

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Atherton Lodge

202 Pooltown Road, Ellesmere Port, CH65 7ED

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Par Nursing Homes Limited
Overview of the service	Atherton Lodge is a privately owned two-storey detached property that has been converted and extended by a purpose built extension into a care home. There are currently 38 people who use the service. There are two units within the home. One unit supports people who require nursing and/or personal care. The other unit supports people who have dementia. The home is situated within a mile of Ellesmere Port town centre.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 April 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and talked with commissioners of services.

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.

What people told us and what we found

We considered our inspection findings to answer questions we always ask; Is the service Safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

This is a summary of what we found.

Is the service safe?

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLs) and the Mental Capacity Act 2005. We found one DoLs application was in the process of being submitted and proper policies and procedures were in place. We discussed this with the deputy manager who understood when an application should be made, and how to submit one.

The people we spoke with said they felt safe living at the home. Comments from them included; "I have no concerns. I feel very safe here" and "I feel as safe here as I did at home".

Is the service effective?

People told us they were happy with the care provided and their needs had been met. Our observations and discussions with staff showed they were knowledgeable about the people they supported and what people's care needs were. One person told us; "They are very good to me here. I have no complaints".

Is the service caring?

During our observations on the dementia unit in the morning, we saw staff helped people to make floral display's. In the afternoon, we saw staff sitting and talking with people who used the service. We observed that staff spoke to people in a caring and compassionate manner. When people became confused and upset, staff dealt with the situation calmly and were attentive to people's needs. We conducted a period of observation in the lounge area of the unit that provided nursing and personal care. We observed that staff spoke to people in a caring and compassionate manner. One person told us; "If I feel down, they help me and I feel better then".

Is the service responsive?

We saw that before a person started to use the service, an assessment of their needs and abilities was undertaken. The care plans showed how the needs of the people who used the service were to be met, including any risks to their well-being. Each person was allocated a key worker and reviews of each person's care took place on a monthly basis or sooner if required. People's personal preferences such as their daily and bedtime routines were also taken into account. This had been done with the involvement of the person where possible as well as their relatives.

Is the service well led?

A new manager had recently been appointed at the home. Staff and people who used the service spoke highly of him and said they were listened to when concerns or suggestions were made.

We saw the service carried out monthly audits of various aspects of the service's operations such as medication management, care planning, people's finances and the homes environment. Where concerns were identified, processes were in place to enable appropriate changes to be made.

Before our inspection we examined our records and found the service did not have a manager that was registered with us. The current manager had been in post for eight weeks prior to our inspection. The manager agreed to start the registration process without delay as his probationary period with the service had been completed. We discussed this with the provider before our inspection. They told us they would ensure the manager would start the registration process immediately so that the service was not in breach of the conditions of its registration with CQC.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We spoke with five people who used the service. They all told us they could express their views and were involved in making decisions about their care and treatment. Comments from them included; "When the weather is nice they take me out for a walk" and "The staff are very good and tolerant. I get on well with all of them".

We looked at five care plans. They contained information about the life history of each person and provided detailed guidance for staff on how people wished to be supported. People's personal preferences such as their daily and bedtime routines were also taken into account. This had been done with the involvement of the person where possible as well as their relatives. This was reflected in the care plans we looked at.

The manager told us that various religious denominations could be invited into home throughout the week to ensure that people's religious beliefs were respected. This was reflected in the service user guide which was available in each person's bedroom.

We spoke with four members of staff on the day of our visit. They told us they loved their job and enjoyed supporting people who used the service. Staff were able to give us good examples of how they supported people to maintain their independence where they were able to do so.

We saw staff and people who used the service interacted well with each other throughout our inspection. Staff spoke to people in a respectful manner and used people's names rather than terms of endearment. We saw staff knocking people's bedroom doors before entering. This showed that people's privacy was respected.

We saw that people were dressed smartly and were clean in appearance. We looked at the laundry system at the home and saw that people's clothes were labelled with their names and each person had a separate laundry basket to ensure that clothes were not mixed up. Each care plan we looked at had an inventory of people's belongings that was completed on the person's admission to the home.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with six people who used the service. They all told us they were happy at Atherton Lodge and had no concerns with the care provided. Comments from them included; "They are very good to me here. I have no complaints", "They (staff) bring me lots of books to read. They do anything I ask for", "We get plenty to eat and drink. Sometimes I am a bit naughty and don't eat my food but they always encourage me to eat my meals", "If I feel down, they help me and I feel better then" and "I feel like I can call this place home".

We looked at five care plans for people who used the service. Before a person started to use the service, an assessment of their needs and abilities was undertaken. The care plans showed how the needs of the people who used the service were to be met, including any risks to their well-being. The care plans covered physical, emotional, mental health, social and behavioural needs. Risk assessments considered areas such as the risk from falls, moving and handling, skin pressure areas, difficult behaviours and nutrition. It was evident that care plans and risk assessments were evaluated on a monthly basis or sooner if required. This showed that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Records and discussions with staff showed that where there was a concern about a person's health needs such as their nutrition, risk of falls or pressure area care the advice and support of dieticians, the falls team, GP's, specialist nurses and social workers had been sought. Records suggested that any instruction given had been followed.

We found that regular safe and well checks had been undertaken and recorded. In addition each person who used the service had a key worker. We saw they completed detailed daily records in relation to the well being of the person they supported. Daily activity and personal hygiene charts were also completed for each person. Members of the staff team spoken with demonstrated a clear understanding of the care needs for the people they supported and their role and responsibility to maintain people's safety.

During our observations on the dementia unit in the morning, we saw staff helped people to make floral display's. In the afternoon, we saw staff sat and talked with people who used

the service. We observed that staff spoke to people in a caring and compassionate manner. When people became confused and upset, staff dealt with the situation calmly and were attentive to people's needs. There were photo's of Ellesmere Port from yesteryear on display throughout the unit. Staff told us that this helped people reminisce about their memories of the town.

We conducted a period of observation in the lounge area of the unit that provided nursing and personal care. We observed that staff spoke to people in a caring and compassionate manner. We found the service employed an activities co-ordinator. Although they were not on duty during our inspection, staff and people who used the service told us that activities such as bingo and quiz's had taken place. People also told us about the recent St George's and St Patrick's day celebrations at the home as well as trips out to places including Parkgate and Chester Zoo.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The people we spoke with said they felt safe living at the home. Comments from them included; "I have no concerns. I feel very safe here" and "I feel as safe here as I did at home".

Prior to this inspection, we examined records we held and contacted the local authority to obtain information from them regarding any safeguarding matters which had been referred to them relating to the home. The information we reviewed did not raise any safeguarding concerns.

We spoke with five members of staff, who knew what action to take if they recognised signs of abuse and were aware of the whistle blowing process should they have any concerns. Discussions with staff demonstrated they were knowledgeable about the different types of abuse that could occur. Staff confirmed that training had been completed in relation to safeguarding people from the risk of abuse. The staff we spoke with said they had very good relationships with the management team and felt they could approach them with any concerns and felt they would be appropriately dealt with.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLs) and the Mental Capacity Act 2005. We found one DoLs application was in the process of being submitted and proper policies and procedures were in place. We discussed this with the deputy manager who understood when an application should be made, and how to submit one. The manager was also aware that they are legally bound to inform CQC when applications are made and what the outcome was.

We saw that the service had an up to date copy of the local authority's safeguarding policies and procedures that reflected their own.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People who used the service told us they thought there was enough staff working at the home and their care needs were always met. They told us that when they pressed their call bells, staff responded in a timely manner.

Staff spoken with told us they thought service employed enough staff to meet the needs of the people who lived at the home.

The staff rotas showed that the staff to 'service user' ratio was good and there were always one or two registered nurses on the duty throughout the day. The provider may find it useful to note the service only employed Registered General Nurse's (RGN). If a Registered Mental Health Nurse (RMN) was employed, this would increase the skill mix of staff which is important as the service provided care for 12 people that had dementia care needs. We found the home employed dedicated kitchen staff, laundry staff, a maintenance person and housekeepers.

The manager told us that staffing levels had recently been increased to reflect the increase in the number of people that used the service. The manager told us that the service were in the process of recruiting two more care assistant's to add to the staff team.

Our observations showed that when people called for assistance, staff responded quickly and efficiently to tend to the needs of people who used the service. Throughout our inspection, staff were seen to be constantly checking on people's welfare whether that be in the communal lounge's or people's bedrooms.

Discussions with staff and examination of a training matrix showed that training was current in the mandatory topics such as first aid, moving and handling, safeguarding and fire safety. Staff told us they were supported to gain National Vocational Qualifications (NVQ) levels 2 and 3 in social care. Staff also told us they had received training around dementia awareness and challenging behaviours. However, the provider may find it useful to note this and NVQ's were not included on the training matrix we examined. Staff told us that they kept their training certificates at home. We spoke with the manager about this, who informed us that copies of all training certificates would be added to each individual staff file without delay and the training matrix would be updated. The manager told us that

since his appointment to the role eight weeks ago, he had identified a shortfall with regards to training for staff around the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoL's). We were told this was in the process of being addressed, so that it reflected the services Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoL's) training policies.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We found that people who used the service and / or their representatives were asked for their views about the care that was received. We looked at the results of 20 survey's that had been completed in September 2013. The responses showed that people rated the care that was provided as very satisfied or satisfied. The provider may find it useful to note that the views of visiting healthcare professionals had not been sought.

We saw the service carried out monthly audits of various aspects of the service's operations such as medication management, accidents / incidents, care planning, people's finances and the homes environment. Where concerns were identified, processes were in place to enable appropriate changes to be made.

We saw that staff had the opportunity to review their roles and look at their personal development. Staff told us that appraisals were completed on an annual basis and supervisions took place monthly. Staff spoke highly of the management team and felt they were listened to when they raised concerns or suggestions. Staff told us that any incidents of concern were discussed at their team meetings to ensure that everyone was aware of what had happened and the improvements that were needed. We looked at the minutes of the team meetings that had taken place on a regular basis.

We saw that when people gave compliments to the staff team through cards and letters, these were put on display for the staff team and visitors to see and then filed away.

The service had a complaints policy in place. This was also available in the service user guide that was kept in each person's bedroom. Where people had made a complaint, we saw an audit trail was in place and that complaints were dealt with swiftly and to the complainant's satisfaction where possible.

Before our inspection we examined our records and found the service did not have a manager that was registered with us. The current manager had been in post for eight weeks prior to our inspection. The manager agreed to start the registration process without delay as his probationary period with the service had been completed. We discussed this

with the provider before our inspection. They told us they would ensure the manager would start the registration process immediately so that the service was not in breach of the conditions of its registration with CQC

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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