Lilian Faithfull Care

Astell

Inspection report

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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

About the service
Astell is a residential care home providing accommodation and personal care support to 30 people aged 65 and over at the time of the inspection. The service can support up to 36 people. People are accommodated in one adapted building.

People's experience of using this service and what we found
People told us they felt well looked after and staff treated them as individuals. They told us their care was planned with them and staff listened to their preferences and met these. People's care plans were detailed and well maintained, which gave staff and visiting professionals up to date information about people's care and treatment. This helped to ensure people's needs were met appropriately and as people wished.

Great emphasis was given to enabling people to live well in care and with dignity. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and, in their best interests. The policies and systems in the service supported this practice. People were not discriminated against, they were treated equally, and their protected characteristics were understood and respected by the staff.

Care was personalised; tailored and delivered around people's individual strengths, needs and wishes. The home was run in such a way which supported this approach; staff worked in a flexible way. Staffs' attention to detail when supporting people ensured people retained physical and cognitive skills for as long as possible.

Social gatherings and events were organised according to people's interests and abilities and had a positive effect on people's wellbeing. Quality of life and how people felt was important; personal achievements were celebrated, and staff ensured people felt included. The home had established links with the wider community which benefitted people. Arrangements had been made to support people to be able to access the wider community independently and with family and friends. Meaningful activities were organised according to people's physical and cognitive abilities and around what they enjoyed doing.

People received kind and compassionate care which promoted and supported their wellbeing. They were listened to, shown respect and their privacy was maintained. People's distress was acted on immediately. People were supported to maintain relationships with those who mattered to them; family and friends were made welcomed. People's end of life wishes were explored with them and met. Relatives were provided with support when they needed it. Information about people was always kept secure and confidential.

People were safe. Risks to people's health and those associated with the environment, were reduced or removed. Arrangements were in place to protect people from potential abuse or poor practice. Medicines were managed safely, and people received their medicines as prescribed. The home was clean and comfortable, and measures were in place to reduce risks associated with infection.

People's needs were assessed regularly to ensure the care provided continued to meet their needs. Staff worked in collaboration with health and adult social care professionals to maintain people's wellbeing. Staff received training in line with current best practice and support to professional develop. They were provided with on-going support to understand and meet people's diverse needs. People's nutritional wellbeing was monitored and supported.

The home was managed by a registered manager who, along with a strong leadership team, provided staff with consistent, supportive leadership. Robust quality monitoring processes assessed the services provided to people, as well as the standard of care people received. This process led to actions being taken to address any shortfalls, along with those which made continual improvements. A complaints process was in place and areas of concern and dissatisfaction were taken seriously, investigated and resolved where possible to do so. The views of people, their representatives, other visitors and staff were sought to help improve the service.

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

Rating at last inspection
The last rating for this service was Good (last report published 10 February 2017). You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Astell on our website at www.cqc.org.uk

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Astell

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 Care Act 2014.

Inspection team
One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case looking after a person who lived with dementia.

Service and service type
Astell is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed other information we held from the provider, visitors to the home and commissioners of care. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included three people's care files, three staff files in relation to recruitment, the staff training record and staff supervision planner. We also reviewed a variety of records relating to the management of the service, including quality monitoring audits, complaints records and incident and accidents records.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People were protected from abuse and harm. Staff received training on how to recognise potential abuse and report relevant concerns. Staff were vigilant and reported to managers any concerns in relation to people's demeanour, changes in behaviour or if they observed bruising to people's skin. One person said, "I definitely feel safe, it's always steady here and people keep an eye on us."

● The registered manager promoted an open and transparent culture and staff felt able to report their concerns around poor practice. The provider and registered manager took necessary action when concerns were raised with them to protect people.

● Senior staff reported safeguarding concerns to the appropriate agencies and worked collaboratively with other professionals to safeguard people.

Assessing risk, safety monitoring and management; Preventing and controlling infection

● Action was taken to reduce or mitigate people's health risks and those associated with the environment around them. Staff had been trained in safe ways of working and senior staff ensured best practice was maintained.

● Risk assessments gave staff information about people's risks and how to manage these. These were reviewed on a regular basis to ensure the control measures in place, remained effective in keeping people safe. People at risk of choking or losing weight were provided with appropriate foods and supervised if needed when eating or drinking.

● The provider's physiotherapists assessed people's mobility and supported staff with falls prevention support. People on blood thinning medicines were known to staff and monitored closely for signs of bleeding, in particular, following a fall. Pressure reducing equipment; mattresses and cushions were sourced when required.

● Ongoing maintenance, servicing and auditing ensured the building, its main systems and care equipment remained in safe operational order. Fire detection systems were kept operational and staff knew how to evacuate people safely. All lifting equipment was regularly checked and serviced.

Preventing and controlling infection

● The home was kept clean and measures were in place to reduce the risk of infection through cross contamination. Soiled laundry was segregated and managed safely and staff wore protective equipment (disposable gloves and aprons) when delivering people's personal care. The kitchen had been awarded the highest rating for food safety and hygiene, by the local authority, in line with Food Standards Agency regulations. The water system was kept healthy reducing risks associated with Legionella infection.

● Staff monitored people's health and referred them to their GP if they suspected health associated infections; arrangements were made each year for people and staff to receive the Flu vaccination.

Staffing and recruitment

● Appropriate staff recruitment checks were completed before members of staff worked with people. These included receipt of satisfactory references, a check on employment history and a criminal records check. New staff worked alongside experienced members of staff.

● A tool was used to assess people's levels of dependency which ensured there were enough staff available to support people's needs. One person said, "There's always someone on hand" and another said, "If I use my call bell, people (staff) come straight away and it's the same at night."

Using medicines safely

● People received the support they needed to take their medicines as prescribed. Staff ensured people's medicine administration records were well maintained to avoid medicine recording errors.

● Staff were provided with additional guidance on the correct use of medicines; those prescribed to be used occasionally, for pain or to help alleviate distress.

● Medicines were stored securely and in line with manufacturers recommendations.

● People were supported to self-medicate if they were assessed as able to do this safely.

Learning lessons when things go wrong

● Accidents and incidents were recorded and the circumstances around these examined in order to identify any themes or trends, which may indicate a need to adjust current risk management actions or care.

● Staff understood their responsibilities to report concerns related to poor practice and near misses, so lessons could be learnt from these.

● Staff hand-over meetings, daily senior staff meetings and the provider's safety alert system enabled information about such events to be communicated effectively so that subsequent action could be taken to keep people safe.

● Processes were in place for people, or their representatives, to be informed if things did not go to plan or where there had been a near miss. This included being provided with a full explanation of what happened, the reasons behind the cause (where possible) and what action would be taken subsequently to keep the person safe. An apology would also be given.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into the home to ensure staff could meet these needs. Ongoing assessments following admission identified people's changing needs and ensured the care delivered remained appropriate.
- The process of assessing and care planning was carried out collaboratively with people and their representatives, recognising people's protected characteristics, their preferences and choices. The provider's policies and procedures supported fair and equal support to people without discrimination.
- The provider promoted equality and diversity in the service through their policies and staff training.
- People's care was planned and delivered following national guidance and best practice guidance. This applied to areas of care such as dementia care, end of life care and the management of texture altered food and drink.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where previously authorised DoLS had expired and where people had been found to still lack mental capacity to make independent decisions, in relation to where they lived and their care and treatment, new DoLS applications had been submitted to the supervisory body (the local authority). Applications had also been submitted for people who had not had previously authorised DoLS but who had been assessed as lacking mental capacity to make particular decisions. The supervisory body had not yet assessed or authorised these applications.
- In these cases, and where people had been assessed as lacking mental capacity to make other particular decisions, staff followed best interests processes. Decisions made on behalf of people were made with the

person's involvement (where possible), with their legal representatives and the involvement of relevant adult social care and healthcare professionals. These decisions were recorded and incorporated into people's care plans.
● Staff ensured people had access to appropriate advocacy to help decision making and where appropriate relatives were consulted.
● We saw people being supported to make decisions in relation to social activities, where they spent their time and when care was provided to them.

Staff support: induction, training, skills and experience
● All staff, irrespective of their role, completed induction training when they first started work and on-going training during their employment to ensure their knowledge and skills remained up to date. A person using the service said, "I've had lots of problems with (health problems explained) but they (the staff) know exactly what to do. I think they are well trained."
● Staffs' competencies were reviewed by senior staff and additional development support provided where needed. Staff attended supervision meetings where they could discuss their progress and learning needs.
● Staff in lead roles and who were responsible for supervising other staff were provided with training and support in leadership and supervision skills. One member of staff said, "You get good career support from (name of registered manager), she explains why things have to be done in a certain way – you don't cut corners with (name of registered manager)."
● Managers ensured the staff skills matched the needs of the people. This included dementia care, Parkinson's Disease, post stroke care and end of life care. Where people's needs altered and exceeded their skills and capabilities, for example nursing care, the provider was able to offer alternative support where staff held these skills.

Supporting people to eat and drink enough to maintain a balanced diet
● People's feedback varied about the food and choice of food, although, we found people were asked what they wanted to eat and an 'alternative menu' provided several different options to the main meal. Comments included "The food is brilliant. One of the kitchen staff comes up to me and asks what I want two or three times a week. I can have what I want within reason", "It's okay, it suits me. I have my lunch in the dining room and my breakfast and supper up here in my room. There's not much choice but I'm not fussy. Lunch is an okay experience" and "I like the food, it's tasty and well cooked."
● We saw the dining room was attractively laid with table cloths, napkins, table flowers and condiments. Care staff and kitchen staff both attended to people ensuring their needs were met and promoting a good dining experience. A tray service was also in place for people who wished to eat elsewhere.
● Staff monitored people's weight and their appetites to ensure they were provided with appropriate nutrition and support to meet their needs. Any concern about this was referred to the person's GP and action taken to address this.
● People who required textured altered foods (puree, soft or fork mashable) and drinks were provided with these in accordance with guidance from speech and language therapists. Relevant training was being provided to kitchen and care staff in line with current guidance, set by the International Dysphagia Diet Standardisation Initiative (IDDSI).

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People told us they saw their GP when needed and the nurses in the home attend to their health needs. One person said, "They are very good here. The nurse comes every other day to see me, pretty much, and they get the GP if I need someone more."
● Staff worked alongside, and with, community-based healthcare professionals to ensure people received

timely care and treatment. This included, advanced healthcare practitioners as well as GPs and community nursing staff. Unnecessary hospital admissions were avoided by working with NHS Rapid Response teams. These NHS health professionals could, where it was safe and appropriate to do so, provide some treatments in the home.

● Staff supported people to attend healthcare appointments and to access NHS dental and optical care where required. A chiropodist visited on a regular basis.

Adapting service, design, decoration to meet people's needs

● Adaptions had been made to accommodate people's needs. A new and large garden room provided extended communal space and more natural light for people. Access to this flowed seamlessly from the main building making it easy for people with mobility and visual perception difficulties to use.

● Bathrooms and toilets were fitted with grab rails, non-slip type flooring and other equipment such as bath hoists to help people use these facilities more easily and safely.

● Communal areas were furnished in a domestic style; different styles of seating gave people options; different height chairs and sofas were seen.

The provider had followed guidance provided by the Royal National Institute of Blind People (RNIB) – 'Visibly Better' for improvements to its environment to support people who lived with dementia and sight loss. Signage and the use of contrasting colour helped people to orientate themselves. Corridor hand-rails had raised tactile indicators built into the rail to indicate the end of the rail to those who were visually impaired.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. This meant people felt well-supported, cared for and treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff supported a wide range of diverse needs well and people told us they were well looked after, respected and treated as individuals. One person said, "I've never had any feeling that staff are not compassionate and kind. They treat me with respect." A relative said, "The staff are exceptional, there is a great amount of care and attention put into their work. I feel very lucky that my (relative) is here and I see a lot of care and affection for my (relative)."
- There was little cultural or religious diversity amongst those who lived at Astell (at the time of the inspection), although the provider supported a diverse work force, which helped staffs' understanding of different cultures and religions. Staffs' training and other learning sessions also supported further understanding of people's protected characteristics (for example, age, disability, gender preference and race).
- The registered manager explained that all religious preferences were welcomed and would be accommodated. Kitchen staff had knowledge and experience in providing food which met different cultural and religious preferences. Food from different cultures was included on the menu for people to experience.
- Contact had been made with representatives of the LGBT (Lesbian, Gay, Bisexual and Transgender) community to increase opportunities of better support for people of the LGBT community who came to live at Astell.
- One member of staff said they enjoyed coming to work at Astell because they had to time to care for people in the way people wanted to be cared for. They said, "You have time for the 'little extras', making sure there are bubbles in the bath if people like that and giving everyone equal care. This is a home, not an institution. There are opportunities to spend with people, there is time for their mental wellbeing." Another member of staff said, "Astell is a family unit, it's about making people feel cared for, it feels like a home, a family environment, you have time to spend with people."
- We observed staff giving great attention to making sure people felt emotionally cared for and comfortable. On one day of the inspection thought had been given to how staff could help one person feel welcomed on their admission to the home. A member of staff took time out to purchase flowers and display these in the person's bedroom. We saw another member of staff spending time with a person trying to make them comfortable. They patiently tried out various cushions down the person's back, until the right shape and feeling was found. One person's increasing anxiety was noticed straight away by a member of staff who took immediate action to reassure this person and improve their wellbeing by spending time with them.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- There was a strong emphasis on helping people to remain in control of their life when in care. This

approach started at the admission assessment stage when people's expectations, choices and aspirations were explored in detail with them. Information about these evolved and increased overtime and was incorporated into the planning of people's support.

● One person said, "I chose to come in here. I came entirely from choice…" This person explained how they had been able to make their own decisions and choices despite coming into care. They told us that over time they had stopped being involved in and doing things in the home they did not personally enjoy and had built a life around their individual preferences and aspirations which staff had supported. They said, "I thought about it all and now I do lots of things outside the home for myself. I have lots of friends and I use taxis; I'm ok now. When I'm here I stay in my room which I love."

● Other people spoken to felt able to make their own decisions and express their views which they told us staff respected. One person, who needed support with their mobility, told us they also made their own decisions about how they spent their day. They told us the staff listened to them and supported their wishes and choices. They said, "I sometimes come out of my room, but I like being in here (referring to a particular location in the home), reading my paper, doing quizzes. They (the staff) bring some of the activities up to my room. I like some of the things that go on, the music things… I go out into the garden but not on trips, it's too difficult for me, but it all suits me very well."

● Other people made comments such as, "They (the staff) don't interfere or make me do things", "They (the staff) aren't difficult and I don't feel under pressure. I certainly wouldn't want to criticise the way they care for me" and "I feel I'm treated as an individual and it all suits my needs."

● People's records showed that they, their legal representatives and where appropriate, designated relatives, were kept well informed about changes to their health, care or treatment. Relatives were able to call the home at any time or email the registered manager if they wanted an update on their relative.

● People and their representatives had access to support to help them understand their conditions, so they could make more informed decisions about their care and treatment. Staff, specifically trained to support better outcomes for people who lived with dementia, were available to speak with. A relative said, "I have had access to a dementia specialist (in the home) and been able to talk with them about particular issues."

● The relative also told us about the relatives' forum which had been instigated by the registered manager. This was now run by relatives for relatives. A designated place in the home was organised by the staff prior to each meeting, as were the refreshments, which were provided by the home. The relative explained that some relatives had shared their contact details and outside of the main meetings, they provided support to each other through difficult times.

● The registered manager told us it was often the small considerations which had the biggest impact on people. Although the responsibility of all staff, on a daily basis, one member of staff took responsibility for ensuring people's hearing aids were in and working and people's glasses were close to hand and clean. We observed, several times over, the positive impact this simple consideration had on people. People with impaired hearing could continue to be able to engage and converse with each other and staff and, those who were visually impaired could mobilise more safely, see what they were eating and read the paper or a book.

● Dignity in care was integral to how people's care was delivered at Astell. We saw staff naturally addressing people in their (the person's) preferred way, by their Christian names or surnames if preferred. We rarely heard terms of endearment being used). We saw staff complimenting people's appearance, giving people praise, recognising and respecting individual friendships which people had formed between each other and politely accepting people's right to decline or refuse something.

● People's privacy was maintained throughout their personal care. Conversations about people's care took place in private and involved only those who needed to be involved. Care records were kept secure and only accessed by care staff and other appropriate persons (with consent).

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People confirmed their care was delivered in a way which met their needs and how they would prefer it to be given; person centred. People's comments included "Very much so (person-centred). People (staff) are always about and ready to respond. It's a feeling of being looked after individually" and "Yes, we are all treated in ways that suit us best."

● Care was highly personalised and followed a holistic model of care. This included planning people's support around their physical, emotional, social, spiritual and intellectual wellbeing.

● There was a strong emphasis on empowering people to live well with their conditions, dementia, visual impairment, Parkinson's Disease, by focusing on people's strengths and building on these.

● People's care and treatment was planned and reviewed in collaboration with them and, where appropriate, their representatives. Detailed and personalised care plans recorded people's needs, preferences, choices and wishes and gave staff guidance on how to meet these.

● One person was aware of their care plans and confirmed they had been involved in reviewing these. They said, "Yes, I know I have a care plan, they (staff) are very particular here. It's reviewed frequently, and I'm involved in discussions about my care." A relative said, "I see (registered manager) for an annual review of care. I also go through the care plans regularly with (care plan co-ordinator) so that what is in the care plans is what is needed." They visited regularly and were able to confirm that what was in their relative's care plan, happened in practice.

● The service was managed in such a way to enable staff to work flexibly where needed and provide people with the support they needed, when they needed it. One member of staff said, "The seniors (shift leaders) are very good, they come up with solutions and help us." In one person's case, this involved one to one support, twice a week, to maintain their mental wellbeing. This additional support was funded by the provider.

● Specific areas of care were planned and delivered well with support from staff and specialists who had experience and knowledge in the care being delivered. We observed successful use of doll therapy; sometimes used to bring comfort to people living with dementia. All staff understood its purpose and the importance of the doll to the person it was being used with therefore staff kept their interactions with the person consistent. These showed warmth and compassion and were never patronising or infantilising in nature. The importance of the doll had been explained to other people and they also respected its importance. Staff had gone the extra mile and knitted clothes in their own time for use with the doll.

● There were well established systems in place which supported the good maintenance of people's care plans and person-centred care planning. One member of staff held the role of care plan co-ordinator. They carried out reviews of people's care plans using information, which was gathered from people and effectively communicated to them by relatives and staff. This included detail about any changes to care and

people's preferences. This process kept staff updated with highly personalised and current information about people's care, treatment and preferences. One relative described it as being "very methodical."
● A recent review by the night staff, with people, about their night time routines and preferences had provided the care plan co-ordinator with information which enabled them to make simple updates to these already personalised care plans.
● Care files contained a profile of the person receiving care. For those living with dementia the Alzheimer's Society 'This Is Me' document sat alongside this also. These gave detailed information on the person's life history; significant dates, events, achievements, what and who was important to them, what upset people, what made them happy, their interests, hobbies, core beliefs and their preferred daily routine. Taking time to gather this information was integral to the staffs' ability to get to know people as individuals and being able to tailor the support they provided to suit. A relative said, "They (the staff) get to know people very quickly. Staff become very in-tune with people."
● Staff hand-over meetings, which took place at the beginning of each staff shift, ensured staff had the opportunity to communicate and hear about changes to people's planned care.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● People's communication care plans recorded guidance for staff on what communication difficulties people had and how staff were to support these. We observed staff communicating with people in different ways; through verbal and non-verbal communication, using written prompts, by giving written information, through visual prompts and the use of appropriate touch. A visually impaired person was helped to sit safely by being supported by verbal prompts and touch; placing of hands on top of theirs to show them where the arms of the chair were.
● Information for people; about the home's procedures and their care could be provided in alternative formats, large print, audio, easy read and in different languages where needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● A designated activities co-ordinator was employed, and it was their role to plan, co-ordinate and provide activities. A new activities co-ordinator started work during the inspection. The provider had recognised that it was important to support people's activity and social needs, seven days a week. The provider had formed a peripatetic activity team, which travelled between its services, supporting the activity co-ordinators and providing cover when co-ordinators were days off or on annual leave. Astell also had a team of volunteers who also provided activities and arranged events.
● All staff were aware of the risks of social isolation in care and played a part in supporting social engagement. People told us for example, they had formed friendly relationships with housekeeping staff who chatted to them when cleaning. A relative explained that members of the relative forum, were also aware that people could feel lonely and become low in mood when their relative/s went on holiday or were unwell and could not visit. In these circumstances' forum members would also chat to other people as well as their own relative when they visited.
● We observed a sunflower award ceremony which had been organised predominantly by the home's volunteers to celebrate people's achievement in growing these over the summer. People with various disabilities were helped to the garden room and included in this event. One person who lived with visual impairment was fully included and others, who initially declined to be involved, eventually thoroughly enjoyed the event. This demonstrated how, by there being a positive and collective approach to social

inclusion and meaningful activities, and by supporting staff to have time to spend with people, how, people's self-worth, sense of belonging and enjoyment was significantly enhanced.
● Social group activities included, quizzes, regular music and exercise sessions, film showings, gardening club, poetry and discussion groups. Outings included visits to cathedrals, theatres, other arts venues and events, garden centres, museums and a zoo. Other popular destinations (towns and sea-side) had been visited. Fish and chip meals, pub visits and meals out had also been enjoyed.
● The provider had identified that it was sometimes difficult for people to go out into the wider community because of a lack of suitable transport, so they had started the 'rotational bus service'. A mini bus ran between the provider's services collecting and dropping people off at their preferred destinations; the shops, restaurants, pubs or theatres. A relative told us they used this service to go out with their relative who lived with dementia. They told us it could be booked for when it suited their relative and they could enjoy valuable time together without the worry of how to get there and back.
● Care staff understood the value of meaningful activities when supporting people who lived with dementia. They used activities to help alleviate frustration, anxiety and boredom which can potentially lead to behaviours which can cause distress. We asked one member of the activity team what they were most proud of, they said, "Doing things with and for residents and seeing how that makes a difference to them and the pleasure they get from that. That's really important and so rewarding."
●People were supported to maintain relationships with those who mattered to them. Family members and friends were welcomed at any time. We saw several relatives attend the sunflower awards and made welcome with offers of tea or coffee on their arrival. WIFI was available for use and one person said, "I use Skype to keep in touch… the staff help set it all up for me, along with (name of relative)."
● Links had been made with local churches whose members visited the home and provided opportunities for people to worship; maintain their spiritual wellbeing. People were also supported by staff to attend church events and be part of the church's wider community.

Improving care quality in response to complaints or concerns
● The provider's complaints policy and procedures enabled those who wished to raise a complaint to do so, and for their complaint to be formally acknowledged, investigated and responded to within a set time frame. The registered manager kept a record of all complaints raised with them which showed the complaints had been managed as above.
● The complaints procedure was given to people and their representatives on admission and was clearly displayed in the home. People knew how to raise a complaint and who they would talk with about any concerns they may have. They were confident they would be listened to and the issue/s would be resolved. People's comments included "If something was wrong, I'd be listened to and it would be dealt with" and "If I ever had a problem, I'd speak to whoever is in charge or on duty. Things would get sorted out. I think they listen to people here."

End of life care and support
● Staff were experienced in supporting people at the end of their lives as well as supporting their family members. Time for reflection following a person's death was given and staff attend people's funerals.
●The service used tools from The Gold Standards Framework to help with early recognition of the impact and changes to people with life-limiting conditions. This helped staff, to help people, plan their care and daily lives, to live as well as possible right to the end of their life. People's stages of health and illness were monitored so that preparation for end of life and the last few days of life, took place seamlessly. This included liaising with external healthcare professionals, including Pharmacists and helping to prepare people's relatives and friends.
● Information about people's end of life care preferences and funeral arrangements was gathered as soon as possible after admission. The aim being to avoid having difficult conversations at a time when it was

either not possible to have these any longer or when it was too distressing to people or relatives. A relative confirmed they had been supported by staff to have this conversation on behalf of their relative so their relative's end of life preferences were known and could be met.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The registered manager maintained a strong presence throughout the home and promoted a transparent, open and empowering culture. People and staff felt able to report any concerns they may have to them or the deputy manager. One member of staff said, "(registered manager) is very approachable."
- Managers were highly visible and involved in people's care and supporting staff on a daily basis. They were aware of the culture in the home and how individual people and staff were feeling. They were proactive when support or action was needed to improve outcomes for people or to support staff.
- Representatives of the board of trustees and the provider's senior management team visited the home regularly and spoke with people and staff. They promoted and supported the provider's philosophy, that people and staff were part of one big family which looked after each other and valued each other. One member of staff referred to the provider and said, "They do look after their staff, you feel valued."
- The registered manager actively empowered and supported staff to perform well. A member of staff talked about the support they had received so far from the registered manager and deputy manager, in particular, how they had professionally developed through the use of supervision meetings with managers. They said, "I like the supervision sessions it's a real two-way conversation. It's (the home) well managed."
- The registered manager explained that all senior staff had lead roles and responsibilities which empowered them and helped them build their knowledge and confidence. These staff provided advice and 'bite size' learning sessions for staff on subjects such as, dementia care and care planning. Reflective practice was also used to help with continuous learning and improvement.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We reviewed the management of six incidents where something had not gone to plan. In each case people or their representative had been given an explanation and action had been taken to ensure the incident did not happen again. Where appropriate an apology had been given. Learning had resulted from all six incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and Nominated Individual (NI) remained clear about their responsibilities in relation to the quality monitoring of the service. The provider's annual programme of audits remained in place and actions had been completed following these.

● Regular auditing and quality monitoring was carried out on behalf of the provider and any necessary action for improvement was added to the home's continuous improvement plan (CIP). Completed actions from the CIP were followed up to ensure these had been completed and were having the desired impact on the service.
● A weekly management report, completed by the registered manager, kept the NI well informed about events in the home, but also about risks associated with people's health or the business.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The registered manager had an annual plan of meetings which included meetings with staff, residents and relatives. These meetings were used to communicate information, but also to hear people's views on the services provided and to hear their suggestions on where improvement could be made. This was part of the registered manager's quality improvement process.
● The relative forum gave relatives an opportunity to discuss things without staff present which could then be raised with the registered manager; feedback, ideas and suggestions. Relatives were able to invite the registered manager or anyone else, such as the chef, if they wished to discuss things in more detail.
● The provider also gathered views from people and relatives by sending out satisfaction questionnaires and by talking with them face to face. Relative questionnaires for 2019 were due to be sent out imminently. Staff surveys had been sent out earlier in the year. If there were areas for improvement the registered manager was informed by the provider; there had not been any. ● Feedback comments placed on-line via a specific website, by visitors to the home or people who used the service, was reviewed by managers for quality monitoring purposes. We reviewed comments on this website prior to the inspection and found these to all be positive.
● People felt able to use these forums and voice their opinions. Comments from people during the inspection about this included "I've never had to voice my opinion in a negative way because one-hundred percent of the time I'm perfectly happy. Life is very simple and I'm quite content. I'm not aware of any residents' meetings", I go to the residents' meetings which are useful though there are only a few of us who say anything" and "Yes, I can speak up. They have a residents' meeting here… you can bring anything up."

Working in partnership with others
● The registered manager had a good working relationship with commissioners of care and communicated effectively with them regarding what support the home was able to offer people.
● Relationships had been built with local churches, schools, children's nurseries, other care homes and community-based services which helped benefit people's quality of life and brought the local community into the home.