid social isolation and contributed to their sense of well-being. The home had established links with community organisations and people were invited to their events. Athol House took part in the National Care Home Open Day in June 2015 and people from the local area visited and took part in their carnival themed celebrations. Volunteers from local schools come to the home each week and helped with activities, including art and craft and games. One person told us they particularly enjoyed their visits and going to a weekly pub quiz.

The home had a wheelchair accessible minibus and a driver to make trips away from the home. This extended the opportunities for people for whom public transport was difficult to access. People told us about holidays they enjoyed to venues that had specialist facilities available to meet their needs. People told us they visited the holiday venues every year and enjoyed renewing their friendships there. One person said they enjoyed having a change from their usual routine and they looked forward to their holidays.

People could express their views about the home at monthly meetings where they could discuss issues and receive and request information from staff. One person told us they found these meetings helpful to communication between people and staff. People could also use formal systems which were available to raise concerns or complaints. People said they felt able to talk with staff and felt confident they would listen and do what they could to help. People and visitors to the home could use a comments box placed in the reception area. Each month a topic was chosen as a prompt to make comments about. One complaint was received in the last year, it was dealt with promptly, and action was taken to address the issues raised and prevent recurrence.

Surveys were carried out every year where people and their family were asked for their views of the home. Results from the most recent report of a survey were from 2014-2015. The report included the following comments, people said they felt they had "Good social contact and time to do the things we enjoy and the support from volunteers." A family member stated that a positive aspect of the home was that people "feel safe and able to make a complaint or raise a concern"

Good

Is the service well-led?

Our findings

People benefitted from stable management arrangements at the home. The manager had been in post since and registered the Care Quality Commission (CQC) since 2005. She was suitably qualified and experienced for her role. As she had worked at the home for eleven years she had extensive knowledge of people and their history.

People knew and liked the manager and she spent time in communal areas talking with people. A health and social care professional told us "The manager is held in great regard by the staff and she is very person centred and organised in her management of the home." Staff told us that the manager was approachable and supportive. One staff member said "She's a good manager, she does genuinely care." Staff had a positive attitude to their work at Athol House and one support worker told us "I am passionate about my work." People benefitted from a staff team that was open and encouraged a positive attitude to their work. Staff meetings began with each staff member being asked to share something positive about working at Athol House.

The manager encouraged the team to have a shared vision and values that promoted a person centred culture. This was supported by team building events. The staff team worked together on a recent development day. They looked at the values they shared and felt were important for their work, their vision for the future of the home and the behaviours staff needed to achieve the vision. The values included respect, dignity, achieving good health for people, being person centred and having integrity. The staff room had a poster reminding staff that the people living at Athol House "do not live in our workplace, we work in their home."

The provider and manager had established systems to review the quality of the service and identify areas for improvement. Medicines management was checked by senior staff carrying out monthly audits and weekly random checks at times that staff were not informed about. The provider had a 'national quality improvement team' which visited the service to audit the quality of care. A health and safety team audited the health and safety in the home in addition to the regular checks conducted internally. The provider collected information about the operation of the home to alert them about situations where additional support and oversight was required. The information included reviews of care, admissions, accidents, complaints, safeguarding issues, infections and notifications made to CQC.

The provider sent information to their services about how they could learn from each other. For example services shared good practice around passing information between staff on different shifts at homes to make sure everyone was informed about events that took place.

The provider's staff management practices had been accredited by the 'Investors in People' organisation which assesses organisations on their staff management practice. This demonstrated the provider's commitment to providing good business and people management.