

Brownlow Enterprises Limited

Athenaeum Residential Care Home

Inspection report

34-36 Athenaeum Road
Whetstone
London
N20 9AH

Website: www.ventry-care.com

Date of inspection visit:
12 February 2020

Date of publication:
11 March 2020

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

Athenaeum Residential Care Home provides accommodation and personal care for up to 21 older people. On the day of our visit there were 20 people living in the home.

People's experience of the service

Systems and processes were in place to keep people safe and risks associated with people's care needs had been assessed. There were enough staff to meet people's needs and recruitment processes and procedures were robust. Medicines were managed safely.

Although the service appeared clean and well maintained, there was a smell of urine in the communal lounge area.

We recommended that the service review their cleaning processes to ensure that there is no sign of malodour throughout the premises.

Staff received training and supervision for them to perform their role. People's nutrition and health were supported and promoted. 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.

Staff knew people well and care plans were detailed and provided staff with clear guidance on how to meet people's needs. Staff respected people's privacy and dignity and encouraged people to remain independent. People and relatives could express their views about the running of the home.

People received personalised care and support which met their needs, reflected their preferences. People benefited from a variety of activities, events and trips out that were available to reduce social isolation, give meaning and purpose and enhance their wellbeing.

The service was well led. People, staff and relatives spoke positively about the registered manager and the provider. There was a positive culture throughout the service which focused on providing care that was personalised. The management team used a variety of methods to assess and monitor the quality of the service. They were aware of their regulatory responsibilities associated with their role.

More information is in the full report.

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

The last rating for this service was good (report published June 2017). The service remains good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 service below

Athenaeum Residential Care 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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one 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

Athenaeum Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We carried out the inspection visit on 12 February 2020. It was unannounced.

What we did

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider completed 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 improvements they plan to make.

During our inspection we spoke with the covering manager, two care staff, the chef and the activities coordinator. We also spoke to five people who used the service and three relatives. We looked at three care records and three electronic staff files; we looked at various documents relating to the management of the service which included medical records, training data and quality assurance records. After the inspection we spoke to a further two relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

On our arrival there was a smell of urine in the communal lounge, we discussed this with the manager who was covering for the registered manager who was on leave, they told us that deep cleaning of the carpets was usually undertaken at night to ensure a minimum disruption to the residents. They told us they would take prompt action to increase the regularity of the deep clean. The smell had been alleviated before we completed our inspection.

We recommended that the service review their cleaning processes to ensure that there is no sign of malodour throughout the premises.

- Staff demonstrated good infection control practices. Staff were seen to wear personal protective equipment such as gloves and aprons where needed and the service was clean in all other areas

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. A relative told us "Yes, he's safe. It's very secure there and you can only get through to the garden from inside the home. If there are any concerns and safeguarding issues, they are very good at responding."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The risk assessments covered preventing falls, moving and handling, nutrition, skin integrity and weight assessments.
- Fire systems and equipment were monitored and checked to ensure they were in good working order. A maintenance person was readily available to ensure continuous safety.
- Each person had a personal emergency evacuation plan which detailed the support they required to leave the premises in an emergency.

Staffing and recruitment

- There was enough competent staff on duty during the day and night.
- On the day of our visit, when people needed assistance staff responded promptly.
- We noted that the service did not use any agency staff and most of the staff had worked in the home for

many years, this ensured continuity of care for people living there.

- Recruitment files were electronic and well organised, and all relevant checks and references were obtained prior to staff starting work.

Using medicines safely

- The service had safe arrangements for the storing, ordering and disposal of medicines. The staff responsible for the administration of medicines were all trained and had had their competency assessed regularly.
- Medicine Administration Records (MARs) were completed and audited appropriately.
- There were instructions for staff about giving medicines people could take as and when they were needed; which ensured people had prescribed access to pain relief or laxatives, with suitable spaced doses.

Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively. The managers at the service reviewed this information and took appropriate action to reduce the risk of reoccurrence.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 had been assessed prior to them moving into home and their needs continued to be assessed as and when needed. These assessments considered any protected characteristics under the Equality Act, such as religious needs. Assessments of people's needs were detailed and identified the areas in which the person required support.
- The service used nationally recognised assessment tools, such as the malnutrition universal screening tool (MUST) and Waterlow. Waterlow is a tool used to assess people's risk of pressure damage. This meant assessment tools were evidence based.

Staff support: induction, training, skills and experience

- Induction and ongoing training programmes were in place. One staff member told us, "We do lots of training, the training here is pretty regular."
- The provider had a training department who organised and monitored staff training. Each staff member had a 'personal development plan.'
- Staff were provided with opportunities to discuss their individual work and development needs. Supervision meetings took place regularly, as well as staff meetings, where staff could discuss any concerns and share ideas.

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

- People told us they really enjoyed the food at the service and were offered choices. A relative told us "He wolfs it down! And he has sandwiches and biscuits in his room."
- Care plans included information about people's dietary needs and their likes and dislikes or any specific aids people needed to support them to eat and drink independently. The chef told us he asked for feedback after every meal.
- We observed over the lunchtime period people were supported to maintain their independence to eat their meal at their own pace without being rushed in any way. Meals were served in a dignified and interactive manner.

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

- Staff supported people to see external healthcare professionals regularly such as physiotherapists, occupational and speech and language therapists. All these visits were documented in peoples' care plans.
- Staff had received training on oral health and each person had oral health included in their care plan.
- Everyone had an up to date 'hospital passport' which was a document that would be sent with the person

if they had to go to hospital. This document contained important information about the medical and healthcare needs of the individual so staff at the hospital knew how best to care for that person.

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

- People were complimentary about the environment they lived in.
- The premises were suitable for people's needs and provided people with choices about where they could spend their time. There were extremely pleasant gardens and patio areas and the premises were in good decorative order.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made to deprive people of their liberty within the law.
- We observed that staff asked for people's consent before they provided any support.
- Staff demonstrated a good understanding of this legislation and how to gain consent when people lacked capacity.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us they had friendly relationships with staff and staff were caring in their approach. Comments from relatives included "They treat him very respectfully. He's not an engaging type of person, so they do look after him. When I've mentioned something like a cuppa or a sandwich, they are quick to respond with a smile on their face " and "They treat her very nicely and respectfully."
- Staff spoke with empathy about people and told us they enjoyed spending time with the people they supported and knew what was important to them and how to offer people comfort and reassurance. One staff member said, "We know all our residents well and treat them like our own parents."
- People's care records contained information about people's background, history, what was important to them and their choices and preferences.
- People were supported to establish and maintain relationships with their families and friends.

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

- People confirmed they had been involved in making decisions about their care and support. A relative told us "Yes, we spoke about things like his allergies and they sorted out with the GP which had to be done in writing."
- Care records clearly reflected the full involvement of the person and how they were supported to make decisions about their care. For example, one care plan recorded, " x likes to have a bath after breakfast."
- People's religious and cultural needs were recorded and respected. The activities coordinator told us, "We always celebrate religious festivals and have cultural food days."
- We observed a member of staff talking in French to one of the people using the service.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt the staff respected their privacy, such as knocking on their bedroom doors. A person told us "Yes, they knock, and they wait for me to say come in."
- The service promoted independence. A member of staff told us "We work with people and give them lots of encouragement to do things for themselves." A person told us "They leave me to brush my own teeth."
- We observed staff communication with all residents was warm and friendly.

Is the service responsive?

Our findings

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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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives told us that the managers at the service were visible and known to them and approachable. A relative told us "Yes I think it's very well-run."
- Staff were fully aware of their responsibility to provide a quality, person-centred service.
- There was strong and clear leadership at the service. The manager and staff felt well supported by the provider. There was a clear vision on what the service wanted to achieve for the people who lived there.
- Staff told us of the positive management structure in place that was open and transparent and available to them when needed. One staff member said, "The manager is very supportive, friendly and helpful."
- The manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

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

- Staff were happy, and proud to be working at the service and motivation was high. We saw that a number of staff had worked for the service for many years which led to consistency and continuity of care.
- We saw there were systems in place to monitor the care and safety of the service, and the maintenance of the building and equipment. This included regular audits of people's nutrition, medicines, staff records, care plans, health and safety and accidents and incidents. The registered manager also undertook regular night spot checks.
- There were also audits carried out by the providers' head office that followed the Care Quality Commission's key lines of enquiry.

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

- The provider and staff team encouraged people and their relatives to express their views about the running of the service. Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve.
- The provider sent surveys to people and stakeholders in November 2019, we saw that response was positive and no concerns were raised.
- Regular residents' meetings also took place which gave people and their relatives to give feedback and discuss any issues of concern.

Continuous learning and improving care

- The management team kept themselves updated with new initiatives and guidance by attending regular 'provider forums' in the local authority, and managers' meetings organised by the providers head office.
- Monthly staff meetings gave staff the opportunity to feedback on the service. Meeting minutes showed topics discussed were varied and that staff used this opportunity to share best practice.

Working in partnership with others

- The service worked with social workers, dieticians, GPs and occupational therapists to ensure relevant information is passed on and there was continuity of care.