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 effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 24 April 2018. Athol House accommodates 21 people living with a physical disability. The service is situated in a purpose built large building with a large communal area, bedrooms and bathrooms located on all floors. Athol House 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. At the time of this inspection 21 people were living at the service.

At our last inspection we rated the service Good. At this inspection we found the service continued to meet the standards and the rating for the service remained Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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

There are established safeguarding processes in place at the service. Staff understood abuse and the actions to take to protect people from harm and abuse.

Staff assessed risks to people's health and wellbeing. Risk management plans were developed to help staff understand those risks and the actions they should take to reduce them.

People's medicines continued to be managed in a safe way. Staff used the systems in place for the safe administration, ordering and storage of medicines.

Infection control processes were in place at the service. Staff used personal protective equipment to help reduce the risk of infection for people. The service was clean, well maintained and adapted for people's use.

There were enough members of staff on duty to care for people effectively. People had support from staff to attend social events when necessary. Staff had support through training, appraisal and supervision in their jobs.

People had support to have maximum choice and control of their life and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had sufficient information so they could give staff consent to the care and support they received.

There was an onsite cook who prepared meals for people. People had choice in the meals they had and their individual nutritional needs and personal meal preferences were met.

People had access to health care services when their health care needs changed and when this was routinely required. Staff went with people to hospital appointments when needed.

People told us staff showed them compassion, kindness and were respectful. Staff spoke and cared for people in a dignified way that ensured their privacy was respected whilst they delivered care.

Assessments were completed with people and their relatives. These assessments placed people at the centre of their care and support, were person centred and used to record people's needs. Assessments were used to develop a plan of care to ensure people's needs continued to be met. Care plans detailed the support people required to meet their individual needs. People discussed their end of life care plans and their views and wishes were recorded.

People had access to a complaints system so they could make a complaint about any aspect of the service. The registered manager followed the registered provider's complaints policy to ensure these were handled correctly.

The registered manager continued to ensure the service was regularly monitored and reviewed so it provided good quality care. Staff enjoyed working at the service and understood their role. The registered manager had an 'open door' policy and staff felt the registered manager was helpful and approachable. CQC were kept informed of incidents and events that occurred promptly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well led.	Good

Athol House - Care Home Physical Disabilities

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 was planned to check 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.

We carried out this unannounced comprehensive inspection on 24 April 2018. The inspection team included one inspector and two experts 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.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used 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.

As a part of the inspection we spoke with 12 people who used the service. We also spoke with the registered manager, the deputy manager, the cook and three members of the care staff. The records we looked at related to the delivery of care to people and the administration and management of Athol House. We looked at five care records, four recruitment files, staff duty rosters, quality audits and medicine administration records for each person using the service.

We spoke to a visiting professional for their views of the service during the visit.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. People shared with us positive comments about the care staff and their safety at the service. People's comments included "Yes, I feel safe – they [staff] are all very friendly. The environment makes me feel safe", "Yes, I feel very safe", "I feel safe because we have a good team here, day and night. If I press my buzzer, staff always come quickly" and "I feel safe. I like it here."

The service continued to have methods in place to help protect people from harm and abuse. The registered provider's safeguarding policy provided staff with guidance on the types of abuse and how to support people who may be at risk of abuse. Training in safeguarding adults was provided to staff. Staff we spoke with were confident about what actions they would take to reduce the risk of abuse to people. Care workers shared their comments with us about keeping people safe from harm. This included, "I know what safeguarding is", "We need to keep people as safe as possible" and "Safeguarding means keeping people safe from abuse."

Risks to people's life and health continued to be assessed. Staff followed the registered provider's guidance to identify risks associated with people's wellbeing and health needs. Staff identified risks in relation to eating, drinking and walking, as well as people's mental health needs. Each person's risk management plan detailed the actions staff and people could take to reduce the likelihood of harm. Risk assessments were reviewed at least six monthly or sooner when an urgent review was required.

Staff completed risk assessments on the home environment. Risk assessments were completed on infection control, the building, garden, bedrooms, communal areas and in the kitchen. Where a concern was found, for example the flooring in the communal area, this was arranged to be fixed. Staff arranged regular testing of water systems and fire safety equipment to ensure it was well maintained and accessible.

The registered manager reported on accidents and incidents at the service. When an incident occurred at the service the details were recorded of how it was managed and shared with staff. This allowed staff to be aware of events that occurred in the service and discuss and learn from them.
There were processes in place to reduce the risk of infection. Staff had access to and used hand sanitising gel, gloves and aprons to help them to protect people from the possibility of infection. No concerns were found following a recent review of the hygiene and infection control audit at the service.

People continued to receive their medicines in a safe way. Staff followed established systems to ensure people had their prescribed medicines. Staff understood how to order medicines so people did not run out of them. Staff confirmed they completed a medicine competency assessment before they could administrate medicines. There were practices for staff to manage the storage, administration and disposal of medicines. Records relating to medicine management were kept, reviewed and audit by senior staff. This ensured records were accurate and people had their medicines as prescribed.

There were enough staff to support people daily. We checked the staffing levels on the day of the inspection. We found these corresponded to the daily staff rota. People we spoke with said there were enough staff to

support them and did not express any concerns about staffing levels. We observed people had the required support they needed including at mealtimes when those in need of help were given assistance from staff on a one to one basis.

Staff were recruited to ensure they were suitable for employment at the service. Staff records contained details of the recruitment and job application process they underwent before working with people at the service. The Disclosure and Barring Service (DBS) carried out criminal checks on staff. This allowed the registered provider to carry out checks and make informed decisions to prevent unsuitable people from working with people. Newly employed staff provided details of their employment history including reasons for any gaps, job references, personal identification and evidence of their right to work in the UK. Staff were confirmed in post once all checks were returned.

Good

Is the service effective?

Our findings

Staff cared for people in an effective way to ensure their needs were met. People continued to have an assessment of their care needs. Staff supported people to be involved in the completion of their assessments to ensure their involvement and their views were heard. Assessments involved the input from health and social care professionals as required. Assessments identified people's health needs, histories and the social activities they enjoyed. These were recorded and the assessment was made available to staff to ensure people's needs were consistently met.

Staff received support from the registered manager to carry out their jobs. Records showed staff had training, supervision and an appraisal to support them. Records showed staff completed mandatory and refresher training in moving and handling, health and safety and basic life support. This helped them to continuously improve and build on new knowledge and skills. Staff shared their comments such as, "I have done a lot of training", "The manager always tells me about any new training that may help me", "I have completed all the training I needed" and "Each year I attend the training and I am happy with what I have learnt, it has helped me in my job."

Staff attended supervision meetings with their manager. This allowed staff and their manager to explore and discuss any practice issues, and enabled staff and their manager to identify and deal with any issues that occurred. Staff confirmed that each year they had an appraisal of their performance. This allowed staff to have an overall view of their work, their achievements, and discuss long term goals for the next year. A record of supervision and appraisal meetings were agreed to by staff and their manager.

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether related assessments and decisions had been properly taken. People had an assessment of their mental capacity and where people lacked capacity, a best interests meeting was held to decide on their care. The registered manager had promptly submitted to a 'supervisory body', applications for DoLS for people who lacked decision making capacity. Records showed that applications under the DoLS had been authorised and approved. Staff were trained in the Mental Capacity Act in general, and (where relevant) the specific requirements of the DoLS. Staff kept a record of people who were supported within the MCA and staff safely cared for people by following the requirements in the DoLS. People gave staff their consent before receiving care and support. Care records contained information where a decision needed to be made. They also recorded people's ability to provide this consent or whether a relative needed to provide consent for their relative.

Staff continued to meet people's nutritional needs. There was an onsite kitchen that prepared and cooked meals for people. There was a menu displayed and people could choose from this. People shared their comments with us, "The food is very good. There is always a choice", "There is always a lot of it", "The food is really excellent. We always get enough to eat and drink" and "The food is very good." On the day of the inspection the weather was warm. We observed staff ensuring that people had access to water, juices and snacks and offered them throughout the day. Care records included details of meals people had eaten each day, which helped staff to monitor people's nutritional needs and to ensure staff followed guidance from a nutritional professional as appropriate. Kitchen staff had received training relevant to their role, which included food safety, hygiene and safeguarding adults.

People had appropriate health care support to manage their health care needs. Staff understood people's health care needs and these were recorded on their care records. When people had a hospital appointment this was recorded. People told us that they accessed their GP when necessary. People attended yearly health care checks with their GP, this enabled people's new health concerns to be managed appropriately. Staff also arranged visits to the dentist and accompanied people on these appointments if they required this additional support.

People lived in a service that was adapted to meet their needs. The service had step free access which enabled people to move freely within their home. The communal areas, including the lounge and people's bedrooms were accessible to people to use as they chose. People could easily access the garden. There was a sensory garden and raised flower beds were people could plant and grow fruit, flowers and vegetables.

Good

Is the service caring?

Our findings

People were supported by caring staff. People shared their comments about how staff treated them. People's comments included, "Staff are kind and caring", "They respect my privacy all the time", "This is one of the nicest homes that I have been in. The care team are motivated, that is why they are so good" and "They are all kind and considerate to me."

People and staff were observed interacting with each other in a friendly manner. Staff took time to speak with people individually on a one to one basis. We also observed staff assisting people to move around the building in a patient and courteous manner.

People's needs were known and understood by staff who provided care and support to them. People said, "Yes, they understand my needs very well. They are always very helpful" "Yes, they understand me very well" and "All the staff understand my likes and dislikes. They are very good like that." People's care records detailed people's individual communication needs including the methods used to communicate.

People were supported to communicate in line with the Accessible Information Standard, for example documents were provided using signs and symbols for people with a learning disability, people were supported to get large print books or audio books from their local library and additional support for people who were hard of hearing. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand. Staff assessed people's needs and used the guidance in the Accessible Information Standard. Care records were available in easy read format so people could access information about themselves.

People made decisions about their care and support needs. People had options for their care and support needs and made choices about how staff provided care. One person said, "Most importantly they understand, and respect my wishes." People's individual care was managed so care was delivered in an effective way.

People's care needs were reviewed regularly to ensure they received appropriate care. Care reviews captured people's needs because staff looked at people's current level of need and care plans were reviewed and updated following this. This helped people to receive co-ordinated and effective care that met all their care and support needs.

People were supported to keep in touch and maintain relationships with the relatives and friends that mattered to them. The registered manager had arranged various social activities and people invited friends and relatives. Visitors were welcomed at the service and were encouraged to visit their friends and family members as they chose.

People accessed independent advocacy services if required. Staff often advocated for people if this was required. We were provided an example where staff supported a person to manage their finances and to develop and maintain contact with relatives.

Good

Is the service responsive?

Our findings

Staff provided a service that was responsive to the needs of people living at Athol House. People's needs were assessed and recorded in their care records. People received personalised care because staff developed care plans that captured their needs, views and the care and support required to meet them.

People could enjoy the social activities made available for them. Staff provided people with support to access social activities they enjoyed. People's care needs were regularly reviewed to ensure people's current needs were reflected in their care.

People continued to be supported to do the things they enjoyed doing. The activities co-ordinator managed the activity programme at the service for people. Planned activities were carried out in the lounge area and in a designated activities room. People could take part in exercise sessions, arts, crafts and painting. People also benefitted from individual support to engage in activities of their choice. This usually involved a day out. On the day of the inspection one person was being taken to television studio at the Southbank. Another person said they were going to the theatre to see a musical of their choosing. People and staff were encouraged to take part in activities in the garden. People grew fruits, vegetables and flowers in raised purpose built beds. The garden was divided into separate areas for example shady, sunny and sensory areas of the garden. The greenhouse was wheelchair accessible and allowed people to participate in gardening as part of their activities programme. People could meet their religious needs while living at the service. Staff supported people to attend religious events as they chose. Staff arranged for people to attend a church service each Sunday.

The registered provider had processes in place to manage complaints. Complaints were handled following the registered provider's complaints procedures. The registered manager presented us with outcomes of complaints that showed these were managed appropriately. People we spoke with said they were satisfied with the service and had not made a complaint. One person said, "I am sure that they [staff] would sort out any complaints." Another person had said they had made a complaint about an aspect of care they experienced. The person said that the issue had been resolved quickly. There were notices in the front hall about the complaints policy, and who to contact if concerns arose.

People made end of life choices. Discussions were had with people, relatives and health and social care professionals if required. People discussed their views about how they wanted their end of life care needs to be met. People's views were recorded in an end of life care plan. Staff had access to this information when this was needed, to ensure people's end of life wishes were carried out in accordance with their recorded wishes. End of life care plans included pain control and management of their comfort, as well as arrangements at the end of life.

Athol House had developed links with a local hospice. The service had achieved accreditation under the Gold Standard Framework (GSF). The Gold Standard Framework is nationally recognised to provide specialised training of a high quality to all those providing end of life care to ensure better lives for people and recognised standards of care. GSF is a systematic, evidence based approach to optimising care for

people approaching the end of life. People's individual religious practices were recorded so staff knew how to care for people in accordance with their individual beliefs.

Good

Is the service well-led?

Our findings

People lived in a service that was well run. All the people we spoke with said that the home was well managed. People said, "Yes, I like the manager", "It's very good" "It is very well organised" "The manager is excellent" and "From top down, all good."

Staff said the registered manager and team were supportive. Staff felt the registered manager was approachable which helped them feel valued as part of a team. Staff shared their comments, "The manager is really good, she has knowledge and helps out when she is needed" and "The manager has been here a long time so is able to let me know things other staff don't know." Staff continued to have regular team meetings which enabled staff to discuss their role and share good practice.

The registered manager met their registration requirements with the Care Quality Commission. They notified us of incidents that occurred at the service as required by law.

The registered provider had a clear vison and ethos for the service. People were at the centre of the service and this was evident during our observations. The registered provider's focus was to support people to live, learn and work as independently as they chose. Staff appeared confident about their role, and worked well as a team, to ensure people's needs were met.

People provided feedback about the service. Each year people completed a service questionnaire. This year's results showed that people were satisfied with living at the service and were complimentary about their care and support. People attended regular resident's meetings. This meeting was co-chaired by one of the people living at the service. People said they felt their concerns were listened to and acted on by staff and the registered manager. People shared, "They always [staff] act on our suggestions, if they can" and "The staff do listen to us at meetings." There was a suggestion box in the front hall. This provided people and their relatives the opportunity to provide their views and opinions of the service. A notice was displayed giving details of what action staff took following people's suggestions.

The quality assurance process was used to review and monitor the service. The registered manager carried out and arranged checks on the quality of care. Staff ensured the quality of care records, medicine administration records and the health and safety of the service was maintained. Any concerns found during the audit process were addressed promptly with the team or the member of staff to support their development.

Staff had developed working relationships with health and social care services. This helped staff to make referrals to these services and for people to receive the support they needed in a timely way. This facilitated health care professionals to assess and monitor people's needs as required to help them maintain their health and wellbeing.