Sanctuary Care Limited

Athlone House Nursing 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Athlone House Nursing Home is a residential care home providing nursing and personal care for up to 23 people with continuing and palliative care needs. The service is set out over two floors and is fully accessible, with a lift serving both floors. There were 19 people living in the home at the time of this inspection.

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

People were protected from the risk of abuse. Risk assessments had been carried out to identify the risks people faced. These included information about how to mitigate those risks. There were enough staff working at the service to meet people's needs and the provider had robust staff recruitment practices in place.

Medicines were stored, managed and administered safely. Infection control and prevention systems were in place. The premises were suitable, well maintained and 'fit-for-purpose'. Accidents and incidents were reviewed to see if any lessons could be learnt from them. Staff understood how to support people in a way that promoted their privacy, independence and dignity. The service sought to meet people's needs in relation to equality and diversity.

The service assessed people's needs before they began living at the service, so they knew whether they could meet their needs. Staff were supported through training and supervision to gain knowledge and skills to help them in their role. People were supported to eat a balanced diet and were able to choose what they ate. Systems were in place for dealing with complaints. People were supported to maintain relationships with family and friends, and to engage in meaningful activities.

When a person was at end of life, appropriate guidance and input was sought from the GP and other healthcare practitioners to make sure the person was comfortable, dignified, pain free and reassured at all times.

People were supported with care that was person-centred. There was strong and visible leadership and a positive staff culture in the service, which helped to achieve good outcomes for people. People told us the registered manager was approachable and supportive. The provider was aware of their legal obligations and worked with other agencies to develop best practice and share knowledge.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at

www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (Published 21 May 2018).

Why we inspected
We undertook this inspection based on the date of the last inspection.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Athlone 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. 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 Health and Social Care Act 2008.

Inspection team
The inspection team consisted of an 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
Athlone House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Athlone House Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We looked at all the information we held about the provider, including notifications of significant events and any contact from members of the public.

During the inspection
We spoke with 6 people who used the service, 5 visiting family members and the GP. We also met and observed staff on duty. These included the registered manager, the deputy manager, nurses, care staff, the activities coordinator, administrative staff and domestic staff. We met with the regional director who visited the service during this inspection. Following this inspection, we received positive feedback from staff and a manager with the Continuing Healthcare Team (CHC).

We observed how people were cared for and supported. Our observations included 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 looked at care records for 6 people and other records used by the provider for managing the service. These included records of staff training, audits and quality assurance checks. We looked at medicines audits and checked how medicines were being managed. We also looked at the environment and infection prevention and control systems.

Good

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 we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff knew how to recognise and report abuse. Staff were trained in safeguarding and had access to guidance about how to report any concerns about abuse.
- The provider worked with the local safeguarding authority and others, whenever necessary, to investigate any concerns and to help protect people from abuse.
- Everyone we spoke with said they felt the home was safe. One person told us, "Yes, I feel very safe. I have been living there for the last one year. The staff are okay."

Assessing risk, safety monitoring and management

- Risks were assessed to ensure people were safe and staff took action to mitigate any identified risks. Staff completed risk assessments for people on an individual basis and these were regularly reviewed and updated. Risk management plans were compiled when action was required to minimise risks. These were agreed collaboratively with the person, their family members and/or other healthcare professionals and were as least restrictive as possible.
- We saw that people who were able to use a call bell had one within reach. A relative told us, "[Name] is safe and we are satisfied. [Name] shouts for help instead of using the bell."
- The registered manager ensured regular health and safety checks were completed, including the servicing of equipment within the environment. We saw there were arrangements in place to deal with emergencies and serious incidents, including plans for evacuation.
- Staff completed training, so they knew how to support people safely. For example, using equipment such as hoists and supporting people to eat and drink. Staff's skills and competencies were regularly assessed by appropriate senior staff and we observed people being supported in a safe way by staff.

Staffing and recruitment

- Staff were safely recruited and recruitment processes included checks on people's eligibility to work in the United Kingdom.
- We saw there were enough qualified and competent staff to safely support people. Staff were attentive to people's needs and available when needed. A few people we spoke with felt that staffing levels were not always appropriate in the mornings. Some people suggested the home could be improved by recruiting more staff. One person told us, "I have been waiting for more than 1 hour... Sometimes it can be longer when I press the button." Another person said, "Good place, not too bad place, and no complaints at all. I am well cared for. I think they have enough staff…" A third person told us, "The staff are very good. In fact, they all are very good. I am not familiar with some of them..."
- The registered manager told us, and the rotas confirmed, that there was always a qualified nurse and at

least 3 care staff on duty on each floor. Some people had behaviours that may challenge and required 1-1 support. We saw that 1-1 staffing was provided in addition to the regular staffing levels. The registered manager explained that people's needs, dependency levels and risk assessments were regularly reviewed to determine the appropriate staffing levels and skill mix.

Using medicines safely

● Medicines were managed safely. People received their medicines safely and as intended by the prescriber. People told us their medication was supervised and well-managed. A relative told us, "I believe they have full knowledge of [Name]'s medication."

● Only the qualified nurses managed and administered people's medicines. We observed the agency nurse administering the lunchtime medicines. We saw they were calm, confident, thorough and competent and observed excellent interactions between the nurse and the people living in the home.

● The service used an electronic medicines system and people's medicines were stored in individual locked cabinets in their rooms. The nurses told us that it was a good system and very effective in reducing the risk of medication errors. The service had a robust auditing system, which provided assurances that medicines were being given safely and as prescribed.

● We saw that staff had accurate and up to date information about people's medicines, as well as information regarding how each person needed and preferred to take their medicines. This enabled staff to provide person-centred care and support. The medicines records we saw were up to date and accurate.

● Protocols for prescribed 'when required' (PRN) medicines were in place. These explained what a medicine had been prescribed for, when to use it and what the outcome should be. Medicines used to manage agitation and anxiety prescribed on a PRN basis were not excessively used to control behaviour.

Preventing and controlling infection

● There were systems in place for infection prevention and control (IPC). These included policies and procedures, staff training and regular IPC audits, as well as checks of cleanliness and hygiene.

● We saw that all areas of the home looked and smelled clean and fresh and no unpleasant odours were detected. People's bedding also appeared clean and no concerns were raised about the laundry service.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.

Learning lessons when things go wrong

● The staff and management team reported, investigated and learnt from accidents and incidents. Analyses of any accidents or incidents were completed to identify any trends or areas for improvement and actions were put in place to help stop similar incidents occurring.

● The registered manager and staff met to discuss any incidents, so they could share learning. A member of staff told us that when things went wrong, "The manager will discuss it in the meeting, where everyone who is concerned must be present."

Good

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 we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were holistically assessed and reviewed regularly in line with best practice, guidance and the law.
- The manager and nurses met with prospective residents and their family members or other representatives, to gather information about their needs and choices, before they moved into the home.
- Staff compiled care plans for people that were person centred and clearly reflected their wants, needs and choices. We saw that care plans were regularly reviewed and updated, to help ensure they remained accurate and relevant.

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

- We saw that people were fully supported to have sufficient amounts of food and drink. People had choices and their individual dietary needs were catered for appropriately. Food was freshly cooked on the premises. Kitchen staff and care staff were knowledgeable about any allergies, as well as cultural needs or consistency of food. One person told us, "One of their chefs is very good and his food is lovely." There was a diary for people to record any comments about the food, which was reviewed regularly and improvement action taken wherever possible.
- People said the provision of drinks was good and we observed people in their bedrooms with jugs of water or squash. We saw drinks being served during the morning 'movie' session. Staff also assured us that people were offered drinks throughout the day on an individual basis, in addition to the drinks rounds.
- People told us they could choose what to eat within the menu and where to have their meal. Only four people were able, or chose, to eat in the dining room during this inspection. We observed cheerful and respectful interactions with each other, as well as with staff. We saw that where people required assistance to eat, this was done in a caring and dignified manner and people were not rushed.
- People were supported by staff to help make sure they had access to a healthy, balanced diet. Risks associated with eating and drinking, such as choking, were also fully assessed. Staff monitored people's food and fluid intake, as well as their weights. Staff made appropriate referrals to other healthcare professionals when needed, such as dietitians and speech and language therapists, to make sure people had the right support.

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

- There was a homely environment and the home was appropriately adapted and decorated to meet people's needs. People's bedrooms were personalised with their own belongings and furniture. They were spacious, comfortable and well maintained. All bedrooms had ensuite facilities and ceiling track hoist

systems. One person told us, "Look I have a nice room, my own bathroom, and a clock."
● Communal areas, such as lounges and dining rooms were comfortable, clean and spacious. We saw they were free from hazards and 'clutter', which helped ensure people could move safely around the home. We saw information boards on display for people, which included photographs of staff, activities that people had taken part in and the regular activities schedule.
● The building was easily accessible and well maintained. The registered manager told us that the provider had a dedicated maintenance team, who carried out regular checks of the environment to make sure it remained safe and fit for purpose. They also said that any repairs were always completed very quickly.

Staff support: induction, training, skills and experience
● People were cared for by staff who were well trained and supported. Staff completed a comprehensive induction programme. Staff also completed on-going training and had their competencies assessed on a regular basis. A member of staff told us, "From the first day training is good. We do e-learning, shadowing, and face to face."
● People spoke positively about the skills and knowledge of the staff and we observed good examples of person-centred care throughout this inspection. Staff told us they received regular support and supervision from appropriate senior staff and management.
● The registered manager told us he was very well supported by his staff team, as well as the wider organisation. Registered nurses were supported to develop and maintain clinical skills and knowledge. An agency nurse told us that all agency staff complete a service specific induction, which includes teaching them how to use the electronic care systems.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked in partnership with other healthcare professionals to provide people with a continuous level of care which was responsive to their needs.
● People had access to doctors and other healthcare professionals whenever needed. Staff made prompt and appropriate referrals when people's health needs changed and followed any guidance and recommendations provided. One person told us, "They arrange all my appointments." People's family members told us they felt involved in the care of their relatives and were kept well informed. A relative told us, "I am aware of everything about [Name]'s health, [Name]'s appointments and medications."
● The manager and nurses spoke highly of the GP and the support they provided to the staff, residents and family members. They said the GP carried out 'ward rounds' twice a week but could also be called at any other time if there were any concerns. The manager and nurses told us that being able to speak with the GP at any time, helped avoid unnecessary hospital admissions.
● People's care plans clearly described their specific healthcare needs and explained how they needed to be cared for and supported. Staff knew people well and had a good understanding of their conditions, which enabled them to provide person-centred care. One person told us, "People here are very pleasant. They give me a wash and breakfast on the bed..."
● Staff supported people with their individual oral healthcare needs. Staff also supported people to access dental professionals and followed up to date guidance and information about providing good oral care.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's legal rights were upheld, staff had completed mental capacity training and followed the principles of the MCA. People's mental capacity to make different decisions was assessed appropriately.
- The registered manager and nurses consulted with people's family members or other representatives to help make decisions in people's best interests. They also applied for DoLS when needed.
- People told us that staff asked for consent first. For example, we observed staff offering a clothes protector to a person at lunchtime but obtaining their consent before putting it on.

Good

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 we rated this key question good. The rating for this key question has remained good. 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

- People were cared for and supported well. They told us that the staff were kind and friendly. People said they felt comfortable with the staff and that any concerns or requests were listened to. A relative told us, "Generally staff are caring and I think [Name] does not have any problem with them." Another relative told us, "All the care staff are nice. [Name] knows and recognises the faces of the nurses and care staff."
- We observed staff consistently treating people with dignity and respect. They spoke kindly to people, gave them their full attention and supported them at their own pace, so they were not rushed. When people became distressed, we observed staff supporting them in a kind, caring and reassuring manner. We observed staff working in accordance with people's care plans and, where applicable, they followed people's behaviour support plans.
- Staff had respect for equality and diversity. There were equality and diversity policies in place and staff completed training for this. People's diverse needs were acknowledged, planned for, and met. The service supported people from a wide range of religious and cultural backgrounds and all staff worked hard to ensure people's individual needs and choices were fully respected and catered for.

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

- People were supported by staff to make decisions around their care. People were able to express their views and be involved in making decisions. People were always involved as much as possible in compiling their care plans, which clearly documented their views, choices and preferences.
- The registered manager told us that meetings were held for people to discuss the service.
- People told us they could make their own choices and staff respected these.

Respecting and promoting people's privacy, dignity and independence

- We observed that staff respected people's privacy and dignity whilst encouraging independence.
- Where needed, people were provided with one-to-one support and we saw that this was done in a caring and supportive, but non-invasive, way.
- People chose whether to have their doors left open or closed whilst in their rooms, but people were supported with personal care in private. We saw that staff ensured doors and curtains were closed when personal care was carried out and we observed staff knocking on people's doors before entering. We also heard staff addressing people by their preferred names.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People told us they felt their care was good and personalised for their needs. For example, people said they had regular access to a bath or shower if they wished. One person told us, "It is a very good place to live. It is very simple, no need to think about the money and I am so relaxed."
- People living in the home predominantly had very complex and high-level nursing needs. Some people had PEGs (a type of feeding tube which is inserted through the skin of the abdomen into the stomach), some were receiving palliative care and some required syringe drivers. Care plans were created from holistic assessments which included people's choices. Reviews were completed regularly or as soon as people's needs changed.
- Our observations in all areas confirmed that care and support was completely person centred. Every person had a detailed care plan that was unique to them and clearly documented their likes and dislikes, as well as the support required to maximise their independence and enhance their quality of life. We looked at risk assessments and care plans for 4 people. We also met, spoke with and observed these people and found the information accurately reflected them.
- We saw that each person had an individual room folder, which contained a personal profile with a recent photograph. Staff completed daily records in respect of safety checks of mattresses, equipment and water temperatures, as well as records for aspects of personal care such as repositioning and oral health.
- The nurse on the first floor told us there was a resident of the day system, which worked by room number to date. She explained how this meant everybody had a full review of all aspects of their care and support needs every month. She told us that the spare days in the month were useful for completing additional reviews, updates and monthly reports.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were aware of the Accessible Information Standard. People had their communication needs assessed and care plans were created from these. Information was available in different formats when needed, such as pictorial, large print and other languages, to make it easier to read and understand.
- We saw that staff worked hard to establish the most effective ways of meeting people's communication needs, such as using translation resources for people when English was not their first language.

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 supported to maintain and develop relationships and to follow their own interests and social activities. People and their families told us they were kept informed of forthcoming events such as birthdays, Christmas and Easter parties, etc. There were no set visiting hours, so families and friends could pop in anytime during the day. A relative told us, "My son, granddaughter, and friends visit [Name]. I visit [Name] once a week if I make it."

● Despite many people being unable to leave their rooms or beds, we saw they were still regularly provided with opportunities to engage in meaningful activities and also had one-to-one time with staff. One person told us, "No activities for me. I watch TV but my eyesight is not good anyway. I use my iPad. Sometimes my brother takes me out to a coffee shop." Another person said, "I am basically a physically lazy person. I really do not want anything. Sometimes I like to sit in the lounge and I do few activities if possible."

● Two people had become friends and we saw that staff supported them to maintain this friendship. Staff told us how they enjoyed a drink together and sometimes ordered pizza takeaways. We observed five people attending a movie/cinema morning with drinks and popcorn. One person told us how they had chosen the film for that day, which the other people all said they really enjoyed. We noted that other regular activities included one-to-one conversations, stories and reminiscing, Namaste, hairdressing and pampering sessions, baking, flower arranging and afternoon teas.

● The activities coordinator told us that they had worked in the home for 8 years and had originally started as a senior carer. They told us it was an amazing place to work and said they took great pride in ensuring people were supported to engage in group or individual activities that were meaningful and enhanced people's quality of life.

End of life care and support

● People's end of life wishes were recorded and staff had completed training in providing end of life care and support. We saw that the home was currently, and had consistently been, accredited by the Gold Standards Framework.

● Most people had advanced care plans in place. We saw that these were completed with the full involvement of the person and their family members.

● The whole staff team worked closely with palliative care teams and other professionals to provide personalised support to people who were at end-of-life. The manager told us that weekly meetings were held to review each person's condition and prognosis. He told us that a great deal of support was provided to people's families, to help them prepare as their loved one approached end-of-life. The manager told us that the home also accommodated people's friends and family, if needed, when their loved one's death was imminent.

● The manager told us that staff were always provided with a debriefing session and offered support, following any death. Staff also had access to an Employee Assistance Programme.

Improving care quality in response to complaints or concerns

● The manager confirmed that any formal complaints were logged, responded to and lessons learned to improve the quality of care provided. The provider had a complaints policy in place which was accessible to people, relatives and professionals.

● People using the service and their visitors knew who to speak with if they had any complaints. No one we spoke with remembered having made a complaint and told us that any minor issues were quickly resolved.

● The registered manager investigated concerns appropriately and developed improvement plans as a means of learning from these.

Good

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 we rated this key question good. The rating for this key question has remained 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

- There was a positive and person-centred culture within the service, which helped to achieve good outcomes for people. People told us the management team was visible and approachable. One relative told us, "No problem with the management, they listen. The manager is approachable."
- Staff told us the service was well run. One person said, "Because everything is organised and the necessary training and equipment we need to carry out our jobs are provided." Another person told us, "The home functions well and quality health care is being provided." A third person said, "We have a professional Home manager with well-led skills. We have enough staff on floors. It is safe and caring. Sanctuary is very supportive when it comes to doing the best for our residents."
- One staff member said the best thing about the service was, "The quality of care being provided by all staff. The shared responsibilities and how well all staff work with each other to provide care to our residents." Another person told us, "We provide care depending on people's needs. Every resident is an individual for us. We have excellent customer service; we value our customers."

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 understood their responsibility to adhere to the duty of candour and was open and honest when something went wrong. They also made apologies to people and ensured lessons were learned from any incident.

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

- We saw there was an effective quality and assurance system in place to monitor and improve the quality of care provided. The registered manager submitted timely notifications to CQC, and other relevant stakeholders, for significant events that had occurred at the service, such as accidents and incidents.
- The registered manager told us that they had a manual back up system as a contingency, in the event the electronic systems for care plans and medication etc. failed. They also confirmed that the manual systems were regularly checked to make sure they remained accurate and up to date.
- Following the site visit, the manager sent copies of audits for areas such as health and safety, infection control, accidents and incidents etc. We saw that where any issues or shortfalls were identified, these were added to the action plan and required improvements made as quickly as possible.
- The staff and management team were clear about their roles and responsibilities. There were suitable

policies and procedures in place regarding good practice, guidance and legislation. The staff completed training and attended regular meetings to help ensure they understood these.

● The registered manager was highly qualified and experienced and clearly demonstrated they had the skills and knowledge to provide a consistently well-led service. They were registered as a general nurse, as well as a mental health nurse and had worked in the service for a number of years. The registered manager knew the service very well and had a clear understanding of their legal responsibilities, particularly in respect of meeting the regulations, fundamental standards and the CQC five key questions.

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

● The registered manager, nurses and care staff told us that communication was very good at all levels within the home. In addition to daily handovers, there were daily 10-at-10 meetings and weekly Gold Standards Framework meetings. Multi-disciplinary-team (MDT) meetings were held monthly and included reflections of what had gone well and what could have been done better.

● The registered manager explained how feedback was obtained from people using the service, relatives and external professionals and how this feedback was used to improve the service. The registered manager told us that most people preferred to have residents and relatives meetings on a one-to-one basis, rather than in a group setting. He said the agenda for these meetings always included, staffing, food, activities and any other business. There were also regular MacMillan Coffee Morning meetings, at which everybody was welcome.

● Staff completed equality and diversity training. They understood people's diverse needs and provided personalised support that respected people's individual religions, cultures, sexuality, disabilities and other needs.

Continuous learning and improving care

● There were effective systems to monitor and improve the quality of the service. Feedback, audits, checks and lessons learned from incidents were used by the registered manager and staff to help improve the service provided to people. We saw that audits and regular checks for all aspects of the service, were completed by staff, the registered manager and the provider's senior management team.

● The registered manager told us that he and his staff team discussed and analysed incidents and accidents, so that lessons could be learned and recurrences avoided where possible. They said an analysis was completed every month and told us there had not been any accidents or falls in the last three months.

● The provider's senior management team also maintained oversight of the service. They regularly visited the home and completed their own audits.

Working in partnership with others

● We observed that the whole staff team worked in partnership with others and records showed regular involvement from other healthcare professionals.

● We received very positive feedback from a manager of the Continuing Healthcare (CHC) team. This person told us, "Athlone is one of our really respected homes in NHS North West London under the strong leadership of [Name] as Home Manager. His experience is really valued by the ICB . The home manages very complex clients and has managed some very complex cases compassionately and safely.