

Sanctuary Care Limited

# Athlone House Nursing Home

## Inspection report

Athlone House  
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London  
W9 2BA

Tel: 02038265500

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 15 and 19 January 2016 at which a breach of legal requirements was found. This was because people's care records were not always completed accurately, consistently or effectively and not all risk assessments had been completed in full, or reviewed in line with the provider's policies and procedures. In addition staff were not always following policy and procedure in relation to the prevention and control of infection.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on the 2 September 2016 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Athlone House Nursing Home' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Athlone House Nursing Home is registered to provide accommodation, nursing and personal care for up to 23 older people, some of whom may have dementia and end of life care needs. The home is divided over two floors with lift access. Rooms are wheelchair accessible and have ensuite bathroom facilities. At the time of our inspection 22 people were using the service.

The service had 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.

At our focused inspection on the 2 September 2016, we found that the provider had followed their plan which they had told us would be completed by the 25 May 2016. Legal requirements had been met in relation to infection control. The provider had carried out quality audits on a monthly basis covering areas such as care planning and care reviews, risk assessments, safeguarding and infection control. Audits were detailed in scope and had identified shortfalls in some areas.

However, not all care records and risk assessments were being completed in full. Information gathered from initial assessments was used to develop a plan of care for each person moving into the service. Care plans outlined people's individual needs and preferences and provided information to staff as to how people's needs should be met. However, we found minor inconsistencies, omissions and inaccuracies across three out of the six sets of care records we reviewed.

Staff maintained daily records about people's care and welfare. We saw that support was responsive to people's changing needs and staff recognised how to adjust the care provided dependent on whether a person was having a good or bad day. We observed an afternoon handover meeting taking place and we

noted that people's needs were discussed in a respectful and caring manner.

19 members of staff had completed training in care planning and 10 staff members had attended a training session delivered by a tissue viability nurse to learn about pressure ulcer prevention and management. Refresher training sessions on tracheostomy care, enteral feeding, venepuncture and enteral feeding were scheduled to take place throughout September 2016.

During our visit we saw that the home was clean and tidy and that staff had access to disposable gloves, hand gels and aprons. Posters reminding staff and visitors of infection protocol were on display throughout the home. We observed the correct bins being used to dispose of clinical and household waste. Bathrooms were clean and free of personal items. Staff we spoke with were aware of the provider's infection control policies and procedures and knew how important it was to follow these guidelines.

People we spoke with, relatives and family friends told us that the care provided by Athlone House Nursing Home was, "very good" and that staff treated people well and were "kind", "helpful" and "all very caring."

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Aspects of the service were not safe.

Information gathered from initial assessments was used to develop a plan of care for each person moving into the service. Care plans outlined people's individual needs and preferences and provided information to staff as to how people's needs should be met. Risks to people's health and well being were being assessed adequately. However, care records were not always being maintained and reviewed in a consistent, accurate and contemporaneous manner.

Staff we spoke with were aware of the provider's infection control policies and procedures and knew how important it was to follow these guidelines. The home was clean and well maintained.

**Requires Improvement** ●

# Athlone House Nursing 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 was planned to check whether the provider was 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 undertook a focused inspection of Athlone House Nursing Home on 2 September 2016. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 15 and 19 January 2016 had been made. We inspected the service against one of the five questions we ask about services: is the service safe? This is because the service was not meeting legal requirements in relation to that question.

The inspection was undertaken by one inspector and was unannounced. Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements.

At the visit to the home we spoke with six people who lived there, two visitors, the registered manager, three nurses, a visiting GP and a regional manager. During our visit we looked at six people's care records, staff training attendance records, staff training syllabuses, quality audits and the provider's policies and procedures on infection control and prevention.

# Is the service safe?

## Our findings

At our comprehensive inspection of Athlone House Nursing Home on 15 and 19 January 2016 we found the provider was not always assessing the risks to the health and safety of people using the service. This was because people's care records were not always completed accurately, consistently or effectively and not all risk assessments had been completed in full, or reviewed in line with the provider's policies and procedures. In addition, staff were not always following policy and procedure in relation to the prevention and control of infection.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 2 September 2016 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 12 described above.

Information gathered from initial assessments was used to develop a plan of care for each person moving into the service. Care plans outlined people's individual needs and preferences and provided information to staff as to how people's needs should be met. The management of risks to people's health in relation to personal care needs, nutrition, pressure areas, mobility and falls were well documented and regularly reviewed. There was detailed information on how people communicated and what was important to people, contact details for health and social care professionals involved in people's care and end of life wishes had been addressed where this was possible. Personal emergency evacuation plans were completed and in place in all of the records we looked at.

However, we found minor inconsistencies, omissions and inaccuracies across three out of the six sets of care records we reviewed. For example, one person's risk assessments had not been reviewed during the month of August and their physical dependency assessment had been scored incorrectly over the past five consecutive months.

Another person's daily records referred to a sacral dressing as being intact. Skin integrity assessments had been reviewed in April, June and August 2016 and staff had recorded "skin remains intact – no changes." The nurse on duty told us that this person had a grade 2 pressure wound. We were unable to locate care records documenting this fact and no photographic evidence was available in this person's care record. The nurse on duty told us they would rectify this situation immediately.

This person's positioning charts stated that they should be turned every four hours. We were able to locate positioning charts for 17/08/16 where staff had recorded two position changes, 22/04/16 recorded six position changes and 15/08/16 recorded two position changes within a 24 hour period. No other records were contained within the file we were given to review.

Core care plans for medicines, continence, comfort and anxiety had not been completed for one person who had recently moved into the care home with end of life care needs. We asked the registered manager

about this matter and were told that people's needs were assessed before they came to live at the home but that on occasion, emergency placements meant that assessments were carried out at a later date when people had settled in and further information had been gathered from relevant agencies and where appropriate, family members and/or friends. We were told that an urgent referral had been sent to the palliative care team regarding this person's needs. This was confirmed by the home's visiting GP. They told us that people's care was adequately reviewed through GP visits, MDT meetings, three and six month health care reviews and regular visits from dietitians, occupational therapists and physiotherapists.

19 members of staff had completed training in care planning and 10 staff members had attended a training session delivered by a tissue viability nurse to learn about pressure ulcer prevention and management. Refresher training sessions on tracheostomy care, venepuncture and enteral feeding were scheduled to take place throughout September 2016.

Staff maintained daily records about people's care and welfare. We saw that support was responsive to people's changing needs and staff recognised how to adjust the care provided dependent on whether a person was having a good or bad day. We observed an afternoon handover meeting taking place and we noted that people's needs were discussed in a respectful and caring manner and staff were aware of healthcare appointments, referrals and admissions.

During our visit we saw that the home was clean and tidy and that staff had access to disposable gloves, hand gels and aprons. Posters reminding staff and visitors of infection protocol were on display throughout the home. We observed the correct bins being used to dispose of clinical and household waste. Bathrooms were clean and free of personal items. Staff we spoke with were aware of the provider's infection control policies and procedures and knew how important it was to follow these guidelines.

People we spoke with, relatives and family friends told us that the care provided by Athlone House Nursing Home was, "very good" and that staff treated people well and were "kind", "helpful" and "all very caring."

This meant that the provider was now meeting legal requirements in relation to infection control and risk assessment. The provider had followed their action plan by providing further relevant training and carried out regular quality and improvement audits. However, the provider was not always effectively addressing the shortfalls we found during this and our previous inspection in relation to the accuracy, consistency and full completion of care records, risk assessments and care reviews. We have judged these issues to be an area of governance that requires improvement.

We have not revised the rating for this key question as improvements have not been consistent and have not been sustained over a period of more than six months.