Priory Elderly Care Limited

Atkinson Court

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

Overall summary

Atkinson Court Care Home is registered to provide accommodation and nursing care for 75 people who may also have a dementia related condition. Atkinson Court Care Home has ten Intermediate Care beds which are for people who have been discharged from hospital but who still require support prior to returning home.

The home is located in the outskirts of Leeds with access to public transport. There are three dining rooms, several lounge areas and a hairdressing salon.

A registered manager was in place. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at the medication records of four people who used the service. We found in some cases the recording was confusing and may have led to errors. We also found peoples eye drops were correctly stored in the fridge;

Summary of findings

however, they needed to be discarded after 28 days. The date of opening was not recorded we could not therefore be sure people's eye drops were being administered safely.

Staffing levels were adequate, however, we found on the day of our inspection on one unit instead of two nurses and three members of care staff there was one nurse and four members of staff. This unit heavily relied on nursing staff as some people had just been discharged from hospital and still required a high level of nursing input. We saw this impacted on how care was delivered, for example the nurse was interrupted half way through the medication round to deal with a medical emergency which meant the administration of people's medication was delayed.

There were occasions throughout the day where call bells were not responded to in a timely manner. We also noted where people were asking for assistance staff did not always notice straight away. We saw this concern was mentioned in the satisfaction survey carried out in November 2013 and we could not see an action plan to resolve this.

Everyone we spoke with said they felt safe living in the home. A relative of a person who used the service told us, "We are confident my mum is safe here, there is a pressure mat so staff know if she moves in her room."

The registered manager had submitted four applications for Deprivation of Liberty Safeguards; this showed us the manager understood the necessary steps to take when people's liberty was restricted. Staff had received training in the Mental Capacity Act (2005) and were able to confidently describe how it affected their working day, one member of staff said, "We have to be very clear about people's capacity to make decisions about how they live their lives."

During our inspection of Atkinson Court Care home we observed warm and caring interactions between staff and residents. One person we spoke with said, "It's such a good atmosphere here, people are always laughing."

We found people's care plans were person centred and individual to people's needs. Care plans were regularly reviewed to ensure they were still appropriate and where necessary changes were made and risk assessments were updated.

People we spoke with told us they knew what to do should they need to complain. People that had complained told us their complaints were dealt with appropriately. We saw the complaints policy displayed in the reception area of the home.

There were robust systems in place to monitor the quality of care delivered at Atkinson Court Care Home. We saw evidence of audits of infection control, medication, care plans and the environment. Quality monitoring was carried out by the registered manager and the operations director.

People we spoke with told us the registered manager was 'very approachable'. Residents, staff and relatives all spoke highly of the management team, which included the registered manager and the unit managers.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

On one unit we saw the nurse dispensing the medication was interrupted to attend to a medical emergency. We asked the unit manager how they could be sure people were being given medication for example paracetamol the recommended four hours apart. We were told “I just remember what time I gave it to the person.” This information was not documented and we could not be sure people were not subject to the unsafe administration of their medication.

We found in most cases there were sufficient staff, however, we did see on one unit only having one nurse where there would normally have been two did impact on the administration of people’s medication.

Staff had completed safeguarding training and were able to describe the signs of abuse and what they would do should they suspect abuse was occurring. This meant people who used the service and their families were protected from the risk of unreported abuse..

Is the service effective?

Good

The service was effective. Staff received appropriate training and supervision. People received care from staff who were supported to effectively meet their needs.

The Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards were taken into account when assessing people’s needs. We found there were four Deprivation of Liberty Safeguards in place.

We found there were systems in place to monitor people’s nutritional needs. Where necessary health professionals were involved in people’s care and staff took account of their advice when supporting people.

Is the service caring?

Good

The service was caring. Staff were kind, caring and seemed genuinely eager to meet the needs of people. We saw good interactions between staff, people who used the service and their visitors.

We saw good examples of people being treated with dignity and respect. Where personal care interventions were required this was done discreetly and people were asked if they needed assistance.

Is the service responsive?

Requires Improvement

The service was not always responsive. We found call bells were not always answered promptly and people were left waiting for help. We saw an example of a person asking for help and being ignored by a member of staff.

Summary of findings

We saw there was a comprehensive complaints policy and where people had complained the service responded to people's satisfaction.

Care Plans were individual to the person. We saw there was a tool for auditing care plans; this ensured people's care was still relevant to their needs.

Is the service well-led?

Good

Staff we spoke with told us they felt supported by their unit manager and the registered manager.

We found there were systems in place to monitor the quality of the service people received. The manager and the operations director carried out several audits and where required action plans were implemented and monitored for improvement.

The registered manager monitored accidents and incidents and checked to see if there were any themes or trends emerging.

Atkinson Court

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 checked 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 15 October 2014 and was unannounced. At the time of our inspection there were 74 people living at Atkinson Court. The inspection team consisted of two inspectors and an expert-by-experience with experience of services for those living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the home. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR

is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We contacted the local authority and Healthwatch who had no concerns about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our visit we spoke with 18 people, seven people who used the service, three relatives, four members of staff, three unit managers one of which was also the deputy manager and one visiting healthcare professional. We spent some time observing how people were cared for, we observed staff interactions with people in the lounges and also the lunch time meal experience. We looked at five people's care plans.

Requires Improvement

Is the service safe?

Our findings

We were told the staffing numbers for each floor of the home by the deputy manager and we were told these could change if people's dependency changed. The top floor of Atkinson Court had ten Intermediate Care beds which were for people who had been discharged from hospital but who still required support prior to returning home. On the day of our inspection this unit should have had two nurses and three members of care staff. We found there was one nurse and four members of care staff. We observed the unit manager who was also a nurse administering the morning medication; however, this had been delayed due to a medical emergency and was still being administered at 11 a.m. We asked the unit manager how they could be sure people were being given medication for example paracetamol the recommended four hours apart. We were told "I just remember what time I gave it to the person." This information was not documented and we could not be sure people were not subject to the unsafe administration of their medication.

We looked at the medication records of six people who used the service and found in one person's medication administration record (MAR) the recording was difficult to follow. Staff had started to administer the first week's medication on a Wednesday and after completing that week instead of continuing on to the next week they had gone back to Monday of the first week. This could cause confusion to staff not familiar with the unit. The other MAR charts we looked at were accurate, we could see when medication had been administered, the dose that had been administered, and each administration had been signed by a member of staff. Where people had not received their medication the reason why was documented on the back of the MAR chart. We checked a sample of medication balances and found these corresponded with the MAR charts.

We saw people's eye drops were kept in the medication fridge. We saw one person's eye drops had been opened, the instructions were to 'use within four weeks of opening', the date of opening was not recorded, and we could not be sure the eye drops were being administered within the manufacturer's guidelines. We were told by staff that the eye drops had been opened at the start of the medication cycle for the month of October 2014. Staff said the existing bottle would be discarded at the end of the cycle which was 28 days and a new bottle would be opened at the beginning of the new cycle. We recommend the provider takes account of NICE guidance and the manufacturer's guidelines with regard to the safe storage of medication.

We looked at the controlled drugs and found the recording for one person said they should have two Buprenorphine left and there were actually three. We looked at the MAR sheet for this person and found there should have been three; we were told this was a recording error. The recording was corrected during the inspection. The recording of other people's controlled drugs were correct.

This was a breach of Regulation 13 (Management of medicine); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw there was a protocol in place for medicines to be taken as required, there was also good recording of what the medication was for, any contraindications and how it should be administered. There was a system in place for ordering people's medication and we found people were not left without the required medicines. Where medication needed to be returned to the pharmacy this was kept in tamper proof containers.

There were arrangements in place to store people's medication safely. Medication was stored in a locked trolley which when not in use was stored in a locked room. We checked the temperature of the medication rooms and the refrigerator's used to store medication and found they were within recommended guidelines. Temperatures were checked and recorded daily.

We looked at staffing rotas and spoke with the deputy manager about the level of staffing throughout the home. We were told during the day on the top floor there were either two nurses and three care workers or one nurse and four care workers. On the middle floor there was one nurse and six care workers and on the ground floor there was one nurse and three care workers. During the night there was one nurse and two members of care staff on the top floor, one nurse and two members of care staff on the middle floor and one nurse and one member of care staff on the ground floor. We were told the numbers were due to be increased to one nurse and two members of care staff on the ground floor during the night. Staffing rotas we saw confirmed this. We were told there were occasions when there was only one nurse and four care workers on the top floor. One member of staff said, "There's never enough staff

Requires Improvement

Is the service safe?

but people get good care." Another member of staff told us "There are usually enough staff to deal with people's complex needs." A visiting professional said, "When there is only one nurse on the top floor it does impact on the care." We therefore concluded there was not always enough staff to keep people safe. This was a breach of Regulation 22 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at staff recruitment records and found there were robust procedures in place. Staff completed application forms, their identity was checked, references sought from previous employers and checks were made with the Disclosure and Barring Service to ensure staff employed were safe to work with vulnerable people. One member of staff we spoke with said, "The recruitment process was done professionally and my references were followed up."

We spoke with staff about their understanding of safeguarding who were able to explain the types of abuse and what they would do if they witnessed anything. They said they had no doubt the manager would take any allegations seriously. Staff told us about the whistle-blowing procedures and would have no hesitation in using them if they had any concerns at all. We were told by the provider that safeguarding adults training for staff was up to date and for those requiring updates, courses were booked, this was evidenced in the homes training matrix.

We found the provider had made referrals to the local authority safeguarding adults unit and where advised to do so had carried out a thorough investigation. This ensured any allegations of abuse were acted upon appropriately and within the provider's policies and procedures.

In the care plans we reviewed we saw there were robust risk assessments in place. For example, in one person's file we saw the person preferred to be nursed in bed all day and all night. We saw there was a tool to assess the risk of pressure area damage and this had been regularly reviewed and updated.

People's care plans showed their needs were regularly assessed. In one person's care plan we saw someone was at risk of falls and they should be observed when moving around the home. This had been reviewed and stated the person 'remained restless and their mobility was very unsteady'. It was therefore identified that the assessment was still appropriate and relevant to the person's needs. We observed the person moving around the home and saw staff respond in line with instructions in their care plan.

Good

Is the service effective?

Our findings

People were supported by staff who received training appropriate to their role and the needs of people who used the service. We saw training appropriate to meeting people's needs was carried out which included; moving and handling, fire safety and health and safety. Other specific training included dementia awareness, crisis management, basic life support and Deprivation of Liberty Safeguards. However, the majority of training was e-learning and we could not see evidence of staff competency checks other than bi-monthly specific topic supervisions, these included infection control, care documentation, sleeping on duty and moving and handling. We were provided with a copy of the home's 'compliance summary' which gave a summary of the percentage of staff who had completed courses during 2014, how many were due to expire soon, how many had courses booked and a small percentage which were late or expired. This demonstrated the provider actively monitored staff training.

Staff we spoke with told us they received supervision from their unit manager every three months. One member of staff told us they had an appraisal in 2014. Statistics that were provided by Atkinson Court Care Home showed the majority of staff had received an appraisal in 2014. We looked at three staff files and saw copies of people's supervisions and appraisals. We found where action had been required they had been monitored and discussed with the individual.

Staff had received training in the Mental Capacity Act 2005 (MCA 2005). We looked at the care records of five people who used the service and found consideration had been given to the MCA 2005. We saw evidence in people's care files of mental capacity assessments being carried out which were decision specific. For example, in one person file we saw a capacity assessment with regard to the person's ability to consent to the use of 'bed side rails'. The person had been deemed to lack capacity to make that decision therefore a best interest's decision had been made involving the person's family.

We looked at whether the service was taking the Deprivation of Liberty Safeguards into consideration when assessing people who used the service. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. We were provided with information prior to the inspection which indicated there were four people who were subject to authorisation under the Deprivation of Liberty Safeguards.

We observed the lunch time meal on each of the units and found some people ate in the dining room and others chose to eat in their rooms. The meal experience for people was very pleasant, the atmosphere was calm and people were chatting between themselves. We saw the tables were nicely laid out with table cloths, cutlery and flowers. One person was given a meal they did not want and staff willingly changed the meal for the second option. We saw staff asked people if they wanted any support with eating and they wanted their food cutting up.

People we spoke with told us they thought the food was good and there was plenty of choice. One person said, "We are well fed", another person said, "It is lovely food." A relative we spoke with said, "If my relative doesn't fancy breakfast they will do her a couple of boiled eggs later in the morning." We observed the drinks trolley being taken round during the day and people had jugs of juice in their rooms. People who used the service told us sandwiches were also available at supper time.

We saw some people were on food and fluid charts where it was identified they were at risk of weight loss or dehydration. This showed the service were effectively monitoring people's nutrition and as a result of this and where appropriate referrals were made to the person's GP's and a dietician. We were told by a visiting health professional that the service were very prompt in obtaining healthcare advice and this was confirmed in peoples care records.

On the floor which caters predominantly for people living with dementia had been adapted in some areas to enable people to orientate themselves to their surroundings. For example, at one end of a corridor we saw a wall mural which was a garden theme. Some of the bedroom doors were brightly coloured to enable people to identify their bedrooms, although some of the doors were still plain in colour. We found items in rummage baskets in one of the corridors with different textures which gave tactile stimulation.

Good

Is the service caring?

Our findings

We were told by the provider they worked closely with the local palliative care team and some staff had undertaken training with them. However, we could not see this evidenced in the staff files we looked at.

During our observations throughout the day staff were kind, caring and genuinely eager to meet the needs of the people who used the service. Whilst on one unit we saw a member of staff giving a person a hand massage which the person was obviously enjoying. People we spoke with were very complimentary about staff.

We spoke with a relative of a person who used the service who said, "They treat my relative very well and reassure them a lot." Another person said, "I used to work in social care and I can say this home is amazing." We were told by visitors to the home they could visit at any reasonable time and can join their friends and relatives for lunch. Someone else said, "It's such a good atmosphere here, people are always laughing."

Staff told us they tried to ensure people's independence for as long as possible, for example, when delivering personal care if the person was able to wash the top half of their body staff would assist with the lower half and not just wash or shower the whole body. People were assisted to choose the clothing they wore; staff did this by showing people options from their wardrobes. Staff we spoke with said, "It is really important to help people retain their independence, it's our job to make sure people are able to retain a good quality of life."

We spoke with staff who told us how they maintained people's privacy and dignity. One person said, "I always knock on people's doors before entering." We observed staff treating people with dignity and respect. For example, during lunch one person complained of pain in her foot, a member of staff immediately assisted her back to her room to investigate. This ensured when examining the person's foot it was done privately. Another member of staff discreetly went up to a person and asked if they would like assistance with cutting up their food. The person said yes, and the staff member chatted with the person whilst they were doing so.

We saw a named key worker in each person's care plan. Therefore staff were able to build a relationship with people they were caring for. This was evident in our observations, it was clear staff knew people well. People who used the service seemed very comfortable with staff. Care plans we reviewed documented information about people's likes and dislikes, personal information about who and what was important to them. This ensured staff were able to understand the person and speak to with them about things they were interested in.

Some people who used the service showed us their bedrooms; we saw they were decorated in an individual style with lots of personal items. People were very proud of their rooms and took time to show us their family photographs and things that were important to them. People were able to access their rooms throughout the day. We saw people moved around the home freely and where required staff assisted people to return to their rooms.

People's beliefs and religious needs were taken into account by staff. One person we spoke with told us they were able to take holy communion in their room.

We were told by people who used the service that their friends and relatives good visit at any reasonable time and could also share meals with them. We saw there were several areas around the home where people could spend time with their visitors in private.

Requires Improvement

Is the service responsive?

Our findings

Throughout the day we did find instances where call bells took several minutes to answer. During lunch time we observed a lady shouting out in the lounge area and a member of staff walked past and ignored her. The person had tangled her Zimmer frame between a table and chair and needed assistance to move it. We spoke with staff who then went to assist her. We heard another person say they had been waiting since having their hair done for assistance with personal care; again we highlighted this to staff. We saw a comment with regard to this issue in one of the surveys, it said, "Intercom not always responded to as quickly as I think it should be." We did not see any actions plans relating to this comment. We therefore concluded there was not always enough staff to keep people safe and respond to people's needs within an acceptable time frame. This was a breach of Regulation 22 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw the results of the 'residents' survey from November 2013 and found questions were answered with either strongly agreed or agreed. One of the comments from the survey was "I love it here and I am cared for."

We saw there were various activities within the home, for example, bingo, painting and a darts tournament. One person who used the service told us there were 'bus trips to the seaside'; there were also smaller trips for people who were less able to travel on a large coach. People could choose what they wanted to do and staff encouraged people to get involved. The activities people took part in were documented in the 'social activity plan' contained within their care plans this ensured people were not becoming socially isolated.

There was a purpose built hairdressing salon at Atkinson Court Care Home and on the day of our inspection it was very busy throughout the day. One person told us, "I have my hair done once a week, it makes me feel so much better." and "We have pamper days, I enjoy those."

We looked at people's care plans and found they were individual to the person. Sections requiring risk assessments had them included and these assessments were regularly reviewed. We were told by the provider reviews were conducted on a six monthly basis with people who used the service and their relatives. Medication reviews were undertaken annually with the person's G.P to ensure that all medications were still effective. We saw a tool for auditing care plans which was a four page document. This covered for example, if allergies, pain assessment, falls risk assessment and a moving and handling assessment were recorded. Where information was missing this was recorded and checked to ensure it was subsequently completed.

We saw there were monthly health indicators for each person who used the service, this was a matrix showing everyone's current weight, a MUST score, which is a malnutrition scoring tool, was in place, people's dependency level score had been established, whether they had any current infections and if they had been referred to a G.P. This ensured the provider had an overview of every person which showed if people's needs were being met.

Atkinson Court Care Home had a comprehensive complaints policy and this was displayed in the reception area of the home. We reviewed recent complaints and saw they had been responded to appropriately, detailed and in a timely manner. People we spoke with told us they would be happy to raise any concerns with the management. Each unit had a manager and we were told they were readily available to speak with people. Relatives who had voiced concerns were happy with the response they received. One person said, "We had a concern about my relative's food being cold by the time it was served in her room. The floor manager is keeping an eye on this for us." Another relative said, "My relative was unsettled and confused when a male carer was on duty so they make sure only female staff help her now."

Good

Is the service well-led?

Our findings

At the time of our inspection the home had a registered manager who had been registered with the Care Quality Commission since June 2012. There were also unit managers for each floor who were nurses.

We spoke with four members of staff who said, "I feel supported." "I am happy working here." "The manager is good." "We work well together and the manager is friendly." and "The manager is a lovely person. I have never had a manager like her before. There are no barriers and you can go to see her anytime. She always listens and never says she does not have time."

People who used the service, relatives and staff told us they regularly saw the management. We were told the manager did a 'walk round' each day trying to see as many people as possible and ask some about their experience. We were told it was very useful having a unit manager readily available to support people who used the service, relatives and staff members.

We saw copies of staff meeting minutes which included information on for example, the Dementia Advisory Group, language staff were using and a shortage of crockery. We were told unit managers dealt with day to day issues on the unit and conducted staff meetings, supervisions and annual appraisals. Staff told us they were kept updated of any changes to the service and felt their opinion was taken into account.

We looked at what systems were in place to ensure the manager could assure themselves they were providing a quality service to people. We found there were extensive audits which were carried out by the registered manager and the operations director. We saw the 'Monthly Operations Director Visit Records', they carried out interviews with people who used the service, staff, relatives and visitors. They did an inspection of the premises, which included checks of people's bedrooms to see if they were personalised. They looked at care plans and staff files. We saw any areas of concern identified, for example, they had noted the kitchen needed a deep clean and on one occasion there was a slight odour on the ground floor. We saw there were action plans for areas identified, which were followed up on the next visit.

The manager's monthly audit looked at several areas, including care documentation, a review of pressure ulcer audits, complaints management, staffing, health and safety medication, falls and mattress audits. We found these audits to be comprehensive and were a good tool to enable the registered manager to monitor the service effectively.

We saw accidents and incidents were recorded. The manager checked to see if there were any themes or trends emerging. This analysis had not brought to light areas requiring improvement. However, where appropriate information had been shared with the staff team to ensure lessons were learnt. We had been informed of reportable incidents as required under the Health and Social Care Act 2008.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **People who used services were not protected against risks associated with the unsafe use and management of medicines.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **There were not always sufficient staff to keep people safe.**