

Caram (AH) Limited

Atholl House Nursing Home

Inspection report

98-100 Richmond Road
Compton
Wolverhampton
West Midlands
WV3 9JJ

Tel: 01902599900
Website: www.athollhouse.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Atholl House Nursing Home is a nursing home providing personal and nursing care to 48 people at the time of the inspection, across five units, some of whom were living with dementia. The service can support up to 84 people.

Peoples experience of using the service and what we found

People were cared for by staff in a way that kept them safe and protected them from avoidable harm. Enough staff were available to respond to people's needs in a timely manner. , The management of people's medicine had improved and people received their medicines when they needed them, and systems were in place to ensure that medicines were stored and administered safely and that adequate supplies were available. Accidents and Incidents were investigated, and measures were taken to prevent re-occurrences. The premises were clean, and staff knew and followed infection control principles. The provider's governance systems had improved since our last inspection, but these still needed time to show these has been successfully/effectively embedded. The registered manager and staff worked in partnership with other agencies to improve outcomes for people. The provider understood their duty of candour.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 03 March 2021) there were multiple breaches of regulation. Following the last inspection, we issued a warning notice in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 outlining the improvements we needed to see.

Why we inspected

We carried out an unannounced focussed inspection of this service on 01 February 2021. Breaches of legal requirements were found. The provider was issued with a warning notice in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection the provider produced an action plan outlining how they would improve.

We undertook this focused inspection to check they had met the warning notice, followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Atholl

House Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service is safe.
Details are in the safe section below

Good 

Is the service well-led?

The service was not always well-led.
Details are in the well led section below.

Requires Improvement 

Atholl House Nursing Home

Detailed findings

Background to this inspection

The Inspection

We carried out this inspection under section 60 of the Health and Social Care Act 2008 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 Care Act 2014.

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

Inspection Team

The inspection team consisted of two inspectors

Service and service type

Atholl House Nursing Home is a "care home". People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission 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.

Notice of Inspection.

This inspection was unannounced.

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 professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give us key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgments in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who use the service about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, assistant manager, nurses, senior care worker and care workers.

We reviewed a range of records. This included four peoples care records and multiple medication records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm. At the last inspection we found people were not always supported to maintain their safety, care plans were not always followed by staff to maintain people's safety. Care plans did not provide clear guidance around people's health needs. People's medicines records contained conflicting information and staff did not always record when they had administered medicines to people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found there had been enough improvement and the service was no longer in breach.

Assessing risk, safety monitoring and management; Using medicines safely

- At the last inspection people were not always supervised when using the lounge on one unit. The registered manager told us they had introduced measures to ensure that the lounge was supervised when it was occupied by people who were unable to raise the alarm should they require staff support. Throughout this inspection we observed supervision in this area was maintained when it was occupied.
- At the last inspection staff were not maintaining people's safety from the risk of choking. Since the last inspection, the registered manager, had reviewed people's care plans and visual reminders for staff had been introduced to ensure they were aware of people's needs around food and drink.
- At the last inspection we found care plans and risk assessments did not always give clear guidance to staff on how to meet people's healthcare needs. At this inspection we found care plans and risk assessments had been updated to include specific and detailed guidance on healthcare needs. For example, one person with diabetes now had a clear plan around when their blood sugars needed to be tested and this included the recording of the site of the test, to avoid it being constantly taken from the same site.
- At the last inspection staff did not have consistent guidance to follow where people were prescribed medicines "as required". At this inspection medicines records we checked for "as required" medicines now had consistent guidance and instruction for staff to follow.
- At the last inspection staff were not consistently recording they had administered medicines as they had been prescribed. At this inspection all medicines administration records were complete and accurate. One nurse told us, "Since the last inspection we now check the records at every handover to ensure they have been fully completed and this has significantly improved our work practice."
- People's medicines were stored safely and securely. Medicines that were no longer required or out of date, were returned to the pharmacy in a timely manner

Staffing and Recruitment

- At the last inspection people were not always supported in a timely way. Throughout this inspection we observed staff responded to call bells in a timely manner and the records of call bells response times supported this. Where people were unable to use a call bell the registered manager had ensured staff supervised them and checked if they needed assistance in a timely manner.
- At the last inspection staff had not always been recruited safely. Since then the registered manager had introduced audits of personnel files which ensured records were complete and the files we checked

supported this.

Preventing and Controlling infection

- 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 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.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Systems and processes to safeguard people from abuse

- People told us they felt safe at Atholl House. One person said, "We are safe here, staff are lovely, and they listen to us all."
- Staff received training in recognising and reporting abuse and knew who to contact if they had a concern.

Learning lessons when things go wrong

- The registered manager kept and reviewed records of accidents and incidents and these were reviewed to identify methods to prevent a reoccurrence.
- We saw records of meetings with nurses and staff to discuss accidents and incidents and to discuss improvements.

Is the service well-led?

Our findings

Well-Led - this means we look for evidence that service leadership, management and governance assured high quality, person centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection we found that systems were not robust enough to identify where areas of improvement were required and to ensure improvements were embedded at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found there had been enough improvement and the service were no longer in breach.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At this inspection there was evidence of improvements put in place by the registered manager to help ensure quality systems were effective. This was a positive step in showing they were able to take action to mitigate risk within the service. However, because these had only been introduced since our previous inspection there was insufficient evidence to show these has been successfully/effectively embedded.
- Since the last inspection improvements were being ongoing to the electronic system used to record episodes of care delivered by staff. Whilst this was still in progress, we saw that records had improved. One member of staff told us, "The Care planning system has really improved in the past few months. If you have a question the answer is always there. For example, if you wanted to know what level of thickener that you use, you can check quickly, and the answer is there."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Working in partnership with others.

- Staff gave positive feedback about the registered manager. One staff member told us, "(registered manager) is very supportive and is always available to give us advice"
- Regular meetings were held with staff to provide them a platform to discuss changes in work practises and any concerns they have. One member of staff told us, "If we want to do something new, we can do our own research and share our ideas."

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

- The management team sought regular feedback from people and their relatives. This was used to help make improvements which would benefit the people living at the home?
- People were involved in reviews of their care plans and encouraged to give feedback about their care.

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 registered manager understood their responsibilities under the duty of candour and was meeting

these.

We could not improve the rating for well led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.