Brownlow Enterprises Limited

# Athenaeum Residential Care Home

**Inspection report**

34-36 Athenaeum Road
Whetstone N20 9AH
Tel: 020 8445 8251

Date of inspection visit: 10 March 2015
Date of publication: 29/05/2015

## 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 |

## Overall summary

We inspected Antheneum residential home on the 10 March 2015. This was an unannounced inspection which meant the staff and the provider did not know we would be visiting.

Before we visited the home we checked the information that we held about the service and the service provider. This included statutory notifications and safeguarding alerts. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place on 13 June 2013.

Athenaeum Residential Care Home is owned by Brownlow Enterprises Limited. The 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 who used the service were supported by staff that were kind, caring and respectful of their privacy.

People who needed assistance with meal preparation were supported and encouraged to make choices about what they ate and drank. The care staff we spoke with

# Summary of findings

demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff spoke positively about the culture and management of the service. Staff said that they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-ones and staff meetings and these were taken seriously and discussed.

The registered manager had been in place since August 2013 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 and associated Regulations about how the service is run.

The registered manager provided good leadership and people using the service, healthcare professionals, relatives and staff told us the manager promoted high standards of care.

There were safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were cared for and the staff listened to them and knew their needs well. The staff had the training and support they needed. Relatives of people living at the home were happy with the service. There was evidence that the staff and manager at the home had been involved in reviewing and monitoring the quality of the service to make sure it improved.

The procedures to manage risks associated with the administration of medicines were followed by staff working at the service. There were suitable arrangements for the safe storage, management and disposal of medicines

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home.

CQC monitors the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and reports on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager had knowledge of the MCA 2005 and DoLs legislation and referrals for a DoLS authorisation had been made so that people's rights would be protected.

There was a system in place to monitor the quality of the service and action had been taken when necessary to make any improvements.

.

# 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?**

Good

The service was always safe

Medicines were managed safely for people and records hadbeen completed correctly.

People were protected from avoidable harm and risks to individuals had been managed so they were supported and their freedom respected.

The premises were safe and equipment was appropriately maintained.

Sufficient numbers of suitably qualified staff were employed to keep people safe and meet their needs.

**Is the service effective?**

Good

The service was effective.

People received care from staff that were trained to meet their individual needs. Staff felt supported and received on-going training and regular management supervision.

People received the support they needed to maintain good health and wellbeing.

People were supported to eat healthily.

The manager and staff had a good understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards

.

**Is the service caring?**

Good

The service was caring.

People and their relatives told us staff were kind and caring and we observed this to be the case. Staff knew people's preferences and acted on these.

People and their relatives told us they felt involved in the care planning and delivery and they felt able to raise any issues with staff or the registered manager.

Care was centred on people's individual needs. People were involved in the assessment of their needs and they helped create their care plans. Staff knew people's background, interests and personal preferences well.

**Is the service responsive?**

Good

The service was responsive. People's needs were assessed. Staff responded to changes in people's needs. Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

Care was planned and delivered to meet the individual needs of people .

There were a range of suitable activities available during the day.

There was a robust complaints procedure in place

# Summary of findings

**Is the service well-led?**

Good

The service was well led.

People living at the home, their relatives and staff were supported to contribute their views.

There was an open and positive culture which reflected the opinions of people living at the home. There was good leadership and the staff were given the support they needed to care for people.

There were systems in place for monitoring the quality of the service.

# Athenaeum Residential Care Home

**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 was an unannounced inspection and took place on 10 March 2015.

The inspection team consisted of two inspectors, a nurse advisor 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.

We spoke with ten people who use the service and two relatives. We also spoke with one healthcare professional, two care workers, one senior care worker, the chef and the registered manager.

During our inspection we observed how the staff supported and interacted with people who use the service. We also looked at six people's care records, staff duty rosters, four staff files, a range of audits, the complaints log, minutes for residents meetings, staff supervision and training records, the accidents and incidents book and policies and procedures for the service.

Good

# Is the service safe?

## Our findings

People told us they were cared for very well and had never had any cause to feel concerned with regard to their safety. One person told us, “I have been here longer than I care to remember and I have always felt safe and am well looked after.” Another person told us, “I love it here, I always feel safe.”

People were protected from abuse. Staff told us they had received appropriate safeguarding training, understood abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Records showed that all staff at the home had received recent safeguarding training. We saw this training was repeated annually. We were able to read the provider’s policies and procedures and saw they were appropriate to keep people who used the service safe from harm. There was also a whistle blowing policy. We saw telephone numbers with regard to whistle blowing and safeguarding were displayed in various areas of the home. This meant staff, people and their families were able to easily access the appropriate telephone numbers.

We spoke with the home manager, who was also the safeguarding lead. The home manager and home staff were well informed on safeguarding processes and aware what would constitute a safeguarding concern and knew how and to whom they should report concerns to. There had been no safeguarding concerns in the past 12 months.

Appropriate checks were undertaken before staff began work. Criminal record checks, references, eligibility to work, health and qualifications were reviewed to ensure they were fit to work. Staff also undertook regular training to keep up to date with professional guidance. Staff that had joined the provider in the past year confirmed they were subject to criminal record checks and stated that their referees were contacted. Files we read included completed checks on employment history, correspondence with referees, checks with the Disclosure and Baring Scheme [DBS] and records of their interview with the provider.

Staff explained it was mandatory for staff to complete training on a number of required subjects before commencing work. These courses included working with dementia, medicine administration, safeguarding adults, health and safety, food hygiene and managing challenging behaviour.

Staff records showed that staff attended courses which were appropriate to the provision of a a safe service for people who lived at the home. Mandatory courses were repeated annually. The provider had a comprehensive induction policy. The policy had been written in conjunction with guidelines provided by “Skills for Care.” Staff we spoke with told us they felt ready and fully able to work with the people who used the service subsequent to their induction.

People we spoke with told us there were always enough staff to support them . One person told us, “The staff here are always available to us and respond quickly to the call button.” Another person said, “There are always enough staff during the day and the night.”

During our visit we observed staff on duty in all areas of the home and people's calls for assistance were promptly responded to. Routines were seen to be flexible to accommodate people’s varying needs. Staff rotas confirmed there were enough staff on duty to assist people who used the service in a safe appropriate manner.

People told us staff gave them the help and support they needed. One person said "they always give the care and support needed." The provider included the views of the person, their families and associated professionals such as doctors and social workers. This ensured that people received appropriate effective care. One person told us “staff are all very nice people, intelligent staff very quiet, gentle and good.”

We looked at care plans and saw the provider had a policy and procedure on initial assessment. Staff from the home completed an assessment and visited the person to discuss care options and their individual care support plans. Care support plans included assessment of risk and appropriate action plans. We saw that the assessments and action plans were continually reviewed. Care support plans we read showed that the provider took care to ensure that the person was able to have input. We saw the provider asked questions in relation to culture, religion and in areas such as physical fitness.

Risk assessments linked to peoples’ welfare and safety had been completed and the management of known risk planned for. People who may be at risk of falling, developing pressure ulcers, or may not eat enough were identified. Appropriate equipment was in use to reduce any risks to people’s health and well-being.

Good

# Is the service safe?

People received their medicines safely. Procedures were in place for people to take their own medicines, however the manager and staff informed us that all the people were assisted to take their medicines as no one was assessed as being able to self-medicate.

We saw that fridge temperatures were recorded. Staff confirmed the provider had a good relationship with the pharmacy who delivered and collected all medicines used in the home. Training records confirmed all staff who managed medicines had received recent appropriate training. We observed staff administering medicines to people and noted that the carers cleansed their hands before and after administering eye drops. The medicines trolley was clean tidy, locked and secured. Medicines were stored securely. There was an appropriate system of procedure and recording for medicine disposal.

People had an individual folder for medicines administration. These had a photograph on the front and a chart where allergies were highlighted. The file also contained a copy of authorised signatories, and confirmation that correct medicines had been administered.

We saw there were suitable policies and procedures for infection control in the home and staff had received appropriate training in this area. Staff told us they were provided with the equipment they needed such as disposable gloves. There were contractual arrangements for the disposal of clinical and sanitary waste.

Security, fire safety and health and safety monitoring was in place. Each person had an individualised evacuation plan.

Good

# Is the service effective?

## Our findings

Staff confirmed they had completed training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS), and were able to appropriately explain how they would support people who lacked mental capacity. The registered manager had applied to the respective local authorities for DoLS applications for depriving people of their liberty for nine of the people who used the service and was in the process of screening other people who might require a DoLS assessment.

Some people who used the service lacked full mental capacity to make complex decisions about their care, but were able to make day to day choices in areas such as the clothes they wanted to wear or menu choices. Staff promoted people's independence, but had arrangements in place for supporting people if complex decisions were needed in regards to their care and treatment. Records showed that people's next of kin or representatives and health or social care professionals had been involved in decision making. Where people were unable to fully understand their own care support needs capacity assessments had been completed and relatives had signed consent forms. Care plans showed staff had recognised issues of capacity and had acted appropriately by requesting assessments of capacity from the relevant professionals such as psychiatrists and social workers.

Staff had a good knowledge of the 'best interest' process where professionals and family make decisions for a person who can no longer make some decisions for themselves.

Staff received appropriate professional development. Staff were happy with the support and training they received. Staff told us that they received supervision every two to three months and a yearly appraisal. We were able to confirm this by looking at records of supervision and of recent staff appraisals.

The majority of staff had a minimum of a National Vocational Qualification Level 2 (NVQ2). Others were close to completing their NVQ3. Staff told us that they had been or would be supported to complete the NVQ3 or equivalent qualification. Records showed that staff who had not completed NVQ 3 had alternative qualifications such as degrees in adult social care of diploma's in higher education. Staff were complimentary with regard to support they had received from the provider in general but specifically from the home manager.

There was a regular programme of training for staff. Staff told us about two planned training courses for the safeguarding of vulnerable adults and mental capacity. There was a wall chart with dates for staff members to attend training. We observed that members of staff were positive and enthusiastic about their work. Staff told us that the manager was approachable and open to suggestions for service improvement.

The manager was able to explain to us that each staff member had been through a robust induction. We saw in staff files the provider had kept a list of all the training and development on each staff member on induction. We noted staff did not work alone with people until they had completed core skills such as communication, manual handling, anti-discriminatory training, health and safety and care planning. Staff we spoke with were all in agreement that the induction period and content allowed them to work effectively and safely with people who used the service. One staff member told us "the training and support here is excellent."

People said that the food was good and they looked forward to it. One person told us "I can request anything I want and they will give it to me." We saw evidence of this during lunchtime when a person request an item not on the menu. Also during lunchtime we saw that food was served hot and people appeared to be enjoying their meals. The menus showed a variety of options for each meal, and people were asked about their menu choices on an on going basis. Alternative items were prepared if requested.

The chef was knowledgeable about the nutritional needs and there was a chart in the kitchen which highlighted people who required special diets due to religious, cultural or health reasons.

Staff confirmed that food and drinks were readily available for people day and night. During the inspection we saw that people were provided with drinks and snacks throughout the day and were regularly asked if they would like a hot or cold drink.

Good

# Is the service caring?

## Our findings

People were supported by caring, compassionate staff at the service. One person told us, " ` The staff are friendly and kind and gentle – I wouldn't hesitate to ask them for anything." A relative told us "the staff are absolutely wonderful – putting up with [his/her relative's] shenanigans very patiently."

Staff understood what privacy and dignity meant in relation to supporting people with their personal care. Staff described how they supported people to maintain their dignity. For example, one person often expressed a wish for personal space and we saw that this was handled sensitively and appropriately. We saw and heard staff interact with people in a caring and respectful way. Staff treated people with kindness and compassion. The atmosphere in the service was calm and relaxed. Staff addressed people by their preferred name, and chatted with them about everyday things and significant people in their lives. This showed that staff knew about what was important to the person.

During our observations we saw many positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. One staff member told us, "It's important to talk to people, I treat people like they are my own grandparents." We heard staff saying words of encouragement to people.

The manager and staff told us people were generally able to make daily decisions about their own care and, during our observations, we saw that people chose how to spend their time. A relative told us, "They let me come whenever I want to. "

People's care plans included information about their needs around age, disability, gender, race, religion and belief, and sexual orientation. People's plans also included information about how people preferred to be supported with their personal care. For example, care plans recorded what time people preferred to get up in the morning and go to bed at night, and whether they preferred a shower or a bath. Staff we spoke with were able to tell us about people's preferences and routines.

We saw staff offered people choices about activities and what to eat, and waited to give people the opportunity to make a choice. For example, at lunchtime, staff reminded people of the choices of food on the menu and the drinks that were available. We also saw staff respected people's dignity by knocking on doors before entering rooms and closing doors when supporting people with their personal care. Records showed us that dignity and respect was discussed regularly at staff meetings. A care worker told us " you must respect people and look at their mood if they refuse care you must respect that and come back later"

People were supported to maintain contact with friends and family. Visitors we spoke with said they were able to visit at any time and were always made welcome. People continued to be involved in the local community and the home took part in community activities, for example, we saw that people who wished to were regularly taken to church and to local restaurants to meet relatives for a meal.

Good

# Is the service responsive?

## Our findings

People told us they were happy with the activities that were provided. One person told us, “There is always something to do, I like to get my hair done and go out shopping.” People told us they enjoyed the activities on offer were given opportunities to say what they liked to do. People told us about recent activities, which have included bingo, quizzes, keep fit, baking and numerous visits from outside entertainers. The manager told us that people using the service all had ‘a keeping active plan’ and activities were based on these plans in consultation with people who used the service and their relatives. We saw that a monthly activities program was clearly displayed on the wall in the dining area.

We saw that visitors were welcomed throughout our visit. Visitors and relatives we spoke with told us they could visit at any time and they were always made to feel welcome. One person told us, “We get visitors and they are made very welcome and can come at any time.”

People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us, “. I have no complaints whatsoever, the staff are kind and remember our little likes and dislikes .” A relative stated “ My mother has been so well looked after the manager and the staff are such wonderful, happy people.” The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure was in place. We saw there had not been any recent complaints made. We saw that there were compliments displayed on the wall.

Care records showed that people’s needs were assessed before they had moved in. These had been regularly reviewed and updated to demonstrate any changes to people’s care. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. People we spoke with told us the staff had discussed the care and support they wanted and knew this had been recorded in their care records. The care records contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life story with information about what was important to people. The staff we spoke with told us this information helped them to understand the person. One member of staff said, “ We like to keep people as independent as possible, so we prompt as much as possible .”

People’s diverse needs were understood and supported and care records included information about their needs. There were details in relation to people’s food preferences, interests and cultural background. This was reflected in daily life with regard to, for example, the choice of meals for people. People were supported in promoting their independence and community involvement.

People were encouraged to retain and develop their independent living skills such as cooking, housekeeping and accessing their local community. This also included having access to local health services such as GP, chiropodist and opticians.

Each person had an assigned keyworker who was responsible for reviewing their needs and care records every six months or sooner, if their needs changed. Staff told us that they kept people’s relatives, or people important in their lives, updated through regular telephone calls or when they visited the service and they were formally invited to care reviews and meetings with other professionals.

Good

# Is the service well-led?

## Our findings

People and their relatives praised the manager and said she was approachable and visible. A relative told us “She does a good job and has a caring attitude, she has the residents’ interests at heart. "A healthcare professional who was visiting the home, told us “The manager and staff are good; the place is very well organised and staff respond appropriately and so the [people] are happy.”

The registered manager had been in post since August 2013. She told us’ “ We are very transparent, we work as a team to keep service users safe and happy.” Observations and feedback from staff, relatives and professionals showed us that she had an open leadership style and that the home had a positive and open culture. One staff member told us, that “our manager is very helpful and cooperative and her door is always open. " Staff we spoke with said that they enjoyed their jobs and described the manager as supportive. Staff confirmed they were able to raise issues and that the manager was ‘hands on.’ Staff also told us that the manager had supported them in going for promotion and had encouraged their development.

The provider ran an 'Employee of the Month' programme which recognised the individual merits of good care provided by Athenaeum's staff team.

A healthcare professional described the manager as” a very good leader, she is assertive and communicates very well.”

People we spoke with told us that there were regular ‘relatives’ meetings. Records showed that activities, food, staff changes and suggestions for improvements were discussed. The home sought the views of relatives, staff and residents in different ways. The manager told us that yearly surveys were undertaken of people living in the home and their relatives by the head office but that this had not happened recently.

A person told us “The manager always has a chat and checks we are ok.” The manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our meeting with her and our observations it was clear that she was familiar with all of the people in the home

The manager also undertook a number of checks to review the quality of the service provided. These included checks on hospital admissions, falls, occupancy, safeguarding and unannounced night inspections. The results of these checks were submitted to the providers head office on a weekly basis.

We saw there were systems in place for the maintenance of the building and equipment and to monitor the safety of the service. This included monthly audits of medicines, staff records, care plans, health and safety and infection control.

The provider had a number of arrangements to support the home manager. Including regular one to one’s with their line manager. "He visits weekly and is always available on the phone” she told us.

The provider worked with other organisations to make sure that local and national best practice standards were met. This included working with the local authority quality team and the quality team at the provider’s head office.