

Caram (AH) Limited

Atholl House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Atholl House Nursing Home provides personal and nursing care for up to 84 younger and older adults who may also have a physical disability or may be living with dementia. The home caters for end of life care. There were 58 people living at the home at the time of our inspection.

People's experience of using this service:

People told us there were occasions where they may have to wait for staff and sometimes staff only had time to cater for the physical side of their care, and they felt rushed. We saw care was task orientated at times, although we also saw some very warm, kind and caring interactions between staff and people.

People were satisfied with how they received their medicines. There was room for improvement, but we saw staff gave people their medicines in a safe way.

Risks, and how these could be minimised was captured in people's records although risks presented by people's behaviours when anxious or upset needed to be assessed in a more robustly. People's needs were assessed and reviewed but there was scope to improve the accuracy of some care records and develop the electronic care records system to allow easier oversight.

We saw some areas in the home could have been safer, some of these issues were addressed during our inspection. There was no auditing of the provider's systems for maintaining good infection control.

People were positive about staff and most told us they were competent and offered them appropriate support. We found the provider was providing ongoing training to staff although needed to ensure they were more familiar with the electronic records system.

People had mixed views about the food offered but said they could always choose alternatives. We were made aware the menus were to be reviewed to coincide with the appointment of a new cook. People's diets were monitored when they were at risk of poor nutrition.

People said they accessed healthcare services according to their needs and agreement. People were asked for their consent before providing care. Some people were very positive about their treatment by staff, although a few did raise matters they agreed we share with the registered manager. For example, one person said they were going to raise the issue but spoke with us first. People told us their privacy was respected and independence promoted. We heard from relatives that end of life care was sensitive and appropriate.

People's needs were met but there was scope to continue making people's care more person centred and ensure people's involvement improved further. We saw improvements had been made to provide regular activities for people through development of the activity co-ordinators roles.

The consistency of management and leadership had improved with the appointment of a manager, who is now registered with CQC. There was still scope for improvements, many of these recognised by the provider which needed to be progressed to further develop the delivery of high-quality, person-centred care.

Rating at last inspection: The rating for the service at our last inspection was 'requires improvement' (Published on 14 April 2018). This service has been rated 'requires Improvement' for the two previous inspections. There were four breaches of regulation at our last inspection in January 2018 these related to safety, person centred care, dignity, and good governance which we found had been addressed at this latest inspection.

Why we inspected: This was a planned comprehensive inspection that was due based on our scheduling targets.

Enforcement: We will be arranging a meeting with the provider to discuss how they will improve following a repeated 'requires improvement' rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe
Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was not always caring
Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was becoming more responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led
Details are in our Well-Led findings below.

Requires Improvement ●

Atholl House Nursing Home

Detailed findings

Background to this inspection

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

Inspection team: The service was inspected by one inspector, one specialist advisor (a nurse) 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, in this instance older people with dementia.

Service and service type: Atholl House Nursing Home provides personal and nursing care for up to 84 younger and older adults who may also have a physical disability. The home caters for end of life care.

Notice of inspection: This inspection was unannounced on the first day and announced on the second.

What we did: We visited Atholl House on 10 and 11 April 2019. Since our inspection we have registered a manager for the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of care provided. The registered manager was available throughout our inspection.

We reviewed information we had received about the service since they were last inspected by us. We also looked at details about incidents the provider must notify us about, such as allegations of abuse/serious injuries, sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with seven people who lived at the home. Some people were not always able to share their views, so 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 also spoke with four relatives/friends who were visiting. We spoke with two nurses, three care assistants, two activities co-ordinators, the

administrator, the deputy manager, registered manager and provider. We used this information to form part of our judgment. We looked at seven people's care records to see how their care was planned and delivered, this including their medication records. Other records looked at included three recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

Is the service safe?

Our findings

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

The safety of the service had improved. More improvement was needed to ensure any potential impacts on people's safety were addressed. Regulations were met.

At our inspection in January 2018 we found the provider had breached regulations in respect of safe care and treatment. (Regulation 12 HSCA RA Regulations 2014). Improvement had been made to address this breach although the provider was making further improvements.

Staffing and recruitment

- It was recognised by the registered manager there was more demand on staff time at peak periods, for example, during the morning when people were getting up/receiving personal care and meal times as several people needed meals taken to their rooms and assistance, with staffing levels planned accordingly.
- The majority of people said calls for assistance from staff were usually answered quickly, but some people told us there were limited occasions when they felt there was some delay when they used the call system. One person told us, "I am reassured to know if I press the buzzer the staff will come quickly to help me". A relative told us, "Some days there doesn't seem to be enough staff on duty".
- Staff comments about staffing levels included, "Its better now, better amount and organisation". Staff did confirm the provider would use agency staff when needed. The provider had a staffing tool to identify the minimum staffing levels needed to keep people safe, this reflected the staffing levels we saw.
- The registered manager told us improvements were supported by staff turnover and recruitment of newer staff which had reduced a reliance on agency staff. This had improved the consistency of care.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks and checking people's right to work.

Preventing and controlling infection

- The provider's prevention and control methods, were not always effective. We found several items of food and condiments in the dining room which were opened and not dated. The fridge did not present as clean and there were inconsistent temperature checks.
- People told us they were happy with the cleanliness of the home with comments including, "It is clean and that is the main thing" and, "My bedding regularly gets changed and the home is very good about that". We saw much of the building presented as visibly clean and smelt fresh.
- Staff understood when they needed to use personal protective equipment (gloves, aprons) and we saw these were used and available. Nurses understood the process for aseptic technique to safely perform wound care.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm as the provider and staff understood what different types of abuse could be and steps they should take to safeguard people. These were detailed in safeguarding procedures staff understood. A member of staff told us, "I would report and speak out".

- One person we spoke with raised some concerns about a member of staff with us, which they said they had not shared with the registered manager but was happy for us to do so, as they said they had planned to speak to them and was confident they would address these concerns. The registered manager promptly followed up these concerns with the person concerned and resolved these issues.

Assessing risk, safety monitoring and management

- Risks to people were identified, staff aware of these risks and how people should be supported to reduce any avoidable harm. People's risk assessments identified how dangers presented to people could be reduced, although assessments for people who may become anxious or distressed needed to be more detailed. The registered manager told us these would be improved.
- People looked to be relaxed and comfortable with staff. Relatives told us their loved one's safety was promoted with comments including, "Definitely think that my relative is safer here, they have the side panels up on the bed and so reduces the risk of falling out".
- Staff understood the need to acknowledge people's right to take risks, and how these should be minimised by following risk assessments.
- We saw staff on several occasions follow risk assessments, for example when transferring people with use of hoists or equipment. One relative told us staff needed to ensure the hoists were charged when used as one had lost power mid transfer on one occasion. The registered manager told us this should not have happened and would remind staff to check these before use.

Using medicines safely

- People told us they received their medicines as needed with comments including, "I get my medication every morning without fail" and, "I get my medication every day at the same time".
- People's medicines were stored safely, and controlled drugs records balanced with the stock of medicines.
- Nurses administered medicines in a safe way.
- Nurses were able to tell us when 'as required' medicines would be given, but this was not consistently recorded in protocols. Records were completed for 'as required' medicines when administered and protocols in place for administering ointments. However, risks associated with ointment that contained paraffin which is flammable, were not identified. as flammable).

Learning lessons when things go wrong

- Staff were aware of what to do when things went wrong, for example a nurse clearly explained how to deal with medicine errors and the process they needed to follow if one occurred.
- The registered manager explained to us how they used investigations of any untoward incidents, so they could learn from these.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were good, and people's feedback confirmed this. The rating has improved from 'requires improvement' following our last inspection to 'good'.

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

- An initial assessment and reassessments were completed with people to ensure care was planned and reflected individual needs and preferences.
- The service had adopted an electronic care record system. Not all of people's care records had been transferred to the new system. We had difficulty accessing current information about people's needs in their records on several occasions. Staff were able to tell us what people's current needs and wishes were, and we did see some supplementary paper records that identified people's preferences.
- People's assessments reflected information about protected characteristics as defined by equality legislation including for example, disability, race and gender. Staff and managers demonstrated an understanding of equality.

Staff support: induction, training, skills and experience

- People told us staff were skilled and offered them appropriate support. People's comments included, "I am well looked after, it is a very nice home", "The nurses are fantastic here, they do things well" and "I'm looked after ever so well".
- Training was monitored to help identify when updates to staff skills and knowledge were needed. Staff told us they had access to regular training and we saw further training was planned and ongoing. One member of staff told us "Training quite up to date online, or people come in for specific dates". We did identify continued training in the use of NOURISH the electronic care record system for staff would be beneficial, so they could be more familiar with how to use this system.
- Staff we spoke with said they felt supported by nurses, the deputy manager and registered who they felt able to approach. Staff told us supervision was now taking place, this since the new registered manager had taken over. The registered manager confirmed this and showed us how they planned and tracked supervision sessions taking place.
- The provider acknowledged staff training and supervision for staff needed further improvement, as identified in their action plan for the service.

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

- People told us they did not always like the food but had a choice of meals. One person said, "There is a good choice of food and it tastes good. If I don't fancy my choice they offer me something else".
- The registered manager told us there was a new cook due to commence work at the home, and they were going to use this as an appropriate point at which to review all the menus around people's preferences.
- Staff were aware of people who may be at risk of poor nutrition and told us how they monitored people's diet to ensure they had enough nutrition with supplements/fortified diets.

- The staff worked with other healthcare professionals to ensure positive outcomes for people, for example, there were regular reviews by speech therapists in respect of those people at risk from choking. People we spoke with confirmed they had meals prepared in a way that allowed them to eat it safely.

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

- People told us staff made sure that health care professionals visited them as needed and health concerns were followed up promptly. One person told us, "The staff call the GP or optician if I need to be seen, I have had my eyes checked since I have been here which is good as I needed new glasses. A chiropodist comes in",

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

- The environment was well maintained overall, presenting as a comfortable and suitable environment for people, although there were some areas where work was needed with planned redecoration taking place. Some areas already had decorative work completed which had improved people's physical environment. People's comments included, "I had my room decorated a few months ago and it is lovely now as the walls are a nice purple colour which I chose" and "The gardens are wonderful and such a pleasure to look out over them".
- Flooring was slightly uneven (although not considered a tripping hazard) in some parts of the home. The provider had quotes for replacement of this flooring and had fitted handrails in some corridors since our last inspection. The registered manager told us they were relocating people with their agreement from the older parts of the building so this could be sealed off prior to renovation.
- To improve the environment for people living with dementia, the use of an appropriate 'dementia friendly' environmental audit tool may help the provider identify further appropriate improvements.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found they were.
- We saw numerous occasions where staff sought people's consent before providing care and there were processes in place to assess people's capacity. Management and staff demonstrated their understanding of their responsibilities under the MCA.

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

Most people felt well supported and cared for. There were some limited occasions when people had the way they were supported, cared for or treated with dignity and respect could have been better. Regulations have been met.

At our inspection in January 2018 we found the provider had breached regulations in respect of dignity and respect. (Regulation 10 HSCA RA Regulations 2014). Improvements had been made to address this breach. The rating remains as 'requires improvement'

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care.

- Some people said staff could be more caring, for example one person said they felt staff got frustrated as, "I am slow to wake up". A relative (of another person) told us they had witnessed one occasion where a person was not spoken to respectfully by staff. We reported this to the registered manager who took appropriate and timely action to address this matter with the member of staff concerned.
- There were occasions where staff were task focussed with limited time for positive interaction with people. One person told us, "Old fashioned caring has gone by the board due to the need for the physical side of the work. They [staff] work long hours and remain very kind".
- Some people were very positive about their treatment by staff and their comments included, "The staff are very good, nice and polite and friendly. I always get treated with respect and dignity, staff always knock before they come into my room", "The staff have been good to me. I have a laugh and joke with them" and "I'm treated like a queen, staff look after me ever so well".
- There was some very positive interactions between staff and people. A person helped to transfer was told by a staff member to, "Just take your time". Other staff explained throughout care provision exactly what they were doing, checking a person's consent with laughter from the person which showed staff had fostered a good relationship.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected with comments including, "My door is always open [by choice] and the staff always knock before they come in" and "I always get treated with respect and dignity, staff always knock before they come into my room".
- People told us they had opportunities for independence with comments including, "Staff encourage me to walk to the toilet which is good as I need the exercise" and, "Very happy here, staff look after me and do my exercises".

Is the service responsive?

Our findings

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

People's needs were met but improvements needed to continue to ensure care was more personalised, and people's involvement in planning their care improved. People received sensitive and appropriate end of life care. Regulations were met.

At our inspection in January 2018 we found the provider had breached regulations in respect of person-centred care. (Regulation 9 HSCA RA Regulations 2014). Improvements had been made to address this breach. The rating has improved from 'requires improvement' following our last inspection to 'good'.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Information about people's needs and preferences had been discussed with people and their assessments and care plans with limited exceptions were accurate, although the most current information was at times difficult to locate on the electronic recording system. A nurse told us not all paper information had been scanned on to the electronic care records, this said to be due to time constraints.
- The activities coordinators told us how they were instrumental in finding out what people's likes, and dislikes were with them and how this would have an impact on what their preferred occupation and pastimes were. We saw these presented a good picture of a person's preferences, likes and dislikes. Activities staff explained how they were developing activities to reflect their findings about people's preferences.
- Staff demonstrated they knew people's current needs and were able to access this information on a hand-held device.
- The registered manager told us work was required to make people's care plans more current and person centred. The provider's action plan identified people were not always involved in making decisions about planning their care and more person-centred care planning was needed. We saw systems for making improvements were in progress with activities co-ordinators central to this process.
- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. The provider was working towards compliance with this this standard, although there was scope to improve how information was communicated to people. For example, the ongoing development of care plans to allow people easier access in formats that people could easily understand including in the first language where appropriate.
- We saw staff responded to people's needs during our inspection and people confirmed they knew many of the staff despite some recent staff turnover. We heard concerns from one relative about communication between staff and their loved one about their needs. The registered manager arranged to meet and discuss these concerns with the family during the inspection, this to ensure the family could raise any concerns directly with them.
- Staff communicated with people whose first language was not English, via staff that were fluent in these languages or other staff using key terms. We saw a staff member do so and the response from the person was positive.

- People told us they were supported and able to follow their chosen daily routines during the inspection. One person told us, "The staff don't get me up early, if you don't want to get up, they will leave you for a while". We saw a number participated in activities which they appeared to enjoy. People's comments about activities they could participate in included, "I get my daily newspaper which I enjoy reading. We go out quite a lot, mostly pubs but that doesn't matter", "We have someone come in about fortnightly to give a religious service and they get a good congregation and my faith is important to me so I like going to these services" and " We do go out on trips occasionally which is nice and we can easily go into the garden".

Improving care quality in response to complaints or concerns

- People were aware of the provider's complaints procedure and most people knew who to speak with to raise concerns. One person showed us they had a complaints procedure in their room which confirmed what the registered manager told us about copies displayed in bedrooms.
- Many people told us they had no need to complain but felt able to if there was a need.
- People and some relatives told us concerns and complaints were listened and responded to by the provider. One person told us, "If anyone was rough with me or not good to me, I would report them to the manager".
- Complaints received were recorded and responded to by the provider or registered manager. The registered manager told us they viewed complaints as a useful means of feedback and an opportunity to improve the service.

End of life care and support

- We spoke with relatives whose loved one was on an end of life pathway at the time of our inspection and they told us staff were kind and understanding and nurses professional and supportive. They said the nurse's communication was clear with treatment they provided explained to them in detail in terms they understood. They explained they could visit at any time and the registered manager was supportive and they were positive about the care their relative was received.
- We saw care records checked had a 'Do Not Attempt Resuscitation' (DNARCPR) authorisation in place and evidence that relatives and health professionals had been involved with this process.
- End of life (palliative) care had been discussed with those people who had capacity and the person's family and relatives. A nurse we spoke to was trained on end of life care pathways and was knowledgeable as how to offer appropriate support.
- Care plans identified effective and clear interventions to support the person with pain management and advice from the palliative care team.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was now consistent. The service's culture had not improved enough to ensure consistent delivery of high-quality, person-centred care, but we saw systems were developing.

At our inspection in January 2018 we found the provider had breached regulations in respect of good governance. (Regulation 17 HSCA RA Regulations 2014). Improvement had been made to address this breach with work on going to embed and build on improvements. The rating remains as 'requires improvement'

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- There were some quality monitoring arrangements in place, and we saw these were developing and becoming more effective. The registered manager had identified some areas for improvement within an action plan, some of these actioned, other areas subject to on-going work. For example, the provider had identified more work needed to be done with staff through training and supervision to ensure they were consistently caring.
- We did find some issues not identified by the provider, for example the registered manager was unable to provide a copy of an overarching infection control audit. Immediate risks we communicated to the registered manager were addressed during the inspection. This did show infection control practices were not fully effective with the provider's action plan stating infection control remained a concern and this action was not fully met.
- Some people and relatives did tell us there were areas where improvements could be made, for example, better communication from staff. The registered manager said they had been building relationships with people since their appointment in the latter half of 2018 and wanted people to be able to have open and honest discussions with them about what they could do better.
- Some people were positive about the service despite this with comments including, "I think that I would recommend this home to anyone. We went to visit quite a few homes and this one stood out", "I am comfortable living here, I could move to another home but I'm happy here".
- The registered manager ensured we were notified of events as required by regulation. We saw the previous CQC inspection rating was displayed at the home and on the provider's website.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Most people said they were positive about the care they received and knew who the registered manager was and said they felt able to approach them if they had comment.
- Staff told us about the provider's whistleblowing policy and said they knew how to use it to raise concerns if necessary. All staff we spoke with said they found the registered manager, deputy manager, and provider approachable should they have any concerns.

- The registered manager and provider were clear about their responsibilities under their duty of candour and were open and honest about areas where they felt the service needed to improve. They recognised and discussed with us their improvement agenda which they had formulated with the provider in the short time they had been in post.

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

- The registered manager had introduced systems to engage with people. A relative confirmed that the manager had held meetings to talk to people and their relatives when they came into post with one relative telling us, "There was a relative meeting when the new manager started, and I was able to feed back to them that when my relative pressed their buzzer one day it was obvious that it was not working. The buzzer has now been fixed".
- Survey forms had been used to gain people's views of the service. One survey form confirmed a person's enjoyment of a coffee morning that had been arranged, another that the bingo session had been, 'Enjoyable and especially exciting'.
- Staff we spoke with were more positive about the management team than at the time of our previous inspection in January 2018 and none had any qualms about approaching managers for support.

Continuous learning and improving care

- We had identified breaches of regulations at the time of our previous inspection in January 2018 and we found the provider had made improvements, some which they said were to be progressed and embedded.
- The registered manager told us how they identified learning for themselves and the staff team. An example of this was planned redecoration on the front part of the home was to be separated from other parts of the home to minimise disruption to people.
- There had been an incident where there had been potential avoidable harm to a person although the outcomes for this had not been determined to date. The findings from any investigation will be reviewed by us when these outcomes are determined. The registered manager was conscious of this incident and had reviewed monitoring arrangements with the clinical lead to ensure there was no reoccurrence of a similar incident.

Working in partnership with others

- The registered manager and staff told us how they worked closely with other health care professionals to promote joined up care between themselves and other services, for example, the staff had good contacts with a palliative care community facility.