

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Atherton Lodge Nursing Home

**Atherton Lodge
202 Pooltown Road
Ellesmere Port
South Wirral
CH65 7ED**

Lead Inspector
Wendy Smith

Key Unannounced Inspection
22 April 2009 10:45

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care homes for older people can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop.

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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SERVICE INFORMATION

Name of service	Atherton Lodge Nursing Home
Address	Atherton Lodge 202 Pooltown Road Ellesmere Port South Wirral CH65 7ED
Telephone number	0151 3554089
Fax number	0151 3560141
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Par Nursing Homes Limited
Name of registered manager (if applicable)	Manager post vacant
Type of registration	Care Home
No. of places registered (if applicable)	49
Category(ies) of registration, with number of places	Dementia - over 65 years of age (9), Old age, not falling within any other category (40)

SERVICE INFORMATION

Conditions of registration:

- 1 This home is registered for a maximum of 49 service users to include:
 - * Up to 40 service users in the category of OP (old age not falling within any other category)
 - * Up to 9 service users in the category of DE(E) (Dementia over the age of 65 years)

Date of last key inspection

28 May 2008

Brief Description of the Service:

Atherton Lodge is a two-storey detached property that has been converted and extended by a purpose built extension into a care home for 49 older people, some of whom require nursing care. It is situated within a mile of Ellesmere Port town centre and is close to local shops. There are attractive gardens with access for residents, and ample parking space.

The main part of the building has three lounges and a dining room, all on the ground floor. A separate unit has nine places for people with dementia and has its own lounge/dining room. All except one of the bedrooms are single rooms. Sixty percent of the bedrooms are in the purpose-built part of the home and these rooms all have an en-suite toilet. There are two staircases and a passenger lift for access between the floors of the home.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **1 star**. This means that the people who use the service experience **adequate** quality outcomes.

We visited Atherton Lodge unannounced on 22 April 2009 as part of this inspection. Two inspectors carried out the visit. The area manager for this home was not there on the first day of our visit so we returned to the home on 27 April 2009 to speak with her and complete the inspection.

During our visit we spoke with residents, staff and a visitor. We walked round the building to see all the communal areas and some of the bedrooms. We looked at care plans to check on the care that people who live in the home received. We checked a sample of records kept at the home and spent time talking with the area manager.

We looked at any information that we had received about Atherton Lodge since our last inspection there in September 2008. Before the inspection the manager was asked to complete a questionnaire to give us information about the service and we sent out survey forms for staff to give us their views about the home. This information helped us to plan our visit and comments people made to us about the home are included throughout the report.

We carried out a short inspection of the home in September 2008 to find out whether action had been taken to address requirements made at the inspection in May 2008. We looked at the care records for three people who had moved into Atherton Lodge in September 2008 and the records showed that adequate information about these people's needs had been obtained before they came to the home.

At our visit in September, we also found that the drugs fridge had been replaced with a new one to make sure that it was effective in keeping prescribed medicines at the required temperature. More regular social activities had been arranged for people living in the home to take part in and a volunteer had been recruited to help organise and run activities. Complaints were fully recorded in a complaints file to show how they had been dealt with. Covers had been fitted to some radiators to protect residents from the risk of burns. New staff had completed a full programme of induction training, but other staff still needed to have updated training. The manager had been in post for several months but no application had been made for her to be registered with the commission at that stage. We saw from the records that regular fire drills were being held.

What the service does well:

People we spoke with were very satisfied with the home. A member of staff who completed a survey for commented, 'the service provides excellent support to our service users in maintaining their independence (as able) and dignity. Also the staff are all friendly and hardworking and thus creating a very happy environment for our service users'. Another staff member told us 'I think the residents here are looked after really well. The staff are trained. The home is well run and if we have any problems I know where to go and who I can talk to but I have no problems'.

We spoke with a relative who was very positive about the home. She considered that there are enough staff and they are always pleasant and helpful. They tell her about any changes in her mother's condition. She told us that activities take place often and she went out with residents to the Mayor's tea party. Singers and entertainers were coming into the home regularly. A resident we spoke with said, 'I couldn't be better looked after. There is plenty to eat and drink'.

Notice-boards in the home show two members of staff who coordinate social activities and a volunteer who also comes in to spend social time with residents. We were told that a new activity programme was due to start the week after our visit so there would be more opportunities for people who live at the home to be occupied during the day.

There are two sittings at meal times to accommodate people who need some assistance with their meals. The dining room is cheerfully decorated and there were laminated menus on the dining tables to show people what was available for the meals. The menus showed that a choice is available at all meals.

In the information she completed before our visit, the area manager told us that four complaints had been received at the home in the twelve months before our visit. We looked at the complaints records which showed that these complaints had been investigated and responded to following the company's complaints procedure.

Enough staff were being employed to make sure that people's needs were met. A programme of staff training had been implemented. Most of the care staff have a national vocational qualification in care to show they are competent to provide care for the people living at the home.

There are regular meetings for residents and staff and an annual customer satisfaction survey is carried out, so that people have opportunities to express their views.

What has improved since the last inspection?

When we carried out a short inspection of the home in September 2008 we found that a number of improvements had been made since our main inspection in May 2008. The drugs fridge had been replaced with a new one so that medicines were being stored at the correct temperature to keep them effective. More regular social activities were arranged and a volunteer had been recruited to help organise and run activities. Complaints were fully recorded in a complaints file. Covers had been fitted to some radiators to protect residents from the risk of burns. New staff had completed a full programme of induction training and regular fire drills were being held to make sure staff knew what to do if fire broke out.

On this visit we found that there was a choice of dishes available at all mealtimes and these are shown on menus in the dining room. Work was almost complete to ensure that all hot radiators are adequately covered. All staff had completed health and safety training to make sure they knew the correct way to carry out tasks and protect people's health and safety.

There is now an office for the nurses, which is a great improvement because previously everyone had to use the manager's office for keeping records, using the phone and so on.

What they could do better:

Before a new person comes to stay at the home there should be as much information as possible about their needs gathered so that staff can be aware of what care they need. Whenever possible we would expect the home manager or another senior member of staff to go and meet the person before a decision was made about them moving into the home. In this way, the home would be able to show that the person's needs could be met there.

Care plans should include detailed information about the needs of individuals and how the staff should meet their needs. The daily records should contain meaningful comments about how each resident is feeling and what they have done each day so that staff and managers can track their daily lives to make sure they are receiving the care and support they need. The care plans should clearly show that the care needed by each person is reviewed regularly to make sure people's needs continue to be met in the way they prefer.

More care is needed in the recording of medicines to show that people always receive what is prescribed by their doctor.

Although all parts of the home looked clean, there were unpleasant odours in lounges and some bedrooms. These need to be investigated to find out whether there is a problem with continence management or whether furnishings need to be deep cleaned or replaced.

Lumpy pillows on some of the beds need to be replaced to make sure that people have comfortable bedding to sleep on. Squeaky bedroom doors need attention so they do not wake people up during the night. A bedroom door that was not closing properly needs attention to ensure that it provides adequate protection if fire broke out.

The commission must be notified of any occurrences listed in regulation 37 of the Care Homes Regulations, which includes the death of any person who is a resident of the home.

At the time of our visit the home was without a manager and it will be difficult for the service to continue to move forward until there is day to day leadership for the staff.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line – 0870 240 7535.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

3

People using the service experience **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There is not always a full assessment of people's needs before they go to live at Atherton Lodge, so the staff do not have information about the care each person needs and there is nothing to show that those needs can be met at the home.

EVIDENCE:

The information we saw at the home indicated that four people had come to live there in the last year although the information sent to us before our visit stated that 18 people had gone to live at Atherton Lodge in the last year.

We looked at records for two people who came to live at Atherton Lodge in December 2008, when the home that they were living in closed. We found no

evidence that anyone from Atherton Lodge had gone to visit these people and it was unclear how they had chosen Atherton Lodge as being the right home for them. One of the nurses told us that she had telephoned their previous home to get some information about them, and this was recorded, with the same date that they arrived. Some information had also been received from a social worker on the same date. However, there was no recorded information obtained before these people moved in which would have provided staff with information about what their needs were, how they should be met and whether they could be met at Atherton Lodge.

Care plans had been written within a few days of their arrival and most had not been updated since to show that the staff had learned more about these people and their needs and preferences. For example, one of the people was very elderly and their care plan for activities stated, 'has no hobbies difficult to motivate'. For personal hygiene, the person's care plan stated, 'requires assistance with all aspects can be non compliant'. We considered that these comments showed a lack of understanding, sensitivity and respect towards the person and their situation. There was no evidence that the staff had acquired a better understanding of the person's needs and how they preferred them to be met.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9 and 10

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's day to day care needs were being met but the care plans showed a lack of detailed information about individuals so the staff did not have the information and guidance to make sure that they were meeting people's needs in the way they preferred.

EVIDENCE:

Each person living at the home has a care plan and we looked at a sample of care plans to see what care people were receiving. The care plans we saw were in a format based on the 'activities of daily living' model of care. Although the care plan documents had been completed in full, we did not find that they contained detailed information about the needs of each individual and how their needs should be met. For example, phrases such as 'carers to assist with all personal hygiene needs' and 'promote bowel management' were

used and these do not show any knowledge of the individual or give any clear instructions for staff.

The daily records were also poor in quality, with many entries of 'washed/dressed all diet taken', 'all care given', 'settled day', 'appears to have had a settled day'. These would not provide an accurate picture of people's daily progress and condition. Monthly reviews of the care plans are recorded on a separate sheet by a series of ticks, then the nurse's signature at the bottom. Nothing is written on the actual care plan unless a change is identified. This does not give any evidence that the nurse has looked at how the person has been feeling over the last month and whether they were satisfied with the way their care was being provided.

In one care plan the 'breathing' section had been changed because the person had a chest infection. The only instructions for staff were to give antibiotics, and there was no mention of giving extra fluids or making sure that the person was positioned comfortably in bed etc. For another person the care plan for maintaining safety recorded 'no apparent problem' and the 'goal was 'staff should be aware that X is nursed in bed and needs careful handling'. The evaluation was 'no problems', and the phrase 'careful handling' was not explained. However, later in the care plan there is a risk assessment for the use of bedrails, which were being used to keep the person safe in bed.

The care plan for activities for one very frail person states that they were 'unable to participate in any activities' but another chart mentions that they like listening to music and talking books. For a person who had a pressure sore at the time of our visit, there was no care plan for wound care and no guidance about repositioning or the type of mattress needed. There was a wound assessment chart, which was being kept separately from the care plan, and was filled in at each change of dressing. The wound was being measured and any exudate recorded. There was a photograph of the wound dated 6/4/09 and a record of a visit by a tissue viability nurse in October 2008.

There is now an office for the nurses, which is a great improvement because previously everyone had to use the manager's office for keeping records, using the phone and so on. A carer who completed a staff survey form wrote 'the nurse always gives us up to date information about the changes and needs of all residents', and all of the people who completed the surveys considered that communication within the home is good.

We visited two people who were very frail and being cared for in bed; both have lived at Atherton Lodge for several years. Both were comfortably positioned in bed and appeared clean and well cared for. There were no unpleasant smells in their rooms. Charts were being used to record the care given throughout the day and night. The bedrooms were personalised with pictures and cuddly toys.

There is good storage for medicines and the home has changed to a different pharmacy that offered them a better service. The monthly repeat medicines were signed in by the nurse receiving them, but handwritten entries on administration records were not signed or dated and the quantities received were not recorded. Also, handwritten changes were made on the medicine administration records without a signature or date or any indication of who had authorised the change. There were a small number of missed signatures on administration records. For one person, aspirin tablets were signed as being given every day but five were left in the blister pack, and for another person tablets all signed as given on a particular morning were all still in the blister pack.

These appeared to be careless mistakes by the nurses rather than major problems in the way that medicines are managed. However, thorough medicines audits should be in place to prevent these errors from occurring. Controlled drugs storage and recording were checked and found to be all in order.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14 and 15

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at Atherton Lodge can choose how they spend their time and what they have to eat. There are some social activities provided for people who like to join in so they can stay active and socially involved.

EVIDENCE:

Notice boards in the home show two members of staff who coordinate social activities and a volunteer who also comes in to spend social time with residents. We were told that a new activity programme was due to start the week after our visit.

We spoke with a relative who was very positive about the home. She considered that there are enough staff and they are always pleasant and helpful. They were telling her about any changes in her mother's condition. She said that activities were taking place often and she went out with residents to the Mayor's tea party. Singers and entertainers were coming to

the home regularly. In the afternoon of our visit, two members of staff were helping residents with colouring books that did not look to be age appropriate. Televisions were on at loud volume in two of the lounges though it was not apparent that any of the people sitting in the lounges were watching them.

There are two sittings at meal times to accommodate people who need some help with their meals. The dining room is cheerfully decorated and there were laminated menus on the dining tables so people could see what was available to choose for their meals. However, the menus on the tables were labelled as Tuesdays, although it was actually Wednesday. This may be confusing for some people. We were told that this was the right menu for today due to a problem with suppliers. The menus showed that a choice is available at all meals. A person having lunch in his room had something different from the menu.

One person we spoke with said she was having salad for lunch. She had asked for salad and the home has made sure she gets it. She said 'I couldn't be better looked after. There is plenty to eat and drink'. The activities she joined in were singing, records and TV, and the staff helped her to go out shopping.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There are procedures at the home to make sure that people living there are protected from possible harm and have their concerns listened to and acted upon.

EVIDENCE:

In the information we received from the home before our visit, the area manager told us that four complaints had been received at the home in the previous twelve months. We looked at the complaints records which showed that these had been investigated and responded to, following the company's complaints procedure.

The home has policies and procedures about safeguarding vulnerable people and staff have received training about this from the area manager. The staff who completed survey forms all considered that they would know what to do if a resident or relative had concerns.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

19 and 26

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There is a programme of improvements to the building to make sure that people living there live in safe and comfortable surroundings.

EVIDENCE:

We walked around the building and looked at the lounges and some of the bedrooms. Since the home changed ownership there have been a number of improvements to the environment and these are continuing. Work was being completed to fit covers to all of the radiators to ensure that people are not at risk of burns. All areas looked were clean and tidy and were comfortably furnished. There were plenty of domestic staff on duty. However there were some unpleasant odours in lounges and in some of the bedrooms.

The grounds were tidy and the grass had been cut but there was no suitable furniture for people to sit out during the warm spell of weather. The outdoor area outside the dementia care unit had no plants or seats and did not look as though anyone goes outside.

There are locks on toilet and bathroom doors for privacy, and good bathing facilities. Some bedroom doors were fitted with hold open devices so that they can be left open if the occupant prefers and will close if the fire alarm is activated. There were pictures on bedroom doors to help people identify their room.

Lumpy pillows on some of the beds need to be replaced to make sure that people have comfortable bedding to sleep on. Squeaky bedroom doors need attention so they do not wake people up during the night, and we noticed one bedroom door that did not close fully. This needed attention to make sure that it would provide the protection required if a fire broke out at the home.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29 and 30

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Enough staff are employed to make sure that people's needs are met, and a programme of staff training has been implemented to ensure that staff know how to work safely.

EVIDENCE:

We looked at the staff rotas and spoke with members of staff. This showed us that there was a nurse on duty 24 hours a day with six care staff during the day and three at night. At the time of our visit, there were five care staff on some days due to low occupancy at the home. There are no office staff employed which means that the nurse on duty needs to deal with any enquiries as well as the nursing tasks.

The dementia care unit has its own team of staff. On the day we visited there was one member of staff with six residents. Most of the staff who completed questionnaires considered that there are always enough staff on duty and others replied 'usually'.

The most recently recruited staff at the home at the time of our visit were two nurses and three overseas carers. The carers were recruited by an agency that provided all of the required checks and permits before they started work at Atherton Lodge. The two nurses had completed application forms giving their employment history; Criminal Records Bureau disclosures had been received for them and their nurse registration had been checked. Both had two references; however for one person the references had been provided by colleagues and not by their previous employer/s.

Information provided by the area manager informed us that there were 29 care staff employed and 24 had a national vocational qualification in care or an equivalent qualification. These are nationally recognised qualifications for people working in social care and show that they are competent to carry out care tasks. The care staff and nurses had started a training programme relating to the care of people with dementia that would take three months to complete. One of the nurses told us that this was more in depth than they have done before. This means that the staff will gain more information and knowledge about caring effectively for people with dementia. The domestic and laundry staff had started an infection control training programme and it was planned that the care staff would also do this training.

The area manager told us that: all staff had watched a health and safety video and completed questions; all staff had completed moving and handling training consisting of a video and practical instruction; all staff had watched a fire safety video and participated in fire drills; and all had done basic food hygiene training. This meant that they had up to date information about how to make sure they and the residents were safe. The kitchen staff are doing a more advanced food hygiene course. All of the staff who completed survey forms replied that they were receiving training and one person wrote 'we are having updated training for dementia, infection control, moving and handling, fire, various forms of abuse'. We also saw records of induction training for new staff to show that they had received relevant guidance on how to do their jobs.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 33, 35, 37 and 38

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

At the time of our visit, Atherton Lodge was without a manager and so there was no clear plan of how the home will move forward.

EVIDENCE:

The home changed ownership in April 2008. The manager in post at that time resigned a few weeks later and the deputy was promoted to manager. She left in January 2009 and her deputy left in March 2009. This had left the home without any staff with management experience. There was no administration support for day to day paperwork. At the time of our visit, the area manager

was spending several days a week at the home, and one of the nurses, who has worked there for several years, was supporting her and making sure that day to day care of residents was being maintained. We were reassured that every effort is being made to recruit a new manager but a suitable candidate had not yet been found.

The comments we received from staff indicated that people feel they receive regular support, and one person wrote, 'we meet with the area manager often and when needed, staff meetings are regular once a month'. The most recent staff meeting minutes we saw were from January 2009. While the home manager was in post the area manager carried out monthly monitoring visits, but these have not been done since January. A volunteer holds monthly residents' meetings to discuss activities and we saw the minutes of these meetings. A satisfaction survey was carried out in March 2009 and recorded positive feedback from residents and their relatives. Our annual quality assurance self assessment was completed by the area manager but it did not give us details to show that they have identified where the service needs to improve and how this will be achieved.

This self assessment stated that there had been eight deaths at the home in the year before our visit but we have no record of these being notified to CSCI as required by the Care Homes Regulations.

The self assessment gave dates for the testing and servicing of plant and equipment, and these all appeared to be up to date. The fire log book showed that weekly alarm tests and regular fire drills were taking place. There was a fire risk assessment but it was undated and the area manager said that this was not the up to date version, which could not be found. The fire officer visited in 2008 but his report could not be found. An environmental health officer visited recently and made two requirements which we saw had been met.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	1
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	3
9	2
10	2
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	4
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	1
32	X
33	3
34	X
35	3
36	X
37	2
38	3

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	OP3	14	Before a person goes to live at the home their needs should be assessed by a suitably qualified person and there should be a copy of this assessment and a record of consultation with the person or their representative. This is to make sure that the person's needs can be met at Atherton Lodge and that staff have the necessary information about how those needs should be met when the person moves in.	10/05/09
2	OP37	37	The Commission should be given notice in writing of the death of any service user. This is a legal requirement under Regulation 37 of the Care Homes Regulations 2001.	10/05/09

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP37	Care plans should include detailed information about the needs of individuals and how the staff should meet their needs. The daily records should contain meaningful comments about how each resident is feeling and what they have done each day so that staff and managers can track their daily lives to make sure they are receiving the care and support they need. The care plans should clearly show that the care needed by each person is reviewed regularly to make sure people's needs continue to be met in the way they prefer.
2	OP9	More care is needed in the recording of medicines to show that people always receive what is prescribed by their doctor.
3	OP26	Unpleasant odours in lounges and some bedrooms need to be investigated to find out whether there is a problem with continence management or whether furnishings need to be deep cleaned or replaced.
4	OP19	Lumpy pillows on some of the beds need to be replaced to make sure that people have comfortable bedding to sleep on. Squeaky bedroom doors need attention so they do not wake people up during the night. A bedroom door that was not closing properly needs attention to ensure that it provides adequate protection if fire broke out.



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