

Aspects Care Homes Ltd

Athens House

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

About the service

Athens House is a residential care home providing personal care to up to 11 people. The service provides support to people with mental health needs. At the time of our inspection there were 10 people using the service.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided. At the time of our inspection, 1 person was receiving personal care.

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

People felt safe and happy living at Athens House. Staff understood how to support people and completed risk assessments and care plans, which were reviewed regularly to ensure their needs were met. People lived in a safe, clean environment with suitable equipment and facilities. Prior to employing new staff the provider completed checks to make sure they were of suitable character to support people in a safe way.

Staff received training so they have the knowledge and skills to support people and their individual needs. This included training to administer medicines safely. People were involved in planning and making decisions about their care and support and could state their preferences for how this was provided. Staff knew people well and understood how their needs should be met in line with their preferences. The provider checked with people at regular intervals that the care and support they received was continuing to meet their needs and sought their views about how the service could be continuously improved.

Staff supported people in a dignified way which maintained people's privacy and independence. 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.

People took part in activities that reflected their interests and preferences. Relatives and friends were free to visit people without any unnecessary restrictions. The service had been designed and decorated to meet people's needs and people had a choice of comfortable spaces to spend time in.

The registered manager sought feedback from people, relatives and staff, and welcomed complaints and compliments and used this to drive improvements. The registered manager audited various aspects of the home including staff training, health and safety, and care plans. Staff worked in partnership with health and social care professionals.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at

Rating at last inspection

We registered this service on 05 August 2021 and this was the first inspection.

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.

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.

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 findings below.

Athens House

Detailed findings

Background to this inspection

Inspection team

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and 1 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

Athens House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because people living at the service often spent time away from service and we needed to be sure that a member of staff would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and commissioners who work with the service. We also looked at information we had received and held on our system. This included notifications sent to us by the provider. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 1 person who lived at Athens House, 5 members of staff including the registered manager, the area manager and 3 members of care staff. We observed staff interactions with people and we reviewed a range of records. This included 3 staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We spoke with 1 health and social care professional who regularly worked in partnership with the service. We continued to seek clarification from the registered manager to validate evidence found. We looked at the quality assurance systems the provider had in place and staff training records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. We saw people were comfortable around staff and had built strong relationships with them.
- The provider had policies and procedures such as adult safeguarding and whistle blowing, which explained what constituted abuse and the procedures to follow to safeguard people.
- Staff had attended adult safeguarding training and knew the different types of abuse and the actions they needed to take.

Assessing risk, safety monitoring and management

- Each person had a risk assessment which was personalised and detailed how to manage possible risks to people.
- Where risks were identified, the provider ensured people had appropriate equipment to keep them safe.
- Staff managed the safety of the living environment and equipment through checks and action to minimise risk. Fire risk assessment, personal emergency evacuation plans, and regular health and safety checks by staff helped people live in a safe environment.

Staffing and recruitment

- There were enough staff to support people. Staff were present and provided support and assistance to people when this was needed.
- The provider operated safe recruitment practices. They carried out checks on staff to make sure only those suitable were employed to support people. This included checks with the Disclosure and Barring Service (DBS) who provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely and as prescribed.
- People's records contained information about their medicines and how staff should support them to take them in a timely and appropriate way.
- Our checks of medicines stocks, balances and records showed people consistently received the medicines prescribed to them. Medicines were stored safely and appropriately.
- The provider audited medicines stock and records, and checked staff's competency to make sure they were managing and administering medicines safely.

Preventing and controlling infection including the cleanliness of premises

- 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 in care homes

- There were no restrictions on visiting people who lived at Athens House and staff supported people to maintain relationships that were important to them.

Learning lessons when things go wrong

- The provider managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Staff raised concerns and recorded incidents and accidents, and this helped keep people safe.

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.

This is the first inspection of this newly registered service. We have rated this key question good. 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

- The provider had systems to make sure people's care and support needs could be met by the service. Assessments were carried out with people and others involved in their care, prior to them being admitted to the service. This helped the provider obtain the information they needed to plan and deliver the care and support people required.
- Assessments took account of people's medical history, current healthcare conditions, their care needs and the outcomes they wished to achieve from the support provided. Information from assessments was used to develop care plans for people which set out the support they needed.
- People could state their choices about how and when their care and support was provided, and this information was recorded in their care plan for staff to follow.

Staff support, training, skills and experience

- Staff received relevant training to carry out their roles effectively. Records showed, and this was confirmed by staff, that staff completed training in various areas including safeguarding adults, moving and handling, fire safety awareness, basic food hygiene, equality and diversity, risk assessment, infection control, diabetes, confidentiality, COVID-19 and nutrition and hydration.
- New staff completed an induction to help them know people, and how the provider operated. One member of staff told us, "Yes, I completed the induction programme. It was very helpful for me to know service users and how the home operated."
- Staff received regular supervision and an annual appraisal. A member of staff said, "I get one-to-one supervision every month, I can discuss any issues and my training needs. My manager is very supportive and understanding."

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

- People were supported to eat a diet based on their individual preferences and dietary requirements.
- Staff supported people to develop their independent skills to prepare meals and plan menus.

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

- People were supported by staff to manage their healthcare conditions and needs. Their records contained information for staff on how they should do this.
- Staff understood people's conditions and how they needed to be supported with these. They worked with healthcare professionals involved in people's care and followed their recommendations to help people achieve positive outcomes in relation to their physical and mental health needs.

- People were supported to attend reviews with the mental health professionals involved in their care. Outcomes from these meetings were reviewed by the provider for any changes needed to the support people required

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well maintained environment
- The home was designed to meet people's needs. There were communal spaces for people to have their meals and take part in activities.
- People's rooms and communal areas were large, spacious, bright and clear of clutter to make them safe to walk around.

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.

- A record of DoLS applications and authorisations was maintained. The registered manager ensured they were renewed when they were about to expire. Where specific conditions were in place for people, relating to restrictions, these were adhered to.
- Staff received training in the MCA and understood its principles. They told us they always sought people's consent before supporting them with personal care.

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.

This is the first inspection of this newly registered service. We have rated this key question good. 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

- Staff were calm, focused and attentive to people's emotions and support needs.
- Staff knew each person well and we observed staff spending time with people, communicating with and supporting them.
- Care plans detailed personal information, including people's equality characteristics such as people's religion and sexuality. Staff supported people to practise their faith and celebrate special occasions that reflected their beliefs.
- Staff attended training on equality and diversity and were aware of the importance of the treating each person without discrimination.

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

- People were supported to express their views and be involved in making decisions about the care and support they received.
- People's care records reflected the choices and decisions they had made about how their care and support was provided.
- People's feedback was obtained at regular intervals to make sure the care and support they received was continuing to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was respected. People could spend time alone in their rooms and staff did not enter people's rooms without seeking their permission first.
- Staff prompted people to do as much as they could, and wanted to do, for themselves to promote and maintain their independence with the tasks of daily living.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had choice and control about how they wanted to receive care and support from staff.
- People's care records contained information about their preferences and choices for how their care and support should be provided. This included information about their likes and dislikes, their preferred routines and how they wished to spend their day. These were reviewed regularly to check they were continuing to meet people's needs.
- Staff recorded the care and support they provided to people. This helped the provider make sure people received the care and support planned and agreed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, recorded and highlighted so that staff had access to relevant information about how they should be supported with these.
- The provider made key information available to people in formats they understood. For example, information was provided to people about how to make a complaint and this was available in different languages and Easy Read. Easy Read is a communication style using short sentences and images.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- People were supported to follow their hobbies and interests, whether independently or with support of staff.
- Staff developed and followed activity programmes to ensure people were engaged. The activities included planned walks, trips to the cinema, swimming and cooking. The activities were decided following discussions with people and were regularly reviewed.
- Staff supported people to stay in regular contact with friends and relatives.

Improving care quality in response to complaints or concerns

- People and their relatives were given information on raising concerns and complaints, and staff supported them to do so. Records showed there had been no complaints received since registering with CQC.

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.

This is the first inspection of this newly registered service. We have rated this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a culture at the service that valued people, protected their rights and supported them to achieve positive outcomes in relation to their care and support needs.
- The registered manager worked directly with people and led by example. People knew them well. The registered manager was respectful and approachable and took a genuine interest in what people and staff had to say.
- Staff told us they worked well together and felt respected and supported by the registered manager. Staff felt able to raise concerns or suggestions without fear of reprisal.
- People's feedback and views about how the service could be improved were sought. For example, people's views were sought to plan activities and outings. Staff used people's feedback to plan and deliver activities that people wanted.
- Staff were provided opportunities through supervision and staff meetings to give their feedback about how the service could be improved and help people achieve positive outcomes

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 maintained a system of audits and checks to monitor and review the safety and quality of the service. These helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- The registered manager had the skills, knowledge and experience to perform their role, a clear understanding of people's needs and oversight of the service.
- Staff understood people's needs and were able to explain their role in respect of individual people without having to refer to documentation.
- The registered manager sent notifications to the CQC as required and knew their duty to be open and transparent when things went wrong.
- Staff and the registered manager understood their responsibilities under the duty of candour.

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

- The provider sought feedback from people, and those important to them, and used the feedback to develop the service.

- Staff were able to influence the quality of the service by giving their views through regular meetings and staff survey questionnaires

Continuous learning and improving care; Working in partnership with others

- The provider worked well in partnership with advocacy groups and social care organisations. This helped people to have a voice and improve their wellbeing.
- The provider worked effectively with a range of healthcare professionals involved in people's care and support. They acted on their recommendations and advice to plan and deliver care and support that met people's needs and helped them achieve positive outcomes in relation to their safety and wellbeing.
- The provider kept up to date with national policy to inform improvements to the service.