Brownlow Enterprises Limited

Athenaeum Residential Care Home

Inspection report

34-36 Athenaeum Road
Whetstone
London
N20 9AH

Website: www.ventry-care.com

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 4July 2017 and was unannounced. At our last inspection in March 2015, the service was rated as good.

Athenaeum Residential Care Home is owned by Brownlow Enterprises Limited. The home provides accommodation and personal care for up to 21 older people. On the day of our visit there were 20 people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were positive about the service and the staff who supported them. People told us they liked the staff that supported them and that they were treated with dignity and kindness.

Staff treated people with respect and as individuals with different needs and preferences. The care records contained information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person.

The care staff demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

There were sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people with complex needs in the home. People told us they never had to wait for assistance. The atmosphere in the service was calm and relaxed and staff did not appear to be rushed.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Medicines were managed safely. Seniors staff had detailed guidance to follow when administering medicines. Staff completed extensive training to ensure that the care provided to people was safe and effective.

There was an open and transparent culture and encouragement for people to provide feedback. The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure were in place. People told us they were aware of how to make a complaint and were confident they could express any concerns and these would be addressed.

CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and reports on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager had knowledge of the MCA 2005 and DoLS legislation and appropriate referrals for DoLS authorisation had been made so that people's rights would be protected.

The management team provided good leadership and people using the service, relatives and staff told us they were approachable, visible and supportive. We saw that regular audits were carried out by the registered manager to monitor the quality of care.

Care staff received regular supervision and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required.

The staff in the home organised a range of activities that provided entertainment and stimulation for people living in the home.

The home was kept clean and well maintained.

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 remains safe.	Good
Is the service effective? The service remain effective.	Good
Is the service caring? The service remains caring	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well-led.	Good

Athenaeum Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected Athenaeum residential home on the 4 July 2017.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with eight people who use the service and three relatives. We also spoke with two care workers, one senior care worker, the chef and the registered manager.

During our inspection we observed how the staff supported and interacted with people who use the service. We also looked at three people's care records, staff duty rosters, three staff files, a range of audits, the complaints log, minutes for residents meetings, staff supervision and training records, the accidents and incidents book and policies and procedures for the service.

Good

Is the service safe?

Our findings

People told us they felt safe and trusted the staff that looked after them. One person said, "I feel safe, no one hits me or shouts at me, the staff are very cooperative." Another person said, "I feel safe here." We observed that staff followed appropriate health and safety guidelines in order to keep people safe. Staff were aware of the different types of abuse and told us they would report any allegations of abuse to the manager. Staff told us they had attended safeguarding training and we confirmed this in the records we reviewed. A care worker told us "we make sure everyone is safe and report anything to the manager".

We noted staff had access to detailed internal policies and procedures on safeguarding vulnerable adults to guide their practice in this area. Our records showed the registered manager was aware of their responsibilities with regards to keeping people safe and had reported concerns appropriately to the local authority.

Risk assessments included people's skin integrity, risk of falls, nutrition, moving and handling and environmental risks found in the home. Risk assessments were reviewed regularly, with the care plans. We saw risk areas identified were within individual's plan of care. This meant the provider assessed the needs of people who used the service in such a way as to ensure their welfare and safety. Environmental risk assessments had been undertaken in areas such as food safety, slips, trips and falls and the use of equipment. We saw regular safety checks were carried out including fire alarms, fire extinguishers, call system, portable electrical appliances, hoists, and lifts.

There were plans in place to respond to any emergencies that might arise and these were understood by staff we spoke with. There was a business continuity plan. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather. We noted all people had a personal emergency evacuation plan, which set out the assistance they would need in the event of an urgent evacuation of the building.

People told us there were enough staff available to help them when they needed assistance. One person told us, "Staff are always around. "There was a calm atmosphere in the home and those who used the service received staff attention in a timely manner. We noted that the service did not use any agency staff which ensured continuity of care for people living there.

We checked staff files and found the service had a robust recruitment process in place. This helped to ensure staff were suitable to work with vulnerable people. In addition to an interview, appropriate checks were carried out which included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. We also found there were appropriate recruitment and selection policies and procedures in place which reflected current legal requirements. There was a robust induction programme in place which ensured all staff were trained and ready to work independently with people who used this service.

People's medicines were safely managed. Only senior staff administered medicines, they were trained and

had their competency to administer medicines regularly assessed. Medicines Administration Records (MAR) were accurate and showed people received their medicines as prescribed. There was a safe procedure for ordering, storing, handling and disposing of medicines. Medicines safety was audited on a regular basis and any rare errors were quickly corrected. The provider's medicines policy included safe administration of medicines and 'as required' (PRN) medicines. Where people were prescribed medicines on an 'as required' basis, for example, for pain relief or seizures, there was sufficient information for staff about the circumstances in which these medicines were to be used. The medicine trolley was clean tidy, locked and secured. Medicines were stored securely.

People's health was monitored and appropriate action was taken if they needed to be seen by other health professionals. All visits were documented. This showed staff were proactive in seeking visits and advice when necessary. Records further confirmed that people were referred to healthcare professionals appropriately such as district nurses, GPs, dieticians, and speech and language therapists.

Good

Is the service effective?

Our findings

People told us staff had the knowledge and skills needed to provide effective care. One person said, "I like the staff, they are good. You can understand them. Most of them speak good English."

Staff told us and training records confirmed that there was a comprehensive induction and rolling programme of training to ensure that staff had the necessary skills and knowledge to undertake their role and fulfil their responsibilities. Staff we spoke with said they were well supported by the management and received sufficient training to do their job effectively.

The provider had a training department who organised and monitored staff training. Each staff member had a 'personal development plan 'and we saw numerous e-mails to staff reminding them when training was due. There was a rolling programme of training available for all staff, which included, safeguarding, moving and handling, nutrition, mental health, safe handling of medication, health and safety, Mental Capacity Act 2005 and dementia training. New staff were given the opportunity to shadow experienced staff for a minimum of one week depending on their level of experience. This helped staff to learn and understand the expectations of their role. A number of staff had been supported to attain nationally recognised qualifications in care.

Care staff we spoke with told us they received opportunities to meet with their line manager to discuss their work and performance. One member of staff said, "I enjoy my supervisions with my manager, they are very useful." We found that supervision was taking place on a regular basis and this included regular observations of staff to ensure they were effective in carrying out their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

All of the staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). Staff were working within the law to support people who lacked capacity to make their own decisions. Staff understood the importance of assessing whether a person could make a decision and the decision making process if the person lacked capacity. They understood that decisions should be made in a person's best interests. DoLS referrals had been made to the relevant authorities where appropriate.

People were asked for their consent by staff. We heard staff using phrases like "What would you like to do"

and "Would you like a drink now." Staff then gave people the time they needed to make a decision. Staff knew people well and understood people's ways of communication. We looked at how the service gained consent to care and treatment. We saw throughout our inspection that staff gained consent from people before they undertook any care tasks. We saw in care plans we read that people and their relatives were involved in the planning of care for each person at the home. We noted people and their relatives attended review meetings where appropriate where they had the opportunity to discuss the care their relatives received.

People we spoke with liked the food provided for them. One person said, "The food is ok, they try their best, you can choose the things you like. They are good cooks. You can have whatever you want. There is plenty of it." People were involved in choosing the meals on a daily basis and could request special meals if they did not like the meals suggested for any particular day. The chef confirmed they asked people daily if they wished to eat the meal on the menu, if not another meal would be prepared. The chef explained that alternatives were always available and people could change their mind on the day. The lunchtime meal was a sociable occasion with most people eating in the dining area. People had plenty to drink and their drinks were replenished throughout our visit. If any person needed support from staff to eat their meals then this was provided. We spoke with the chef who explained how a system was in place which ensured people who had special diets due to cultural, religious or health reasons received the correct meal. Information had been taken from the care plan of each individual and kept in the kitchen. We saw all food was stored securely and that food and fridge temperatures were correct.

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. We looked at people's written records of care which showed us the provider worked effectively with associated health and social care professionals. We saw regular and appropriate referrals were made to health and social care professionals, such as chiropodists, social workers and district nurses.

Good

Is the service caring?

Our findings

People told us staff were caring. They were also respectful of people's privacy and dignity. One person told us "They are good and kind and helpful." Another person said, "They are nice, it is good to keep the people who are here, they are very, very friendly, they will look after everyone."

Staff were observed interacting with people in a caring and friendly manner. They were also emotionally supportive and respectful of people's dignity. For example, we observed a person looking distressed and confused. A member of staff comforted them and then asked what they wanted to do. This person's mood changed and they appeared happy and relaxed following reassurance given.

People told us staff were caring and respected their privacy and dignity. One person told us "It doesn't matter if you are black or white, they will treat you with the care that is necessary. They treat me with respect." Our observations during the inspection confirmed this; staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs.

Staff spoke with people while they moved around the home and when approaching people. Staff would say 'hello' and inform people of their intentions. We heard staff saying words of encouragement to people. We saw positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded to any requests for assistance. There was a calm relaxed atmosphere amongst residents.

People told us people were generally able to make daily decisions about their own care and, were encouraged to maintain their independence.

We saw people's care plans included information about their needs around age, disability, gender, race, religion and belief, and sexual orientation. People's plans included information about how people preferred to be supported with their personal care. For example one care plan stated 'x is assisted to bed at her request.' Staff were able to tell us about people's preferences and routines, and it was clear they were familiar with the individual needs of people who use the service.

Good

Is the service responsive?

Our findings

People's care plans confirmed that a detailed assessment of their needs had been undertaken by the manager or a senior member of staff before their admission to the service. People and their relatives confirmed they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

Care plans contained concise and up to date information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person.

Care plans ensured staff knew how to manage specific health conditions, for example diabetes. Individual care plans had been produced in response to risk assessments. For example, where people were at risk of developing pressure ulcers or losing weight. Entries in people's care plans confirmed their care and support was being reviewed on a regular basis, with the person and or their relatives. Where changes were identified, care plans had been updated and the information disseminated to staff.

People told us they enjoyed the activities on offer. A relative told us" He's not a big one for taking part, but they get him playing games and stuff. He takes part to keep them happy. But he does what he likes, and that is fine. We take him out at weekends".

The service had appointed an 'activities champion' who organised activities on a daily basis. In addition to scheduled activities, such as visits from entertainers, group activities were offered to those who wanted to participate. These included, exercise classes, bingo, quizzes, baking and numerous visits from outside entertainers. People using the service all had 'a keeping active plan' and activities were based on these plans in consultation with people who used the service and their relatives. We saw that an individual weekly activity planner was in each person's care file. The planners also included participation in domestic tasks for those able to take part. This meant that people were encouraged to retain and develop their independent living skills such as cooking and housekeeping.

The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure were in place. We saw there had been no recent complaints. People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us, "If I wasn't happy, I would go to one of the seniors. They are very good and helpful. I know the manager by sight; I have never made a complaint."

Good

Is the service well-led?

Our findings

There was a registered manager in post; they told us they were also the registered manager at another service owned by the provider. They told us each service also had a deputy manager responsible for the day to day management of the service when the registered manager was not on site.

Observations and feedback from staff showed us the registered manager had an open leadership style and the home had a positive and open culture. Staff spoke positively about the culture and management of the service. Staff said they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one and staff meetings and these were taken seriously and discussed. Staff also told us they were supported to apply for promotion and were given additional training or job shadowing opportunities when required. Staff comments included, "The manager is very cooperative, she helps us a lot" and "she likes to help, she is a caring person."

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular residents meetings were held. Annual surveys were undertaken of people living in the home and their relatives. The registered manager also monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. It was clear the registered and deputy managers were familiar with all of the people in the home.

There were systems in place to monitor the safety of the service and the maintenance of the building and equipment. The registered manager told us they had access to a maintenance team and there was no delay if repairs to the building were required.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. Up to date sector specific information and guidance was also made available for staff.

The registered manager told us they were supported by the provider with regular management meetings and one to one sessions and they regularly accessed the training and support that was available.

The registered manager also undertook a number of audits to review the quality of the service provided. These included checks on hospital admissions, falls, occupancy, safeguarding and unannounced night inspections. The results of these audits were submitted to the providers head office on a weekly basis.

The provider has a legal duty to inform the CQC about changes or events that occur at the home. They do this by sending us notifications. We had received notifications from the provider when required.