

The Orders Of St. John Care Trust

OSJCT Athelstan House

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Athelstan House is a purpose-built residential care home providing regulated activities accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury to up to 80 people. The service provides support to people with dementia, older and younger people and people living with mental health needs. At the time of our inspection there were 67 people using the service.

Athelstan house is laid out over two floors, people can access these floors by stairs or a lift. Each floor is split into areas where people are supported in relation to their care needs, for example nursing or dementia needs. Bedrooms have en-suite facilities and there are communal bathrooms and toilets throughout the service. There is level access to a large, well-stocked garden from the ground floor. Communal dining and lounge areas are located on both floors. The registered manager's office can be found on the ground floor adjacent to the reception area.

People's experience of using this service and what we found

This inspection was undertaken to follow-up a warning notice we issued during our last inspection. We found the provider had worked to make improvements. For example, people were now supported to have their medicines as prescribed and measures were in place to monitor medicines management.

The provider had worked with external electrical engineers to ensure electrical safety was satisfactory. Additional improvements had been made to fire safety to help protect people from avoidable harm.

The registered manager monitored accidents, incidents and potential safeguarding concerns, linking notifiable incidents to a CQC reference number so they were assured statutory notifications were submitted as required. Risk assessments were now in place and provided guidance for staff about actions they should take to help keep people safe.

The provider had reviewed and increased the number of managers in the service to help sustain improvements and with the overall aim of attaining an overall 'good' rating at their next CQC inspection.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 October 2022). At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains

requires improvement.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

Inspected but not rated

Is the service well-led?

Inspected but not rated

Inspected but not rated

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection team was made up of one inspector and one bank inspector.

Service and service type

Athelstan House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Athelstan House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We reviewed the Warning Notice issued during our previous inspection of the service.

During the inspection

We reviewed various records in relation to the running of the service, including medicines records, accident, incident and safeguarding oversight, fire safety risk assessment and an electrical safety certificate. We spoke with staff, including the registered manager, deputy manager, registered nurses and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

At our last inspection we found people were at increased risk of avoidable harm because medicines had not always been administered as prescribed, potential risks were not always assessed or mitigated, and lessons were not always learned.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection we found one person had left the service unobserved. At this inspection, we found the provider had made improvements to help prevent a recurrence. For example, visitors were now required to wear identifying lanyards, 'head-counts' were embedded into daily handovers, codes to entrances were changed with increased frequency, and each person had an assessment to guide staff about the risk a person may leave the service. Since our last inspection, no person had left the service unobserved.
- At our last inspection we found people were at increased risk of avoidable harm due to fire and electrical safety shortfalls. At this inspection, we found the provider had acted to remove this risk. For example, the provider commissioned external electrical safety engineers to undertake work and we reviewed an electrical installation report that recorded electrical safety was satisfactory. The provider had also improved fire safety by working to rectify shortfalls identified in a fire safety risk assessment.
- Previously, we found the provider did not have robust oversight of accidents, incidents and potential safeguarding concerns. At this inspection, we found the registered manager had oversight through logs they monitored. Associated records were not closed until it was safe to do so, for example until the local authority safeguarding team completed an investigation. Actions taken in response to accidents, incidents and safeguarding concerns were recorded and shared with staff.
- At our last inspection we found staff were not always acting in line with guidance contained in risk assessments. At this inspection, records we reviewed showed staff were following the guidance in people's assessments. For example, one person's assessment detailed that staff should undertake half-hourly welfare checks, records we reviewed showed staff were completing these checks.
- We previously found medicines were not always administered as prescribed. At this inspection we found improvements to medicines safety. For example, the provider embedded 'peer checks' so staff continuously

reviewed medicines records to help detect potential medicines errors early. Staff spoke positively about the changes, comments included, "Things are now in place to prevent errors. The peer check form means any missed things get spotted straight away."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found people were at increased risk of avoidable harm because audits and checks had not been used effectively to identify and rectify shortfalls and drive improvement.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection we found statutory notifications were not always submitted as required. At this inspection we found the provider had introduced monitoring to ensure each notifiable event was linked to a CQC reference number. This meant the registered manager could see at a glance any events that did not have a reference number and corresponding notification, and this prompted them to submit the notification. Statutory notifications are important because they help us to monitor services we regulate.
- Previously we found action taken in response to accidents, incidents and potential safeguarding concerns was not always recorded. At this inspection, we found records included information about actions taken and analysis was being completed to identify themes, trends and prevent a recurrence. For example, the registered manager analysed falls patterns to identify any underlying causes and implement measures to mitigate associated risks.
- At our last inspection, we found provider level audits and checks were not always identifying shortfalls. For example, medicines audits were not always effective. At this inspection we found medicines audits had been reviewed and were now being used to identify shortfalls and drive improvement.
- Previously we found monitoring had not been used effectively to ensure actions were taken in relation to fire and electrical safety shortfalls. At this inspection, we found the provider and registered manager had monitored the completion of an action plan to ensure all outstanding actions were completed.
- The provider had increased management level oversight of all areas in the service to improve the quality and safety of care provision. Managers had been introduced to oversee specific areas of the home, such as nursing or dementia care and there was increased input from the health and safety manager employed by the service. The nominated individual told us they hoped this would contribute to the service achieving an overall 'good' rating at their next CQC inspection.

