

Leonard Cheshire Disability

Athol House - Care Home Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Athol House is a care home for people with learning disabilities. Athol House accommodates 21 people living with a physical or learning disability. At the time of our inspection 15 people were living at the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: The provider delivered care in a way that maximised people's choice, control and independence. However, although the provider delivered an individualised level of care, we found the layout of the building did not optimise people's independence. The building was a large home and we could not see evidence that the home met the needs of people living with a learning disability. The provider considered risks to people's health and safety and had appropriate risk management guidelines in place to mitigate these. Lessons were learned when things went wrong. Accidents and incidents were recorded and investigated as required. The provider managed people's medicines safely. Records of administration were kept when the provider administered both oral and topical medicines and care staff had a good level of understanding of their responsibilities in all areas.

Right Care: The provider delivered care in a way that was person-centred and promoted people's dignity, privacy and human rights. People were supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The provider had appropriate systems in place to protect people from the risk of abuse. The provider ensured there were enough suitably qualified and experienced staff in place to support people. The provider had appropriate infection control systems and processes in place.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives. The provider engaged people in the running of the service and had effective systems of audit in place. The provider understood their obligation to be open and honest and promoted a positive culture that achieved good outcomes for people. The provider worked in partnership with other multi- disciplinary professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection and update: The last rating for this service was requires improvement (published 21 April 2021) and there were breaches of regulation 12 (Safe Care and Treatment) and regulation 19 (Good Governance). The provider completed an action plan after the last inspection to show what they would do

and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from required improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Athol House - Care Home Physical Disabilities on our website at www.cqc.org.uk.

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.

Is the service well-led?

Good ●

The service was well-led.

Athol House - Care Home Physical Disabilities

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team included 1 inspector and a member of the CQC medicines team.

Service and service type

Athol House is a 'care home' for people with learning disabilities. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection, the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service. We spoke with 6 members of staff including the registered manager, team leader, activities worker, care and domestic staff. We reviewed a range of records, including three people's care records and multiple medicine records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We continued to seek clarification from the provider to validate evidence found. We looked at data regarding staffing and quality assurance records. We contacted five healthcare professionals and received feedback from three professionals. We spoke to two staff members and four relatives.

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 Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management;

- At our last inspection we found risks to people had not always been considered, assessed or planned to ensure people received care safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was no longer in breach of Regulation 12 because they had rectified issues in this area. . At this inspection we found the provider fully considered risks to people's health and safety and had appropriate risk management guidelines in place to mitigate these. For example, we reviewed 1 person's risk assessment relating to their risk of seizures. We found there was a clear assessment in place which detailed the medicines they were required to take, the signs they were having a seizure, how staff could keep them safe during a seizure as well as when they would be required to contact the emergency services.
- Care staff demonstrated a good level of understanding about how to manage risks to people's health and safety. They gave us examples of their health conditions, how they affected people's care needs and the risks that emanated from these.
- At our previous inspection we observed 2 wheelchairs being charged in the main lounge area, which created a risk for people entering the lounge. Staff told us they had nowhere else to charge people's wheelchairs. At this inspection we found the provider had risk assessed the charging station for wheelchairs to ensure any risks emanating from this were minimised. Risk assessments were reviewed in line with the provider's policy on a bi-annual basis.

Learning lessons when things go wrong

- The provider learned lessons when things went wrong. Accidents and incidents were recorded and investigated. We reviewed a sample of accidents and incidents and found the provider made a note of lessons learned or changes that were required to people's care as a result. People's risk assessments were also amended to reflect changes that were required to their care as a result.
- The provider also learned lessons from accidents and incidents that took place across the organisation in other homes. These were discussed in team meetings to ensure care staff had the most up to date information about how to improve people's care as a result.

Using medicines safely

- At our previous inspection we found people's medicines were not always being managed safely as people's electronic medicine administration records (MAR) did not always record the application of their external use [topical cream]. At this inspection, we reviewed 3 people's MAR charts and found records were being kept of the application of people's medicated creams. MAR charts tallied with people's medicines care plans and we reviewed the stock for 3 people's medicines and found this was accurate and tallied with their records.

- People had medicines care plans in place which detailed the medicines people were taking, what dose as well as what they were for. Where people's medicines had changed or been discontinued, we saw their care records contained evidence from their GP and their care plans and MAR charts were updated. Where people took medicines "as required" ("PRN"), we saw their electronic care records included protocols to assist staff in determining whether they needed it. At the time of our inspection, all people using the service could verbalise their needs and whether they were in pain. However, the deputy manager confirmed they would use pain assessment tools if this was not the case.
- People who required regular blood tests as part of their medication management had district nurses attending to them regularly, conducting the relevant tests and making any necessary changes to their medication as a result.
- Staff demonstrated a clear understanding of their responsibilities when administering people's medicines. They received annual training and competency checks. The provider had a clear medicines administration policy and procedure in place.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to protect people from the risk of abuse. People told us they felt safe using the service. 1 person told us "I feel safe with them- they take care of me."
- Care workers demonstrated a good level of knowledge about the actions they were required to take if they suspected someone was at risk from abuse. One care worker told us "I've got no concerns about people here. If I was worried, I would report it. I don't care if it annoys anyone, I'm here to care for the people."
- The provider had a clear safeguarding policy and procedure in place which included details of the process they were required to follow in the event of someone being abused.
- Staff supported people with their finances by helping them with pre- paid cash cards as well as taking care of their cash. Where people required cash there were records in place which detailed their expenditure as well as how much money they had left. We counted one person's money and found the provider's records to be accurate.

Staffing and recruitment

- The provider ensured there were enough suitably qualified staff to provide people with care. This included a permanently based deputy manager. People told us there appeared to be enough staff on duty and whenever they rang their call bell, this was answered quickly. One person told us "I have rung the call bell a few times- they come quickly when I do. I get the help I need." We observed call bells being responded to quickly.
- Care staff confirmed there were enough of them on duty to support people. Their comments included "If someone calls in sick we've got team leaders too who can step in. There's always someone around to step in if we need, so we're not left short" and "There are enough staff- yes... I was shocked in a positive way- there are a lot more staff here than I'm used to."
- The provider conducted appropriate pre- employment checks before hiring anyone to work. We reviewed 5 care worker files and saw these included details of people's career history, 2 references, evidence of their right to work in the UK as well as criminal record checks through the Disclosure and Barring Service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting arrangements were safe for people using the service. Masks were available should people require this.

Consent

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.

- We found the provider was meeting the requirements of the MCA. People had mental capacity assessments in place to confirm whether they had capacity to consent to their care. Where the assessment concluded that people were lacking in capacity to consent to a particular matter, we found best interest decisions were in place for these people. Where needed, we also found valid DoLS authorisations were in place. Where people had capacity to consent to their care, we saw they had signed consent forms confirming this.
- Care staff demonstrated a good level of understanding about their responsibilities to provide care in accordance with people's valid consent. 1 care worker told us, "I never make decisions for people. I always get consent from people."

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 Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The provider engaged people in the running of the service. Residents and relatives meetings were held on a quarterly basis and minutes were kept of these. We read minutes of meetings and saw relevant issues were discussed such as people's participation in activities.
- The registered manager and other staff were clear about their roles and responsibilities. Staff demonstrated a good understanding about their roles. 1 staff member told us "It's our role to support people to live their best lives. When we do this, we need to always remember, we are in their home."

Continuous learning and improving care;

- At our previous inspection we found the registered manager did not have effective quality assurance systems to monitor the service delivery as they had not identified the issues and concerns found. At this inspection we found the provider was routinely conducting a number of audits to ensure people were receiving a safe service. This included audits about call bell response times, medicines management, infection control, care records and an overall, in depth quality review of the service, which included requesting people's feedback among others. We reviewed a sample of these audits and found where concerns were identified, plans were put in place to rectify these. For example, we saw the care record audits identified issues which were quickly rectified.
- At our previous inspection we found staff had not received training in supporting people with learning disabilities which meant they did not always have the required skills to support people in a person-centred way. At this inspection we found the provider had acted on this and was now providing appropriate training in this area.

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 provider understood their obligation to be open and honest and to report notifiable incidents to the CQC where needed. The registered manager ensured notifications were sent to the CQC as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a positive culture that achieved good outcomes for people. Staff gave good feedback about the service, the management team as well as their colleagues. 1 staff member told us "The

management are very supportive. We have care workers meetings- every month. If we have an issue we want to raise, we can and they'll deal with it".

- People and their relatives also gave good feedback about the service as well as the managers and staff. Their comments included "I like living here" and "Overall, I am happy with the care I get here."
- We reviewed minutes of monthly residents' meetings and saw they included discussions on a variety of matters including food and activities. People told us they found these meetings useful. 1 person told us "We have meetings once a month. We said we wanted some other food on the menu and they did what we asked. I don't have any problems or complaints."

Working in partnership with others

- The provider worked in partnership with other multi- disciplinary professionals. People's care records showed evidence of joint working with other professionals such as social workers and people's GP. Where advice was given by the professional, we saw this was recorded and the details were followed. The provider employed a physiotherapist who attended the home 1 day a week. They supported people with their movement, exercises as well as referrals and checks on their equipment. They provided positive feedback about their working relationship with permanently based staff.
- The registered manager worked closely with other managers of services run by the provider. This involved information sharing meetings and identified lessons learned for future staff learning.
- The provider worked with the local community to provide activities for people living at the home. This included, working with a local school, college and music groups.