

Astor Hall Limited

Astor Hall

Inspection report

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5RB

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on the 19 and 20 January 2016 and was unannounced. We last inspected the service on 8 January 2014 and found no concerns.

Astor Hall provides care to up to 26 younger and older adults. People living at the service may be living with dementia, have a learning disability, be physically disabled or have a diagnosis of autism. Some people were independently mobile but may also be living with additional needs such as having a mental health diagnosis. There were 20 people living at the service when we inspected.

There was a registered manager employed to manage the service locally. A registered manager is a person who has

registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

During the inspection we found that systems were not always in place to ensure the safe running and quality of the service. Audits and risk assessments were not taking place to ensure practice was safe and in line with current guidance. For example, auditing of medicines and care plans were not in place or taking place regularly.

Summary of findings

A risk assessment of infection control systems had not been completed and there was not a regular audit of infection control practices. The registered manager agreed what action to take during the inspection. We have advised environmental health of our concerns. Safe infection control processes were followed by staff when delivering personal care.

People were assessed in respect of their individual falls but there was no service wide falls risk assessment that could be used to review if lessons could be learnt. Where audits had been completed by external services, action was not always taken or recorded to address these.

People's care plans held important information about people's lives while living at Astor Hall. This included risks people may come across at the service. However, these were not then available as risk assessments which then could be reviewed. Therefore, people and staff did not have the necessary details to keep themselves and people safe and mitigate any risk. People's needs in the event of a fire were not assessed or planned for. We have advised the fire service of our concerns. The service had been undergoing renovation for a number of years and was cold in places. There was no action plan to ensure this work was being planned and reviewed. There were also no risk assessments in place to mitigate any risks people may face in respect of the internal and external areas of the building. People had risk assessments in place in respect of manual handling, nutrition, Waterlow (maintaining good skin integrity) and the use of bed rails. These were updated regularly and clearly linked to people's care plans.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). They had attended training. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. No records currently demonstrated MCA assessments were taking place as required. This meant there was no record to show where decisions were being made in the best interest of people. Also, staff did not have clear guidance on when they were acting in people's best interest. However, the registered manager had prepared the necessary documentation to start this process.

People told us staff always asked for their consent before commencing any care tasks. We observed staff always

asked for people's consent and gave them time to respond at their own pace. This included administering medicines and personal care. Staff offered to come back later if the person did not want the care at the time.

People and relatives were requested for their views of the service. Staff felt they would contribute new ideas on how the service was run. People's complaints were taken seriously and investigated. People were told the result.

People said their health needs were always met and they could see their GP or other health professional as required. Staff were heard discussing people's needs and any changes in their health with the registered manager. Records of professional advice were recorded in the daily records which were then archived at regular intervals. This meant they were not then available to reflect on. The registered manager confirmed they read through the daily records each day and information was passed to staff in shift handover sessions. The registered manager also confirmed they did not audit the daily records to ensure staff were recording and passing on the information as required. This meant essential information and guidance on people's health needs may be lost or not acted on.

People's weights were taken in line with their care plan however, the records showed a large variance in people's weights. People were recorded as having gained and lost large amounts of weight at different times since the scales were last calibrated in 2012. None of the people recorded were causing a concern and were eating normally. We spoke with the registered manager as none of the records could be relied on as being accurate. This meant people's needs may then be missed. The registered manager agreed to have the scales checked for accuracy.

People were supported by staff who treated them with kindness, compassion and respect. People said staff always ensured their dignity was respected. People spoke fondly of the staff and the levels they would go to meet their needs in a caring manner. People were observed to be comfortable in the company of staff with appropriate humour heard between staff and people. People were also observed supporting each other and caring for each other.

People had care plans in place which were personalised and reflected their current needs. People were familiar

Summary of findings

with their care plans and confirmed the registered manager had discussed their care plan with them and agreed it within the last month or so. Relatives said they were very involved with the care planning process and review. Staff said they viewed the care plans often and felt they offered them the correct level of guidance.

Equipment was provided in line with the person's care plan to ensure their needs could be met. People's end of life needs and desires were planned with them. People were supported to maintain their links and develop new ones with the local community as required. Their faith needs were met. The registered manager was looking at how to make activities more relevant and responsive to people's needs, likes and personal histories.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Everyone was content that they received the correct medicines, creams and ointments at the right time with pain relief available as required. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines.

People felt safe living at Astor Hall. Staff demonstrated they knew how to identify and keep people safe from abuse. All staff felt people were safe at Astor Hall and had full confidence in the registered manager that any concerns would be responded to. Staff knew how to raise a concern and what action to take if there concerns were not acted on.

There were sufficient staff to meet people's needs safely. Staff were recruited safely and had an interview in which people were involved in. Staff then underwent a probationary period where they completed an induction which supported them to learn about their role with support, supervision and ensuring they were competent and had the right values to look after people in a caring manner. Staff had training to carry out their role effectively which was reviewed as required. Appraisal, supervision and on-going competency checking were being reviewed.

We found breaches of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 was not always safe. Risk assessments were not consistently recorded in people's records. People's needs in the event of a fire were not assessed or planned for. We have advised the fire service of our concerns.

Safe infection control processes were followed by staff when delivering personal care. There was no risk assessment or regular audit of infection control. We have advised environmental health of our concerns.

People's medicines were administered and managed safely.

There were sufficient staff to meet people's needs safely and they were recruited safely.

People felt safe living at the service. Staff understood how to identify and report abuse and keep people safe from harm.

Requires improvement



Is the service effective?

The service was not always effective. The registered manager had recognised the need to assess people's capacity to make decisions about their care and this was waiting to be completed.

People's health care needs were met however the recording of the advice from professionals meant that advice was not readily available to staff to refer back on.

The building was being renovated and was cold in places. No action plans were in place to ensure this was addressed.

People felt staff were trained to support them fully. Staff were trained and supported to carry out their role effectively.

People's need for adequate food and fluid were met by staff.

Requires improvement



Is the service caring?

The service was caring. People were looked after by staff who treated them with kindness and respect. Their dignity was protected at all times.

People felt in control of their care. Staff promoted people's right to have choice and maintain their independence for as long as possible.

People were supported at times of emotional need.

People had their end of life needs assessed and met.

Good



Is the service responsive?

The service was responsive. People received care and support which was personalised and in line with their preferences.

Good



Summary of findings

People were supported to maintain links with the local community. Activities were being reviewed to better meet people's needs, choices and preferences. People's faith needs were met.

People's complaints were taken seriously and investigated. People were told the result.

Is the service well-led?

The service was not always well-led. Systems were not in place to ensure the quality of the service. Where areas for improvement were identified action was not always taken or recorded to demonstrate these were addressed.

People and staff were requested to contribute ideas on the running of the service.

People and relatives felt the service was well-led. People and staff spoke highly of the registered manager.

Systems were in place to ensure utilities and most equipment were safe.

Requires improvement



Astor Hall

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 was planned to check 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.

The inspection took place on the 19 and 20 January 2016 and was unannounced.

The inspection was completed by two inspectors 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.

Before the inspection we reviewed previous inspection reports and notifications sent by the registered manager. Notifications tell us about certain events registered people are required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 14 people and two relatives. We reviewed the care of six people in detail to ensure they were receiving their care as planned and spoke with them where we could. We also looked at parts of four care plans to check if specific parts of people's care were being met.

We spoke with six staff and were supported on the inspection by the registered manager, finance manager and administrator. We reviewed four staff personnel records and all the staff training records held by the service. We also requested to review recent supervision and appraisal records for all staff. However, these were not always available.

We reviewed the records the registered manager and provider kept to demonstrate they were monitoring the quality of the service. This included audits, residents' meeting minutes and staff meeting minutes. Appropriate policies and practices were reviewed as required.

We spoke with one health professional and the fire service during the inspection.

Is the service safe?

Our findings

People's care plans held important information about people's lives while living at Astor Hall. This included risks people may come across at the service. However, these were not then available as risk assessments which then could be reviewed. Therefore, people and staff did not have the necessary details to keep themselves and people safe and mitigate any risk. For example, people did not have risk assessments in place in respect of certain health related needs such as being on the blood thinning drug, diabetes or where mood or behaviour was identified as a concern. There was also no choking risk assessment in place despite two people being identified as at potential risk in their care plans.

There was no risk assessment in place for people who smoke. There was no assessment of the person's ability to understand how to keep them and others safe from the risks posed by their smoking and having access to ignition sources such as lighters. The issue of people smoking was also not identified in the service's fire risk assessment so was not being reviewed by a person suitably qualified to advise the staff, registered manager and provider.

The provider told us: "We do not evacuate" the service in the event of a fire and advised the fire brigade have told them they did not want people standing outside by the pavement. The registered manager told us that in the event of a fire people are told to "stay two doors away from the fire". However, there was no system in place to ensure people understood what this meant. There were no personal emergency evacuation plans in place for people living at Astor Hall to ensure people's needs could be met in the event of an evacuation being required. People were not involved in understanding how to act and ensure they were safe in the event of a fire. There was also no additional support for people with a learning disability to understand what to do in the event of a fire. Astor Hall had a number of people who were independently mobile and there was no identified collection point external to the building where they could go to and be accounted for, if this was the safest option. No equipment was available to facilitate rescuing people reliant on wheelchairs or with poor mobility. We have referred our concerns in respect of fire safety to the fire service who attended the service during the inspection and were planning to return having given advice to the registered manager.

There were no risk assessments in place to mitigate any risks people may face while living at Astor Hall in respect of the internal and external areas of the building. For example, the inside area had not been assessed as to whether it required hand rails in certain areas to support people to move unaided. The provider had placed fixed posts at the top of every stairway. The registered manager told us this was to stop people in wheelchairs going down the stairs accidentally. No risk assessment had been made of this and no review of what other ways this could pose a danger to people. For example, to the physically mobile who use the stairs on a regular basis. There had been no assessment of the garden or how to keep people safe outside the building.

Not having systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had risk assessments in place in respect of manual handling, nutrition, Waterlow (maintaining good skin integrity) and the use of bed rails. These were updated regularly and clearly linked to people's care plans.

There was no risk assessment or regular audit in place to protect people and staff from potential risks in respect of preventing and controlling infection in the service. In the laundry staff found it difficult to keep the dirty and clean parts of the process of handling the laundry separate due to the room's layout. The clean laundry placed in baskets ready to go back to people's rooms was within what staff identified to us as the "dirty area" of the laundry. Also, the laundry room contained the only working mechanical sluice in the building where all used commodes, bed pans and urine bottles were brought to be decontaminated. At busy times the registered manager confirmed these could be stacked while waiting to go through the machine. Staff working in the laundry were then carrying out the task of handling the washing in the laundry and putting the commodes through the sluice. We discussed the concerns about the potential cross contamination that was not identified in any risk assessment or audit with the registered manager. They told us they had started an infection control audit in December 2015 but this had yet to be completed. They agreed to look at how the laundry

Is the service safe?

room could be risk assessed and audited to ensure people were being protected. Current guidance was sought before the inspection ended to facilitate this. We have advised environmental health of our concerns.

Also in the laundry, we were told that the provider had requested staff stop washing contaminated laundry on a very hot (sluice) wash as the disposable bags used had blocked the outflow pipe from the machine. This meant the contaminated laundry was not being washed at the required temperature and time to ensure they were disinfected. We discussed our concerns with the registered manager who agreed to review the practice of how to handle contaminated laundry in line with current guidance. We have advised environmental health of our concerns.

Staff followed clear infection control policies to keep people safe from cross contamination when delivering personal care. They received regular training to update their knowledge. Everyone told us staff always wore clean aprons and gloves when delivering personal care. When we visited the service was clean and free from odour at all times.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Everyone was content that they received the correct medicines, creams and ointments at the right time with pain relief available as required. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines administration records (MAR) were all in place and had been correctly completed. Medicines were locked away as appropriate. Medicines requiring refrigeration were not currently in use. Systems were in place however to ensure temperatures were at the correct level for the medicines being stored. Staff were knowledgeable with regards people's individual needs related to medicines.

Staff were recruited safely except in one case where we identified a staff member had started work before any of the required checks were in place. We discussed this with the registered manager who took action to ensure this would not happen again. The staff member concerned was under close supervision at the time but the registered

manager agreed that the Adult First check and checks on their character should have been in place prior to their starting. Adult First is a service provided by the Disclosure and Barring Service (DBS) that can be used in cases where, exceptionally, and in accordance with the terms of Department of Health guidance, a person is permitted to start work with adults before a DBS Certificate has been obtained.

People told us they felt safe living at Astor Hall. People were protected by staff who could identify abuse and knew how to report any concerns. Everyone advised they would speak to the registered manager or a senior member of staff. Staff had regular training to update their skills so they could identify that a person could be at risk. Staff would inform the registered manager or other senior staff if they had any concerns. They felt they would be listened to and action was always taken. One staff member said: "If I am concerned about anything I can go to the registered manager, deputy manager or another senior carer". Staff said they would speak to us or the local authority if their concerns were not taken seriously.

There were sufficient staff to meet people's needs safely. The registered manager did not have a system in place to demonstrate how many staff were required to meet people's needs at any one time. They told us they tried to keep staffing at the level to meet people's needs and from a known group of staff people were familiar with. Rotas also demonstrated the registered manager attempted to maintain staff numbers. Staff told us there was sufficient staff to enable them to complete the work they had to do. However, people raised concerns about the evening when they felt there were not enough staff to meet their needs without having to wait for longer periods. Three people said they felt that there should be more staff on duty during the evening when people experienced delays in being assisted to go to bed. One of these people said they had experienced delays of up to 20 minutes for a call bell response. We discussed this perception people had of not enough staff in the evening with the registered manager. They felt this was due to staff bathing people and carrying out other tasks with people. They would however raise the issue of staffing with people to find out more detail behind the issues reported.

Is the service effective?

Our findings

We checked whether the staff were working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood their responsibilities under the MCA. They had attended training. The 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. No records currently demonstrated MCA assessments were taking place as required. This meant there was no record to show where decisions were being made in the best interest of people. Also, staff did not have clear guidance on when they were acting in people's best interest. However, the registered manager had prepared the necessary documentation to start this process. The registered manager advised they were aiming to complete the assessments as soon as possible however, there was no specific timescale or action plan when this would be achieved.

Not maintaining accurate, complete and contemporaneous records in respect of people who use the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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). The service had applied for DoLS on behalf of people and these were awaiting review by the local authority designated officer.

People told us staff always asked for their consent before commencing any care tasks. We observed staff always asked for people's consent and gave them time to respond at their own pace. This included administering medicines and personal care. Staff offered to come back later if the person did not want the care at the time. For example, one person was a bit sleepy when staff went to offer personal care. Staff asked the person if they wanted to sleep in and

when to go back and ask again. Staff told us they were trained to understand the MCA and demonstrated they knew how to act to respect people's rights to make decisions about their care.

The recording of how people's health needs were met was not robust enough. There was a 'Professionals visit' form which noted which professionals had visited, been contacted or spoken to, but this did not include the advice given and was not stored in the person's care records. Advice from professionals was written in the daily records in a separate file from the professional visit and daily records form. Daily records were kept as loose pieces of paper. Those over a week old were not archived in date order in the back of people's care records and then moved to another location. The registered manager confirmed they read through the daily records each day but did not consistently use this information to ensure people's care records reflected the latest professional advice. They also did not audit them to ensure staff were recording and passing on the information as required. This meant essential information and guidance on people's health needs were not available to review.

People's weights were taken in line with their care plan however, the records showed a large variance in people's weights. People were recorded as having gained and lost large amounts of weight at different times since the scales were last calibrated in 2012. For example, one person was noted as having lost 12lb in December 2015 and gained 13lb in January 2016. Another person was noted as having lost 32lb on one occasion. We spoke with staff about all the people with recordings that showed concerns. Staff and records confirmed none of these people were being noted as causing a concern and were eating normally. We spoke with the registered manager as none of the records could be relied on as being accurate. Staff completing this task had not recognised the records were likely to be inaccurate. This meant people's needs may then be missed. The registered manager advised they would ensure the scales were calibrated as soon as possible to ensure their accuracy. They would also ensure staff were using the scales correctly.

Not keeping accurate, complete and accurate records of people's health needs and the advice from professionals was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

People said their health needs were always met and they could see their GP or other health professional as required. Staff were heard discussing people's needs and any changes in their health with the registered manager. For example, one person's health was concerning staff when they were delivering personal care. This was discussed with the person and the registered manager. The registered manager requested an immediate visit from the GP. Records held by the service demonstrated people had regular annual health reviews as required. Support from a range of professionals was available and sought by the staff. One person told us: "I have a good rapport with the GP and he with me and the home." The district nurse we spoke with told us the staff always contact them to ask advice and to visit as soon as they had a concern about people's health needs. They added the staff were always knowledgeable and up to date about people's needs and worked with people on meeting their health needs. One staff member said: "If a member of staff thought a person was unwell this was reported to the deputy manager who would assess the situation. Staff would discuss any concerns about a person's health with the person and if felt necessary would ask the person for consent to contact the person's GP".

The service had been undergoing renovation for a number of years. People's rooms were being redecorated when available. The lounge had recently been redecorated to a high standard but areas of the home still required attention. For example, a first floor bathroom had peeling paint and crumbling plaster; the radiator was rusty. Where work had taken place this had not always been finished. For example, a new doorway had been fitted to the entrance to the lounge and there was exposed plaster and wall around the doorway. A doorway upstairs had electrical wiring and a light hanging and a door temporarily fixed in place. Some of the wiring was hooked to the fire extinguisher attached to the wall on one side of the door. One corridor had wallpaper stripped and a very poor, thin and crumpled carpet. We spoke with the registered manager who advised the provider was gradually addressing a number of issues with the service's decoration. They advised us large projects such as rewiring had needed to take place first. We asked the registered manager if there was an action plan in place that would tell us what was being addressed next or in what order. We were advised there was no action plan so it was not

possible to judge when the renovations would be concluded. One staff member told us: "The building needs updating. The building work is coming together what has been completed is of good standard".

The inspection took place on two days when the weather was cold. The home was cold in places and people were sitting close to radiators throughout our stay. People told us they were cold. The lounge had a thermometer that read 20°C on the afternoon of day one. On the morning of day two it read 18°C. Age UK recommend a temperature of 21°C for older people to be sitting in their lounge. We were advised of the thermometer in the lounge by the registered manager, but there was no system in place to check and record this to ensure staff were responding to ensure people were warm enough. We spoke with the registered manager who agreed to review how to monitor the temperatures.

We spoke with the registered manager and asked how they were ensuring people were warm enough. We also asked if there were other ways to support people, such as using lap blankets, to remain warm enough. The registered manager advised the service did have blankets available and would look to see if people wanted to use them. Other equipment was provided to support people to have their needs met as required. For example, hoists, mattresses and special cushions to meet people's needs in line with their care plan and professional assessments were always provided.

People said staff were suitably trained to support them and meet their varied needs. The registered manager identified staff should be trained in certain key areas as mandatory. These were safeguarding vulnerable adults, manual handling, food hygiene, fire training and first aid. All staff were also expected to attend recording skills training at least once. Other training staff had ensured they were able to meet people's specific needs. Staff could take a qualification in respect of their role such as a Diploma in Health and Social Care. Staff told us the registered manager supported them gaining training in areas they were interested in. For example, one staff member told us they had requested training in working with people living with learning disabilities which was provided.

Staff confirmed they had regular training and this was updated to keep their skills and knowledge up to date. Staff were not having regular supervisions and appraisals had taken place in 2011 and 2014 only. The registered manager stated they had completed two appraisals which would be

Is the service effective?

for 2016 and they aimed to complete this for all staff as soon as possible. The registered manager advised they were looking to introduce regular supervisions again, however there was no timescale or details of how this would be achieved. We discussed this with the registered manager who advised they would look at putting a structure in place to ensure all staff were reviewed as required to ensure staff member's professional development. The registered manager advised they worked alongside staff and would always address any concerns with staff. We observed where there were concerns about staff practice these were addressed in supervision and extra training and support was provided. For example, a medicine's error in 2015 by a member of staff was addressed by means of supervision, training and checking the staff member's competency.

Everyone said new staff were introduced to them and shadowed experienced staff to start with for varying durations of time. A new member of staff told us there was an on-going assessment of their competency because they were on a probationary period. Another said at interview they were observed in the lounge interacting with people and the registered manager asked residents what they thought. They told us they did a "trial shift" prior to their appointment and, "staff fed back on my suitability". A staff member told us: they were looking for staff that they would be happy with "them looking after my nan; people should be treated as if they were a family member". New staff had an induction specific to their role. New staff told us they were also completing the new Care Certificate. The Care Certificate is a national qualification in care for staff new to care. It has been brought in to develop a good standard of practice across the country.

People had their need for good nutrition and fluid intake met by staff. People had regular meals throughout the day and could have snacks at any time. Drinks were available to people throughout the days we were visiting the service. The chef told us how they aimed to meet everyone's individual needs and dietary requirements. People had nutritional care plans and risk assessments in place which were updated. People had access to dieticians and speech and language services as required. This meant people had their food prepared as required to support them if there was a concern about their weight or ability to swallow safely. Staff supported people as required with support given in a manner that respected people's independence.

People said that they received sufficient or more than sufficient food and drink. We observed at lunchtime that people had a range of meals prepared for them. Meal times were a sociable occasion with constant conversation heard. People commented: "The cooks know what we like and we get it. The meat is quite good" and, "Having been a chef I think the food is very good here, there is a four week menu and we have lots of vegetables and roasts twice a week. If we do not like either of the two lunches on offer the chef will make a meal of our choice". Along with cooking from the menu the chef cooked meals for people using ingredients brought in by people so that person could have something they had seen on their day out that they would like to have that day. One person said, "Occasionally three of us order a takeaway from an Indian or Chinese restaurant as a treat". People were involved in contributing menu ideas so the menu choices were reflecting people's likes.

Is the service caring?

Our findings

People were supported by staff who treated them with kindness, compassion and respect. People said staff always ensured their dignity was respected. People spoke fondly of the staff and the levels they would go to meet their needs in a caring manner. People praised the staff with comments such as: “There is an amazing group of staff here, they have a great sense of humour”, “The staff are lovely, couldn’t wish for better people”, “The carers are nice people” and “The staff are lovely people”. When asked if staff were caring and one person said: “Of course they are, very much so” and another, “Oh yeah very kind and compassionate”. People and their relatives confirmed visitors were always welcomed. Refreshments were offered to visitors and they could eat with their relative.

People spoke of Astor Hall as their home and were happy with the atmosphere within the service describing it as “friendly”. Other people commented: “On the whole very good atmosphere, friendly with good community spirit”, “Brilliant, like a big family” and “We find it to be happy and jolly here. No one is miserable here”.

People were observed to be comfortable in the company of staff with appropriate humour heard between staff and people. People were also observed supporting each other and caring for each other. People told us how important it was that they were friendly to each other. People new to the service or having had a recent stay in hospital received special support and were included in conversations between people and welcomed. Comments we received included: “We residents care for one another and if we see someone needs help we do something about it”, “Pretty good, friendly, we talk to each other”, “Seems all right to me. People talk to each other” and, “We get on alright I suppose”.

People were supported at times of needing emotional support from staff. One person told us: “The staff are very

good, very kind and do not shout at me when I kick off and play up. They all treat me very well. No faults with the staff at all”. Another person told us that staff noted when they might be feeling a bit low and would support them to look at why and give them time to “come round”. The person added staff were good at knowing when to be with them and when to leave them alone and keep an “eye on” them until all was good again.

People were in control of every aspect of their care and staff listened to them. People told us staff would take time to try and resolve any issues they had. People said staff would discuss options available and included them in the decision making process. People felt they were encouraged to remain as independent for as long as they possibly could and staff would make every effort to provide the necessary support or equipment required to maintain this.

People all had times when they felt extra special to staff. One person told us: “By their positive attitude to their work, I feel I matter to them. They are very encouraging when I try to walk unaided”. Other comments received included: “They gave me a jar with flowers in it” and, “Staff pamper me at Christmas and on my birthday”. Everyone had special occasions such as their birthday made into a special day for them. This was celebrated by staff and other people living at the service. Food was specially made for a ‘birthday tea’ that everyone joined in with. One staff member said: “We help people to feel special by the way we are. Some people have nobody and everyone needs to feel they belong, perhaps with a pat on the back or a special routine we have. At Christmas staff put money into a pot to purchase presents for residents to ensure everyone had a gift.”

People’s end of life was planned with them in advance. People were encouraged to plan how and where they would like to end their life. Details were recorded about who they wanted to be with them. People were supported at their end of life to maintain their dignity and be pain free.

Is the service responsive?

Our findings

Prior to living at Astor Hall people's needs were carefully assessed to ensure the service could meet their needs. The pre admission questionnaire was used to put together a short care plan to ensure staff had the necessary details available to them to provide appropriate care as the person desired. One staff member told us about a person moving into Astor Hall on the day of our inspection and how information was collected by talking with the person and their family and other professionals to ensure the person's needs and likes and dislikes were understood. We heard staff spent time with the person the following day to ensure they were happy with how their care was going and if they had any needs not currently being met.

People had care plans in place which were personalised and reflected their current needs. People were familiar with their care plans and confirmed the registered manager had discussed their care plan with them and agreed it within the last month or so. Relatives said they were very involved with the care planning process and review. Staff said they viewed the care plans often and felt they offered them the correct level of guidance. Staff could suggest if they felt the care plans needed amending to ensure the care plans reflected people's most current needs.

How people wanted their care delivered was clearly written in people's care plans. The registered manager was looking at ways to better record people's personal histories and how to use this information to provide a better all-round service to people.

Records showed staff responded to a range of needs as they arose. For example, staff carefully planned and supported people to maintain their continence and tissue integrity. People said staff would act promptly if they were poorly or had a concern. Staff involved them in the decision making process about how they wanted support or their needs met. All relatives said they were kept up to date and staff would call if there was an issue they needed to know about.

People were being provided access to a computer and other technology so they could communicate with friends and family externally. Also, the registered manager was

looking at what assisted technology could be provided for people whose communication needs meant they were excluded from some aspects of their case review and activities within the home.

People were supported to maintain their links and develop new ones with the local community as required. Staff were observed booking taxis for people to go to local community facilities such as the local sports centre throughout the inspection. One person told us how they enjoyed indoor bowling at the local sports centre and they attended as often as they could. People were also supported to just go out as and when they wanted to and complete their own shopping. Staff arranged support from a local agency if this as required.

People were supported to maintain their faith and cultural identity. Faith leaders came to the service but people could also maintain their links with their chosen church or faith group. Staff discussed people's faith and cultural needs with them and every effort was made to ensure this was met.

People told us activities had taken place but also told us this could improve for them. However, some people could also recall visits to local beauty spots such as Plymouth Hoe and Jennycliff at some unspecified time in the past. There had been a theatre visit to see "The Jersey Boys" last year and a meal in a local restaurant. One person told us staff had organised a craft session before Christmas 2015 making decorations. A children's choir had also visited before Christmas and sang to people which they enjoyed.

We spoke with the registered manager who advised not all people had wanted to take part in organised activities. This had been reviewed with people through the residents' meeting and one member of staff had been appointed as an activities organiser on a part-time basis. One person had also become "activities champion". Both the activities co-ordinator and activities champion were passionate about getting the new activity programme in place as soon as possible.

People's concerns and complaints were acknowledged and investigated. People said they knew how to raise a complaint and felt comfortable speaking to the registered manager and other staff. The service had a complaints policy in place. This was made available to people and relatives on enquiring about the service. Staff had systems in place where people's concerns could be picked up and

Is the service responsive?

resolved quickly. Only formal complaints were recorded of which there had been none since the last inspection. We spoke with the registered manager about how they addressed people's concerns that they did not want to make formal. They did not currently record these but

reflected with us that this may be helpful as it would enable them to review whether any learning could be applied across the service. All concerns and complaints were investigated and only closed once staff were assured the person was happy with the outcome.

Is the service well-led?

Our findings

Astor Hall is owned and run by Astor Hall Ltd. This is this company's only service however, the directors run three residential services (including Astor Hall) for older people in the Plymouth area. There was a nominated individual (NI) in place who is a person appointed by the provider to be responsible for supervising the management of the service. The NI attended the service during the inspection. The service was managed locally by a registered manager supported by a deputy manager, administrator and finance manager.

When we arrived at the service at 8.30am on the first day of the inspection we requested a current, up-to-date list of people living at the service. We were told by the registered manager that they would have to write one out for us as the information was on the computer and she would need to wait for the administrator to arrive after 9am to give us a copy. We discussed with the registered manager how would they be able to respond in the event of a fire or emergency that required them to know who was in the building quickly. They stated there was a board in the entrance that showed what staff were working at that time and visitors were always requested to sign in and out of the visitor's book. However, they agreed to review the availability of a current list of people and how to keep this updated.

During the inspection we found that systems were not always in place to ensure the safe running and quality of the service. The registered manager and deputy reviewed people's care plans each month but there was no auditing of care plans and other staff records such as daily records and recordings of how staff were reporting people's food and fluid intake. As the daily records included essential information about people's needs there was no system in place to ensure any professional advice was transferred to people's care plans. No one had noticed until we highlighted this on inspection that there were issues in respect of how people were being weighed. These weights were being entered on a computer data base but it had not been noted there could be an issue with how staff were weighing people.

People were assessed in respect of their individual falls but there was no service wide falls risk assessment that could be used to review if lessons could be learnt. The accident book reports were also reviewed but again there was no system in place to ensure lessons were learnt.

Audits were not taking place as routine and to ensure the quality and safety of the service. For example, there was no audit of risks which could pose a legionnaires risk to people, staff and visitors. An infection control audit had been started with no planned completion date. This audit had also not identified significant risk areas such as the risk of cross contamination in the laundry. The service's role in relation to the proper and safe administration of medicines was not being audited. The last whole home medicines audit had taken place in June 2015. Records of water temperatures were not taking place as standard to reduce the risk of people being scalded.

Where audits had been completed by external services, action was not always taken or recorded to address these.

Not having sufficient systems in place to ensure the quality of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the requirement to assess, monitor and improve the service with the registered manager and administrator. There was currently a regular audit of people's rooms. We were shown that for 2016 the issue of audits was being considered in respect of infection control, medicines, improved building audits and reducing the admission to hospital rates. The audits would then feed into a whole service improvement plan. This was under development at the time of our inspection and had no planned completion date. The registered manager and administrator also told us they would review the whole audit issues and how to ensure all areas would be reviewed.

We discussed with the registered manager, administrator and finance manager that all through the inspection we were told that areas of the service were under review and development with no sense that plans were in place to ensure these were monitored and reviewed as required. As the senior management team we discussed how they ensured they understood each other's role and good leadership and governance. The registered manager advised that she was currently completing a leadership and

Is the service well-led?

management course which had impressed on her certain areas which should be addressed. The senior management team stated they worked together on a daily basis and would look at how they could improve matters to ensure when issues were raised they could demonstrate how they addressed them.

The registered manager explained they had been spending time reviewing the management of the service in the last 12 months. This started by looking at the culture of the service and the roles staff and people could take in the management of the service. They explained this was reflected in the positive feedback on how people were cared for at the service. This has meant they have spent a great deal of their time “on the floor”. Previously, they took on all roles. They agreed this has meant other tasks had not been completed as expected. With the new culture and support of the deputy, they aimed to move to a more overseeing role while keeping a hands-on role at times.

People felt the home was well-led. One person said: “The staff are so good. Not one of the staff won’t go the extra mile for you. They are compassionate and professional. Can’t speak more highly of them from top to bottom of staff”. A relative said: “It is so much better than it was before it was taken over. We can’t find any fault”. Everyone named the registered manager as being in charge and confirmed that they saw her on a daily basis. People felt they could approach her with any concerns. A residents’ meeting had

been held in October 2015 with previous ones in 2014. The registered manager explained they were looking at how to involve people in the running of the service at a greater level. For example, in the recruiting of staff and key roles in the running of the service. At the moment the groundwork was being done to encourage people to volunteer to take on key roles. The activity champion was the first person to take on such a role but the registered manager was aiming for other people to take on roles such as in supporting the auditing of the service.

Staff felt the registered manager was supportive and someone they could ask for advice at any time. Staff said both the deputy and registered manager were approachable. Staff felt they could suggest new ideas on how the service was managed.

The registered manager understood their responsibilities under the Duty of Candour (DoC). That is, service must act in an open and transparent and apologise if something goes wrong. Staff told us they had been given the DoC policy to read and sign. One staff member told us the DoC ensured staff were “identifying and recognising a mistake had been made and apologising for this”.

The registered manager had systems in place to ensure most equipment and utilities were safe. CQC had received notifications as required. Notifications are reports of events registered persons are required to tell us about by law.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17(1) and (2)(a)(b)(c)</p> <p>Systems and processes were not established and operated effectively ensuring the quality of the service; monitoring and mitigating the risks relating to health, safety and welfare of people; not maintaining accurate records which demonstrated the decisions taken in respect of people in line with the Mental Capacity Act 2005; not maintaining accurate, completed and contemporaneous record in respect of the health advice about each person.</p> |