

***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

Tel: 01513554089

Date of Inspection: 31 May 2013

Date of Publication: June 2013

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	Par Nursing Homes Limited
Registered Manager	Mrs. Erica Houghton
Overview of the service	<p>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 27 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. There are attractive gardens that people who use the service have access to.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Treatment of disease, disorder or injury</p>

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	6
Safety and suitability of premises	8
Requirements relating to workers	9
Complaints	10
Records	11
<b>About CQC Inspections</b>	12
<b>How we define our judgements</b>	13
<b>Glossary of terms we use in this report</b>	15
<b>Contact us</b>	17

## 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 31 May 2013, 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, talked with other regulators or the Department of Health and talked with other authorities.

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 spoke with five 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: "It's very good. I am content here. They (Staff) made me a cake and gave me a card for my birthday recently" and "I'm happy here. The food is alright too."

We spoke with two relatives of people that used the service. Comments from them included: "There is nothing bad to say about the care here. They talk to (my relative) about his time in the army. He responds to this which is key for him" and "The staff are brilliant. I'm thrilled to bits."

We found the home to be very clean throughout. All of the bathrooms we examined were in a good state of repair. In addition to this the carpets and flooring were in very good condition.

We looked at five staff files during our inspection. We found that Criminal Record Bureau(CRB) disclosure checks were completed for all members of staff. We found that before any member of staff began employment with the company they required two references.

We found there was an effective system in place to deal with complaints. It was evident there was a detailed audit trail of how concerns were managed and dealt with to the complainants satisfaction were possible.

Three of the care plans we looked at identified people who were at risk of falls. We found that regular safe and well being checks had been undertaken and recorded.

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](http://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

### Care and welfare of people who use services

✓ Met this standard

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

---

### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

---

### Reasons for our judgement

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

We spoke with five 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: "It's very good. I am content here. They (Staff) made me a cake and gave me a card for my birthday recently" and "I'm happy here. The food is alright too."

We spoke with two relatives of people that used the service. They told us they had no concerns with the care and treatment provided. Comments from them included: "There is nothing bad to say about the care here. They talk to (my relative) about his time in the army. He responds to this which is key for him" and "The staff are brilliant. I'm thrilled to bits."

Members of the staff team spoken with demonstrated a clear understanding of people's care needs and their role and responsibility to maintain their safety.

We spent a period of time in the EMI (Elderly Mentally Infirm) unit during the afternoon of our visit. We saw staff sitting and talking with people who used the service. We saw that staff were very respectful towards them. We observed staff who supported one person to paint pictures in the lounge area. There were photo's of Ellesmere Port from yesteryear on display throughout the unit. Staff and relative's told us that this helped people reminisce about their memories of the town. In addition to this they told us about a recent disco that took place at the home which people who used the service enjoyed. It was clear from

discussions with them that other activities such as going out to the local pub and pyjama parties had taken place. With regards to the unit where people received nursing and/or personal care, we saw that staff were always available and treated people in a respectful and caring manner.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

---

## **Our judgement**

---

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

---

## **Reasons for our judgement**

---

At the beginning of our inspection we were given a tour of the home by the nurse in charge. We found the home to be very clean throughout. All of the bathrooms we examined were in a good state of repair. In addition to this the carpets and flooring were in very good condition.

We received a concern from the fire safety officer in January 2013 that they had concerns and the service was not compliant with the Regulatory Reform Fire Safety Order 2005. They had since contacted us to say the service was now compliant with the order. We found that fire alarms were tested weekly with fire drills taking place on a monthly basis. This showed the provider had taken steps to provide care in an environment that was adequately maintained.

Discussions with staff demonstrated they were knowledgeable of the fire safety procedures the service had in place and knew what to do in the event of an emergency.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

---

### Our judgement

---

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

---

### Reasons for our judgement

---

We looked at five staff files during our inspection. We saw that Criminal Record Bureau(CRB) disclosure checks were completed for all members of staff. We found that before any member of staff began employment with the company they required two references. This ensured that the people who used the service were supported by people of a suitable character. All of the files contained copies of the relevant qualifications for each staff member in line with the role they were undertaking within the service. This showed that the people who used the service are supported by staff that had the right skills and competencies.

We saw that the provider had recruitment policies and procedures in place to ensure that people weren't discriminated against during the recruitment process. The provider also had a documented disciplinary procedure. All of the staff we spoke with were aware of the procedures in place.

**People should have their complaints listened to and acted on properly**

---

### **Our judgement**

---

The provider was meeting this standard.

There was an effective complaints system available.

---

### **Reasons for our judgement**

---

We spoke with five people who used the service and two relatives. All of the people we spoke with said they had no concerns about the service and would feel comfortable approaching staff if they wished to make a complaint.

We found there was an effective system in place to deal with complaints. It was evident there was a detailed audit trail of how concerns were managed and dealt with to the complainants satisfaction were possible. The service had not received any recent complaints. We examined the complaints procedure which was located within the operational policies and procedures file for the service. In addition to this the complaints procedure was clearly displayed in the reception area. There was also a box where people could post comments if they wanted to.

Staff told us that they learn from any complaints that are made during handover between shifts and staff meetings that occurred frequently.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

---

## **Our judgement**

---

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

---

## **Reasons for our judgement**

---

We looked at five care plans. It was evident that care plans and risk assessments were evaluated on a monthly basis or sooner if required. 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 dietitians, GPs, nurses and social workers had been sought. Staff spoken with understood their responsibilities so that records were kept accurate and fit for purpose.

Three of the care plans we looked at identified people who were at risk of falls. 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.

We found that records were kept securely and could be located promptly when needed. This included staff personnel files and clinical records for people who used the service.

The service also had data protection policies and procedures in place that were reviewed on an annual basis. We saw they were in line with the Data Protection Act 1998.

## 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.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---