Caram (AH) Limited

Atholl House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Our inspection took place on 22 and 23 September 2016 and was unannounced. Atholl House is a care home which provides accommodation for nursing and personal care for up to 58 people. The location provided long term, short term, palliative and end of life care. At the time of our inspection the registered manager told us there were 51 people living at the location.

We last inspected the service on 29 January 2014 at that time the provider was meeting the requirements of the law we assessed them against.

People were not always supported by staff who understood their risks and how to manage them. People did not always receive care and support in a way that reflected the risk management plans in order to reduce risks. Staff were often very busy and people sometimes felt had to wait for support.

The registered manager had systems and processes in place to monitor and analyse the quality of the service, however we found the systems were not always effective in identifying issues. People and their relatives had limited opportunities to provide feedback and felt communication could be improved.

People were supported by a staff team who were able to recognise the signs of potential abuse and how to report it.

People received their medicines as prescribed and were given medicines by staff who were suitably trained. People's medicines were stored safely.

People received care and support from staff who had been recruited safely and received suitable training and support.

People were supported to have sufficient to eat and drink. People were given a choice of what they ate and drank and specific dietary needs were catered for.

People were asked for their consent to care and support and the principles of the Mental Capacity Act 2005 were being applied. Assessments of people's capacity were completed where people lacked capacity.

People were supported to access healthcare services when required and maintain their health.

People were supported by a staff team who treated them with kindness. People were supported to make decisions about how their care and support was provided and how they spent their leisure time. People were treated with dignity and respect and were encouraged to maintain their independence. People were supported to maintain relationships that were important to them.

People and their relatives were involved in the planning and review of care and were supported by staff who

provided care and support in a way that respected people's preferences. People were supported to engage in activities which they enjoyed and were encouraged to engage in personal interests and hobbies.

People and their relatives knew how to make a complaint and felt confident that complaints would be effectively managed. We looked at complaint records and saw complaints were logged and investigated and actions taken to improve practices had been documented.

People and their relatives knew who the registered manager was and staff felt supported by the registered manager. Staff felt concerns and suggestions were listened to and acted on and the registered manager had a good understanding of their responsibilities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always supported by staff who understood people's risks and were not always providing appropriate care.
People sometimes had to wait for support from staff as staff were often very busy.
People were supported by staff who had a good understanding of how to recognise abuse and report it.
People received their medicines as prescribed and by suitably trained staff.

Is the service effective?

Good

The service was effective.

People were supported to have sufficient to drink.
People were supported by staff who understood and were applying the principles of the Mental Capacity Act.
People were supported by a staff team who were suitably trained and received support from the registered manager.
People had access to health care when required.

Is the service caring?

Good

The service was caring.

People were supported by a staff team who were kind, caring and compassionate.
People's privacy and dignity was promoted and they were encouraged to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in the planning, and review of their care.
People were supported by staff who carried out care and support in a way that reflected people's needs and preferences.

People were supported to maintain relationships that were important to them.
People and their relatives knew how to raise a complaint and the provider had systems in place to ensure complaints were effectively dealt with.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality assurance systems were not always effective in identifying issues. People, relatives and staff were given opportunities to give feedback on the service however these required further development.
People and their relatives knew who the registered manager was and staff felt supported by the registered manager.

Atholl House

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.

The inspection took place on 22 and 23 September 2016 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor, who was a nurse, 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.

As part of our inspection, we reviewed the information we held about the service, which included statutory notifications the provider had sent to us since the last inspection. Providers are required to send us notifications to inform us of certain events and incidents, such as serious injuries sustained by people living at the service. We also contacted service commissioners. We considered this information when we planned our inspection.

During this inspection, we spoke with three people who used the service and eight relatives. We also spoke with one visiting professional. We spoke with six care staff, the cook, the activities co-ordinator, the general manager and the registered manager. We observed how staff interacted with the people who used the service throughout the inspection and we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at nine people's care records to see if these records were accurate, up to date and supported what we were told and saw during the inspection. We also looked at four staff records and records relating to the management of the service. These included complaints, accidents and incident records, medicines records and the provider's self-audit records.

Requires Improvement

Is the service safe?

Our findings

People's individual risks were assessed and management plans were in place. A staff member told us, "Everyone has a risk assessment, they are reviewed regularly and includes things like repositioning, fluid intake, weight and moving and handling needs". Records we looked at confirmed this. However we found staff were not always aware of people's individual risks and how to manage them and were not always following risk management plans. For example staff were not always aware of people who had fragile skin and people were not always being repositioned at the recommended times to prevent skin damage. This meant people were at risk of not always receiving appropriate care and support. We spoke to the registered manager about this and they told us they would look into it and take the necessary action to make the required improvements.

People had mixed views about staffing levels. Some people told us they felt safe and felt staffing levels were sufficient to ensure their safety and needs were met. One person said, "It's safe here, they [staff] come to see if I am alright, they don't leave me alone long". A relative said, "I think there is enough staff. It doesn't seem that the patients have to wait long". Other people we spoke with did not feel there were sufficient staffing levels. One person told us, "I don't think there are enough staff, they do their very best. They are run off their feet". We saw one of the units had periods of time where there were no staff present. A person on this unit said, "I haven't seen any staff now for about half an hour". We also saw, on occasions, people had to wait lengthy periods of time for support. For example we observed people being supported to eat their lunch two hours after lunch had been served. One person told us staff were so busy at mealtimes their meal was not always hot when it arrived. They said, "The potatoes today were stone cold. It's no fault of theirs but if they are taking several people their food at once it gets cold, so I lose my appetite". The provider had a system in place to check staff response to call bells and we saw that during checks call bells were responded to promptly. However, people we spoke with gave mixed views on staff responses to call bells. Some people felt the response was quick, whilst others told us they had to wait. One person said, "The response varies, in the morning I have to wait, I feel like I am bothering them". We saw staff were often very busy supporting people who were cared for in bed. We discussed the concerns we had about staffing with the provider. We saw the provider was using a tool which assisted them to identify the number of staff required based on the needs of the people they were supporting. They told us they had plans to change the buildings internal structure which would in turn make the deployment of staff easier. They also told us they had recently recruited a unit manager who would very soon commence in post.

People were supported by a staff team who were able to recognise the signs of abuse and were confident to report it. One staff member told us, "I saw something once that concerned me about a person's safety, I reported it to the registered manager and it was dealt with". We saw disciplinary action had been taken where there were concerns over unsafe practices to ensure that they did not happen again. The registered manager was appropriately referring concerns relating to people's safety to the local authority safeguarding team as required. Accidents and incidents were appropriately investigated and actions that needed taking were recorded and completed to ensure they did not re-occur.

The provider had a system in place to ensure staff were recruited safely. People were supported by staff who

had suitable pre employments checks. Staff were subject to reference and DBS checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who use services. A staff member told us, "I had to wait for the checks to come back before I could start the job". Records we looked at confirmed this.

People received their medicines on time and as prescribed. One person said, "I have four tablets in the morning". A relative said, "There have been no problems with the medicines". Where people required medicines to be given at a specific time we saw this was given. For example, one person required insulin prior to a meal. We observed a nurse test the person's blood sugar and administer the medicine before the person was served their meal. Medicines were administered safely by suitably trained staff who had been deemed competent by the registered manager. Staff who administered medicines told us they were subject to regular competency checks. Medicines were stored safely. The home provided palliative and end of life care and we saw people were prescribed end of life medicines which were observed to be in place should people require them. The provider had a medicines policy and we saw the provider had systems in place to ensure people were receiving medicines safely and as prescribed.

Good

Is the service effective?

Our findings

People received support from trained staff. A relative told us, "They are well trained, they are always having training sessions, usually in this room". Staff we spoke with told us they received appropriate training to enable them to carry out their duties effectively. They told us training was useful and they were able to implement new learning into their practice. One staff member told us about some recent end of life training they had attended. They told us, "I learned how to support families when they are grieving". The registered manager had a system in place to identify when staff training required updating. We looked at these records and saw where training was outstanding there were plans in place to ensure staff were kept up to date. Staff told us they received regular one to one sessions with their line manager and annual appraisals. They told us these sessions afforded them the opportunity to discuss their performance, concerns and training needs. Staff told us they were subject to regular spot checks of their practice. One staff member told us, "Spot checks happen quite often and we get feedback".

People were asked for their consent to care and support. Staff told us they asked people for their consent to care and support before it was provided and we saw examples of this throughout the inspection. We observed staff asking people if they were happy to put on an apron at lunchtime. A staff member told us that if someone was not able to consent to care and support they explain what they are doing and look out for signs that a person may not be happy. They told us they would never force someone to do something they did not want to but instead would stop or try again at a later time.

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training in MCA and had a good understanding of how to apply the legislation in practice. One staff member told us, "You assume people have capacity unless otherwise proven". Another staff member said, "Where people do not have capacity decisions should be made in their best interests". We saw the provider had completed assessments of people's capacity where appropriate. Staff were able to tell us about people who lacked capacity and the specific decisions that people were able to make for themselves or needed to be made in their best interests.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. We saw the registered manager had made appropriate applications for people where it was recognised their liberty was being restricted in some way in order to keep them safe. Staff were able to tell us when a DoLS would need to be sought and had a good understanding of what might be deemed as restricting people's liberty.

People were supported to drink sufficient quantities and where there were concerns the provider was referring people to the appropriate health professional for advice and support. People and their relatives

told us they always had access to drinks and we saw this was the case throughout the inspection. One relative told us, "Whenever we come there is always drinks available". Where people were not receiving the recommended daily fluid intake this concern had been escalated to the appropriate health professionals and their families had been notified.

People were offered a choice of food and drink and specialist diets were catered for. One person we spoke with said, "They [staff] ask in the morning what I would like to eat, they offer me an alternative". A relative told us, "I would say [person] gets choices". The cook said, "We give people a different choice, we give them what they want". We saw one person had requested an alternative to the menu options at lunchtime and this was provided. We also saw people being offered choices and supported to make decisions about what they ate and drank throughout the inspection. We saw where people required support to eat and drink this was provided. People who required a specialist diet, for example a soft or pureed diet were provided with one and people's cultural or religious dietary needs were catered for. For example the cook told us about people's specific religious needs and how they provided meals that catered for this need, such as vegetarian diets or meals that did not contain fish. We observed a staff member checking who had specific food allergies to ensure they received appropriate food.

People had access to healthcare professionals such as GP's, opticians, chiropodists and specialist diabetic nurses. One person said, "I have met the doctor a couple of times and I have had an optician see me". A relative we spoke with told us, their family member had a visit from the opticians, the chiropodists and had their hearing checked. They said, "Everything they could have done they have had". A staff member said, "Healthcare professionals visit regularly, physio, chiropody, and optician for example". We saw where there was a change in the health or well-being of people this was reported and people were referred to the appropriate healthcare professional. A relative told us, "One of the carers asked me 'do you think [person] is chesty today?' They told me they were thinking about calling a doctor, so I know they are looking after him". The provider had good links with a local hospice; staff told us the Palliative Care consultant visited weekly to review new residents or address other concerns. People were being supported to maintain their health.

Good

Is the service caring?

Our findings

People were supported by staff who treated them with kindness. People and their relatives told us staff were kind, caring and compassionate and treated them well. One Person told us, "There are a lot of golden hearted people [staff] who help me". One relative said, "They are always asking them [people] if they are alright". Another told us, "They treat people like they are their own parents really". A staff member told us, "My nan is in a care home, I care for people the way I would want my nan treating". Another staff member said, "It's a happy place to be, a happy family, the residents are our family and everyone is well cared for". We observed staff throughout the inspection having positive kind interactions with people such as asking them if they were okay.

People were provided with choice and control over the care and support they received and as to how they lived their lives. A relative we spoke with told us their family member was offered a choice of footwear. Staff told us people were offered choices such as what they ate, when they got up and when they went to bed. One staff member said, "People can do what they like, go to their room, go to the lounge, they have multiple choices, even simple ones like if they want white or brown bread". Another staff member said, "Some people like to have a supper at night time so we will make them something". We observed people being offered a range of choices throughout the inspection such as what they had to eat and drink. We observed a staff member asking a person where they would like to sit in their room and if they would like the television on.

People were supported by staff who treated them with dignity and respect. Staff promoted people's privacy and supported them to maintain their independence. One person we spoke with told us, "They don't stand in the bathroom, just outside, they are good like that. They make sure I am dressed before they allow anyone in my room". One relative said, "When they need to do anything like turning or changing [person] the staff ask me to wait outside and the door is always closed." A staff member told us, "We close doors and curtains when doing personal care and will offer private space so people can have conversations with their family". We saw staff providing care in a discreet way and respecting people's dignity. A staff member we spoke with said, "We always try to respect their preferences". A person we spoke with told us, "They [staff] wash my hair, but I wash myself and can get myself dressed". Another person said, "They let me do what I can, they don't see me struggle and not help". A member of staff said, "We encourage people to do things for themselves where they can like washing their own hands and face or encouraging them to walk". We observed a staff member supporting a person to mobilise independently with a walking frame. The staff member encouraged the person to use the frame in a safe way, explaining what might happen if it was not used properly. We saw the staff member did not intervene but instead encouraged the person to use the equipment safely. This showed staff maintained people's privacy and dignity and encouraged people to maintain their independence.

People were supported to maintain relationships that were important to them. The registered manager and staff told us that the home operated an open visiting policy. A relative told us, "I can come in anytime". The registered manager said, "It's an open door for families". We saw relatives visiting at various times of the day throughout the inspection.

Good

Is the service responsive?

Our findings

People their relatives were involved in the planning and review of care. Some relatives we spoke with told us they were asked about their family member's life story and were invited to care plan and medical reviews. A staff member told us, "Families are involved in care reviews as are people, where this is possible to do. If people or their relatives are not happy with anything they can say if they want changes made and we will do our best to accommodate this".

People told us they felt staff knew them well and their needs and preferences were met. One person said, "They do their very best to meet your needs". Another person told us, "In the main I think they [staff] know what I like and dislike. They bring me a dessert and say 'the other one had cream so I didn't bring that one' or they offer me an alternative". One relative told us how their family member was very tall and the home had supplied a longer bed to ensure the person's comfort. One staff member said, "I know everyone here because it's my duty to know". Another told us, "We consult with people and their families where we can to find out their likes, dislikes etc, we get to know people's routines, we talk to them all the time". Throughout the inspection we observed care being provided in a way that respected people's preferences. For example, we saw people received food and drink they liked and enjoyed and we also saw a person who liked to sit out in their chair spent most of the afternoon doing so. People's care records were personalised and identified people's likes and dislikes. We saw care and support records were regularly reviewed and updated to reflect any changes in need or preference, and we saw staff carrying out care and support in a way that reflected people's care plans.

People's change in needs or risk was reported via the daily handover. One staff member told us, "The first thing that is reported at handover is the changes in people's condition or risk". Another staff member told us that communication between the day and night staff was good, they told us, "It's 24 hour care so we have to make sure information flows between the two shifts". We observed the handover on the day of the inspection and this confirmed what staff had told us.

People were afforded opportunities to engage in activities which they enjoyed. One person said, "I believe they do day trips, I don't know if I would be interested in going, but I do read an awful lot". Another person told us, "I like the exercise classes I like getting movement in my legs and doing something that will help me gain my mobility, they [staff] like to get people together". A third person said, "I do jigsaws, word searches and watch the telly. I do things that keep the fingers going". They also told us that a staff member took them a paper, they said, "[Staff] picks up the paper on the way, [staff] normally brings it into me". During the inspection we observed four residents having a game of bingo. One person told us how they went on holiday and day trips with their relatives. People were supported to celebrate special occasions such as religious festivals and birthdays. We spoke with the activities coordinator who told us that they asked people what they like to do with their leisure time. They said, "We get people's input as to where they want to go and what they want to do". The activities coordinator told us that they ensured people who were cared for in bed also had the opportunity to engage in activities they enjoyed. They told us they completed one to one sessions to provide activities such as hand massage, listening to music and chatting to people. The activities coordinator had a system to evaluate the effectiveness of the activities program and they used this

information in an attempt to improve people's experiences.

People and their relatives knew how to raise a concern or complaint. One relative said, "I know about the complaints policy but I have never needed to use it". We saw the complaints procedure was displayed in each person's room. Staff knew how to handle a complaint and one staff member told us, "We discuss complaints and we get to know about any actions that may need completing in response". The registered manager confirmed this. They also said, "We will check with residents and relatives to see if things have improved". We looked at records relating to complaints and found complaints had been recorded, investigated and action taken. We also saw responses to complainants clearly detailing the findings of any investigations or actions taken to improve the service or the care provided.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in post who was supported by a general manager. The registered manager was aware that improvements to the quality assurance processes were required and had plans to address these issues. They told us they had recently recruited a unit manager which would enable them to develop the processes and make the required improvements. We found quality audits and checks were being completed but were not always consistent and we could not be sure that actions had been completed. For example, we saw that spot checks on staff had been completed but there was no record of whether the actions that had been identified had been completed. Quality checks were not always effective in identifying issues. For example, people's daily records were being checked however we found that a recent check had failed to identify that a person had not been repositioned in accordance with their risk management plan. We also found that care plan audits had not identified issues in relation to documenting the specific decisions that people were unable to make for themselves where they lacked capacity. We spoke to the registered manager about these issue and they told us they would look to make the necessary improvements.

People and their relatives had opportunities to provide feedback on the quality of the service they received. People and their relatives had the opportunity to complete feedback surveys, attend meetings or provide suggestions through the use of a suggestions box. The registered manager used the information to make improvements. For example, we saw the registered manager had employed an activities co-ordinator following a comment about the lack of activities. Events were advertised and a regular newsletter was produced to communicate with people and their relatives. However some people and their relatives felt communication could be improved further. The registered manager told us they were currently looking at ways to further improve communication and the systems to encourage feedback and had started to make progress.

People and their relatives knew who the registered manager was and felt they were visible and approachable. One relative said, "I see the registered manager every now and again, she is lovely. I could go and ask her anything really". Staff we spoke with and our observations during the inspection confirmed what people had told us.

Staff felt supported and involved in the development of the service. Staff told us the registered manager was supportive and approachable. One staff member said, "The registered manager is very approachable and will always help out on the floor if needed, they are a good listener". Staff told us they were able to give feedback and ideas and suggestions were taken on board. One staff member told us, "Management do listen, they're reassuring and do take action. For example in the last two months we have had an additional staff member". Another staff member told us how they had requested a regular entertainer to be added to the list of existing activities. They told us this had been agreed and implemented. We look at records relating to the management of the service and saw that staff were encouraged to complete a staff satisfaction survey. We saw the results of the last survey had been analysed and an action plan was in place to address the issues raised. Staff also told us they had regular team meetings at which they were able to raise issues or concerns. One staff member said, "We are always trying to improve care".

The registered manager was aware of their roles responsibilities and accountability and was supported by the provider. They said, "I can seek support when I need to, we have weekly meetings to discuss issues and progress". The registered manager knew what specific incidents needed to be submitted as a notification to CQC and they were notifying us of these events, such as serious incidents. The registered manager told us how they kept up to date with legislation and best practice in the field by attending training and researching best practice.