Lilian Faithfull Homes

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

This inspection took place on 10 and 11 November 2016 and was unannounced.

The care home was registered to provide care to a maximum of 36 people. It predominantly provided care to older people. At this inspection there were 34 people living at Astell. People had their own private accommodation which varied in size and character. In addition there was a large attractive lounge and dining room for people to use. A smaller lounge called the Library provided a quiet and less busy place to sit. Although each person had their own toilet and washing facilities there were additional toilets and bathrooms for use. Many had been adapted to meet people's various needs. Outside there was a large attractive garden with areas to walk and sit. Improvements had been made in the last year to the garden which now provided a newly decked area to sit in the good weather. A summer house had also been converted into a coffee shop to enable those who found going out in the local community too challenging. Here they could enjoy a coffee/tea and cake with their family or friends. This space could also be booked for private lunches and other gatherings by family members. This had heating so could be used all year round. New planting was taking place at the time of the inspection which had been chosen by some of the people who lived at Astell. There was parking available at the front of the building but this was limited at busy times of the day. There was wheelchair access into the building.

The registered manager had been in post since May 2015. 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.

People told us they felt safe and cared for at Astell. One relative said, "I think it's brilliant here, it's like a real home from home. I cannot fault it and [name] is very happy here." Another person said, "I feel well looked after here." There were arrangements in place to identify and manage risks to people and others. Staff were committed to ensuring people's needs were met. People lived in a well maintained and clean environment. Staff were well trained and supported to be able to meet people's different needs. People were involved in planning their care and where they were unable to do this their relatives were able to speak on their behalf. One person referred to their care plans as being "spot on". This meant people's care was delivered in a personalised way respecting their individual choices and preferences. Where people lacked mental capacity to make their own decisions, current legislation was adhered to and decisions for them were made on their behalf but in their best interests. Least restrictive practices were used to keep people who lacked mental capacity safe.

Staff in the care home worked as a team, to ensure other aspects of people's lives were supported. This included their nutritional needs and choices and their social needs. There were opportunities to take part in activities which people enjoyed and to be part of the local community. The staff ensured people's health needs were met by working closely with local healthcare professionals. Access to health care specialists and health appointments was supported where needed. There were arrangements in place to actively aim to

reduce unnecessary admissions to hospital. People were able to raise a complaint and any other form of dissatisfaction and have this addressed. The registered manager was keen to learn from any feedback received.

People told us the staff were caring and compassionate and they were listened to and treated with dignity and respect. Their contribution to the care home's community was valued. Those who were important to people were also welcomed and their input was valued. People were supported to plan for the end of their life. They knew they were able to do this and know their needs and preferences would be met and they would be treated with dignity.

The care home was extremely well run by a registered manager who believed in empowering both staff and people to work and live to their full potential. One person said, "[Name of registered manager] is the nicest possible person. He is always available. We have meetings with him and he wants to hear our suggestions and ideas." A relative said, "[Name of registered manager] is helpful and always available." The registered manager was highly visible and involved in what was going on in the care home. They led by example and were clear about their expectations, visions and values and staff were also committed to these.

There were ample opportunities for people to express their views and suggestions which were welcomed and sometimes used to improve the service. The provider's monitoring systems were robust and ensured the care home was able to maintain compliant with relevant regulation but also able to provide a high standard of care.

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. People were protected from abuse because staff knew how to identify this and report any concerns they may have.

People were protected against risks that may affect their health and environmental risks were also monitored, identified and managed.

There were enough staff to meet people's needs and good recruitment practices protected people from the employment of unsuitable staff.

Arrangements were in place to make sure people received their medicines appropriately and safely.

Is the service effective?

Good

The service was effective. People received care and treatment from staff who had been trained well to provide this.

Staff ensured people's health care needs were met by making sure they had access to appropriate health care professionals.

People were supported to make decisions about their care and treatment and where they lacked mental capacity to do this they were protected through the Mental Capacity Act (2005).

People received appropriate support with their eating and drinking and were provided with a diet that helped maintain their well-being.

Is the service caring?

Good

The service was caring. People were cared for by staff who were kind and who delivered care in a compassionate way.

People's preferences were explored and met by the staff where possible. Staff were working hard to adopt a personalised approach to care.

People's dignity and privacy was maintained.

Staff helped people maintain relationships with those they loved or who mattered to them.

Is the service responsive?

Good

The service was responsive. People were involved in planning their care and care plans gave staff specific details on people's care needs and their preferences.

People had opportunities to socialise and take part in activities they liked and staff had meaningful conversations with people.

There were arrangements in place for people to raise their complaints and to have these listened to, taken seriously and addressed.

Is the service well-led?

Good

The service was well-led. There was an open and inclusive style of management in place which included the involvement and inclusion of those who lived in the care home and their families.

Staff were valued and supported to preform to their best abilities which ultimately led to good outcomes for people.

There were robust quality monitoring processes in place which ensured the care home was run safely and could meet people's needs.

The management team were open to people's suggestions and comments and they used these to improve the service for people.

Astell

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.

This inspection took place on 10 and 11 November 2016 and was unannounced. One inspector carried out this inspection.

Prior to the inspection we reviewed the information we held about the service. The provider had 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 reviewed all statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events.

During the inspection we spoke with six people who lived at the care home, two relatives and one visitor. We spoke with nine staff which included the registered manager and Director of Care. We spoke with one healthcare professional. We reviewed the care files of six people as well as one staff member's recruitment records. We also reviewed various records and documents related to the management of the care home. These included record of complaints, health and safety checks, infection control audit and minutes of 'resident' meetings.

Good

Is the service safe?

Our findings

There were arrangements in place to keep people safe and those we spoke with told us they felt safe. We observed vulnerable elderly people and those who lived with dementia being treated with appropriate care. Staff understood people's limitations and all interactions we witnessed were appropriate and supportive. Staff had received training on how to recognise potential abuse and what to do if they witnessed this or received an allegation. The provider's policies and procedures were clear on what constituted abuse and there was a zero tolerance of any form of abuse or discrimination. Senior staff shared safeguarding concerns appropriately with relevant agencies who also had responsibilities in safeguarding people. People felt confident and able to speak with staff about anything that may worry them. Two people referred to another person who they told us shouted a lot. They said, "The staff are so patient with [name]. They never shout back or get cross." There were arrangements in place for staff to raise concerns confidentially if they had concerns about a colleagues practice or approach. There were processes in place for poor practice or performance to be addressed. The registered manager was already booked to attend a more advanced course on safeguarding.

Where it was possible people's risks were managed by involving them in decisions about these. Staff recognised that some people wanted to remain as independent as possible so they supported them do this safely. One person told us they were a "private person" and they had wanted to remain as independent as possible with their personal care. They were aware however, that they were at risk of falling. Staff therefore had organised equipment which enabled them to be independent but safe. Another person wanted to smoke but needed support to do this safely so staff provided this when the person requested a cigarette. All accidents and incidents were recorded and the circumstances leading up to these analysed to ensure senior staff put the correct actions in place to avoid reoccurrences.

Other risks to people, staff and visitors were assessed and managed. Risks relating to the building, its systems and equipment were all assessed and managed by the estates team. The maintenance member of staff carried out regular health and safety checks. We saw well maintained records of these. Contracts were in place with external specialist companies to ensure appropriate maintenance and servicing of various systems and equipment. For example, a specialist company serviced and maintained all lifting equipment, which included passenger lifts, care hoists and slings. Similar arrangements were in place to maintain the nurse call system, emergency lighting, fire alarms and fire safety equipment.

The cleaning staff took great pride in their work and provided people with a clean environment to live in. We observed cleaning being completed at times that would cause least disruption to people. There were arrangements in place to prevent the spread of infection. These included segregation of laundry and the wearing of plastic gloves and aprons during care delivery.

The registered manager ensured there were enough staff to meet people's needs. Since they had been in position they had improved the staff structure. This enabled them to have staff with the right qualifications, skills and experience on duty at any given time. For example, a shift leader was on duty at all times. This member of staff was experienced and appropriately qualified and was responsible for co-ordinating the

work and deploying the staff accordingly. Senior care staff supported the team leaders by ensuring the care staff delivered people's care correctly and in a personalised way. This had improved the overall continuity of the care delivered. Rather than there being less staff on duty at the weekends, the registered manager had increased the numbers to act as a "buffer" from the loss of management staff at this time. The care staff were supported by a team of domestic staff, kitchen staff and maintenance staff. Staff were also employed specifically to support people with social activities.

The registered manager explained they were supported by the provider to recruit staff when needed. The Provider Information Return (PIR) told us the provider planned to provide additional training for those involved in recruitment and an easy to use interview pack which would make the process more streamlined. Appropriate staff recruitment helped to protect people from those who may not be suitable to care for them. The recruitment file inspected showed that an appropriate check had been carried out before the staff member started work. A clearance from the Disclosure and Barring Service (DBS) had been requested. A DBS request enables employers to check the criminal records of employees and potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults and children. References had been sought from two previous care providers and the reason for the member of staff leaving them had been ascertained. The registered manager explained the interview was also designed to explore the person's ability for kindness and compassion and to see what positive attributes they could bring to the team. One member of staff told us they had always wanted to work for the Lilian Faithfull group and they were very excited at having been accepted.

People's medicines were managed safely and they received them as prescribed or when they required them. Where people chose to self-administer their medicines their capability to do this safely was assessed. We reviewed one such assessment. We also observed one member of staff administer medicines. They had received training to do this and their competency in this task was checked at regular intervals. As were those of other staff who administered medicines. We observed people receiving their medicines safely. Those who required support to take their medicines were provided with this. One person required a lot of support to make sure they had swallowed their medicine. The member of staff sat in an unrushed manner for the length of time it took to do this. Medicines were stored safely and people's medicine administration records (MARs) were well maintained.

One person talked about their medicines and in particular those prescribed 'as required', for example, medicines for their pain. They said, "They [staff] always ask me if I want the tablets." This person told us their night tablets arrived at the same time each evening. They said they found this very "reassuring". They said the night-staff were "meticulous" in checking with them what it was they required. Another person talked about their medicines and how these were being carefully monitored and adjusted to meet their needs. They said, "They are a smashing crowd [the staff] at night. I cannot fault them. They bring my pain relief always on time." The same was said for the medicines administered during the day time. Another person had become confused about what dose they were supposed to be on. We spoke with a member of staff about this and they had already contacted the GP surgery to check this.

Good

Is the service effective?

Our findings

The service was effective in supporting people to achieve a good quality of life whilst receiving care and support. One person said, "They look after us very well." One relative said, "I think it's brilliant here, it's like a real home from home. I cannot fault it and [name] is very happy here." Another person said, "I feel well looked after here." Staff received training which enabled them to meet people's needs effectively. The registered manager explained the provider was very proactive when it came to staff training .The provider had its own training suite and each new member of staff spent an initial two weeks there. This induction training included an awareness of the provider's policies and procedures and their expectations. Staff also received basic training in subjects which the provider considered necessary to be able to perform their jobs safely. This included all health and safety related subjects, safeguarding adults, an awareness of the Mental Capacity Act and dementia care. Staff then received on-going training throughout their employment to ensure their skills and knowledge were up to date.

The Provider Information Return (PIR) gave us further information on how the provider planned to up-skill staff and provide more specific training courses. Competency assessments and practice checks were also carried out on a regular basis. Additional support was given to staff to meet individual learning needs and staff were encouraged and supported to achieve further qualifications. Staff who were new to care were supported to complete the care certificate. This is a framework of training and support which new care staff can receive. Its aim is that they will be able to deliver safe and effective care to a recognised standard once completed. One member of staff told us they had just completed their initial training. They said, "The training was excellent." They told us they had received "lots of support and supervision". They confirmed they had not been expected to work alone or do something they had not felt competent or confident enough to do. One person said, "They are extremely well trained. I can tell they have been trained well in the way they carry out their work." We observed staff carrying out their work in a very competent and professional way.

People had opportunities to see and be referred to appropriate health care professionals. People told us they saw their GP on a regular basis and if needed staff arranged a visit. Two people we spoke with arranged their own GP appointments. People had access to regular chiropody (foot) care as well as access to dental and optical care. Some people's families organised these appointments but where this was not the case the staff supported people in this and to attend these. We spoke with one visiting healthcare professional who said, "They [staff] are very hot on referring people to us." They confirmed that the referrals were always appropriate and they said, "The staff are very knowledgeable and when we visit they always know who we have come to see and they are organised and ready. They are very good at sharing information with us."

On admission to the care home people were visited by a GP from the surgery they were registered with. Their overall health was checked and any follow up treatments discussed with them. Their medicines were reviewed and the GP addressed any issues the person or staff may have. We were told that the service received good support from local GP and community nursing services. One person who had not lived that long at Astell was visited during the inspection by a healthcare professional as there had been concerns relating to the condition of their skin. This person's medicines had also been reviewed and staff had

organised receipt of these. People's care records also made reference to who people had been referred to. This had included appointments with, physiotherapists, mental health practitioners, the continence advisory service and a palliative care nurse.

The Provider Information Return (PIR) had also stated that the service worked in a proactive way to try and avoid unnecessary admissions to hospital. It was explained to us that many people at Astell had expressed a wish not to be admitted to hospital. It was therefore important for staff to be proactive in identifying early deterioration in a person's health and to be able to communicate this effectively to the NHS. Systems had been adopted to support this and staff sometimes worked closely with the NHS Rapid Response Team. These are teams of healthcare professionals who can respond quickly to a person's deterioration in health and aim to provide initial treatment in the person's own home.

People received care which they had given their consent. Where able to do so people had also signed their plans of care indicating their agreement with the proposed care they recorded. People were supported to make independent decisions about their care and treatment. Care plans explained where people were able to make simple day to day decisions and where they needed more support. We observed staff asking people for their consent/agreement before they provided care. We also observed staff helping people to make simple decisions. For example, about what they ate, where they sat, what they wanted to do and if they wanted to use the toilet. If people refused care the staff accepted their refusal, however, they also returned later to ask the person again if they would agree to the care. We saw this happen with one person several times during the inspection. At no point was this person forced to do anything they did not want to do. The registered manager explained that relatives sometimes needed support to understand that staff could not impose care on people if they refused to receive it. Care plans gave staff guidance on how to obtain people's agreement. One person's care plans for example said, "Responds well to gestures of affection and comfort. Make conversations meaningful and not just about the task."

People who lacked mental capacity were protected because staff adhered to the principles of the Mental Capacity Act 2005. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. One person's mental capacity assessment stated the person was unable to provide consent for or understand why they required their personal hygiene to be attended to. Their care plan recorded how staff would provide support, in the person's best interests, but, this would be at times when they were able to accept it. A mental capacity assessment for another person also recorded areas of care which they could not consent to or understand the risks involved if they did not receive this care. Again, their care plans gave staff detailed guidance on how best to support this.

Where people were deprived of their liberty in order to ensure they received the care and treatment they required staff had correctly applied for Deprivation of Liberty Safeguards (DoLS). 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). Three applications had been authorised by the local authority and others had been completed but the person had not yet been assessed by a Best Interests Assessor.

People were supported to make choices about what they ate and drank and risks to their nutritional well-being were identified and managed. We observed people making choices about their food. We spoke with one person who told us they did not like the options that were on offer for lunch but they had chosen one of them anyway. We explained there were other alternatives to choose from which they had not realised. We

spoke to the chef about this and they visited the person and an alternative was organised which the person enjoyed. We spoke with two other people who had not realised there was a list of at least 13 alternatives on top of the two main options. This information was on display outside the dining room but immediately the registered manager organised for copies of this to be delivered to each bedroom. One person later confirmed they had once received this during the day which was helpful because they had forgotten about the alternatives. Another person said, "The staff in the kitchen are very helpful. They do their best and I'm happy with that."

We observed two lunch time and one late tea experience. A glass of sherry was served each day before lunch to those who liked this. Tables were attractively laid with table cloths, napkins, salt and pepper, glasses and flowers. People tended to have their preferred seats in the dining room and were helped to get to these. The food was delivered by designated waiting staff who were attentive and where needed showed people a plated choice to help them decide. One person told us the starter of whitebait was too small but another person told us they had not had this before and they had enjoyed it. The meals were attractively presented and the food was hot. On one day of the inspection curry was one of the options and this was served with additional side dishes and sauces. People had options of various puddings and a cheese platter. One person spoke about the service and the food and said, "They're [the catering staff and waiters] are all very good." Another person said, "Supper was very good." Two other people knew a new catering manager was due to start. They told us they had already met them and they were due to meet with them again and talk about the menus.

People's care records stated if there was risk to the person's nutritional well-being. People's weight was monitored and recorded and any concerns about this or the person's appetite was discussed with their GP. The provider had employed a member of staff who was qualified to assess the nutritional values of the food provided. This person provided support to the chefs to ensure specific dietary needs were met. One person's weight was recorded as being fairly stable, but it was noted that the person was of a "slight build". They had been prescribed a calorie supplement by their GP to help maintain their weight. The relevant care plan stated that "small portions were preferred" and it recorded the person's particular likes. Another person's records showed their weight had increased and there was a need to monitor this because of a particular health condition. The dietary needs around the particular health condition were well explained. This person's weight and their diet was monitored by staff and their GP. Another person's care plan was specific in the guidance it gave to staff. This person needed to be reminded that it was time to eat and helped to the dining room. It told staff to prompt the person if they were distracted from eating their food. We observed the support this person received during meal-times and the care plan was followed. Other people required staff to assist them and this was done in a dignified and unrushed manner with staff interacting with them throughout the meal. All of this ensured people had a pleasant dining experience and were provided with the support they needed to maintain their nutritional well-being.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind and compassionate. They also welcomed those who mattered to people and provided them with the support they sometimes needed. One person said, "They [staff] are very welcoming. They welcome my guests and they are very caring. I know the carers by name and they know me. The night staff are brilliant, they are so cheerful." This person told us they liked to have an early morning wake up call, which they confirmed they received at the same time each day. They said, "They [staff] never fail and I can rely on that." Another person told us the staff were "very nice and helpful."
One of the registered manager's core values was people should be treated with dignity at all times when in care. He had therefore introduced staff to Dignity In Care. Discussions with staff had been held on what this actually meant and how staff could promote and maintain this value. Staff had subsequently signed up to be dignity champions. They were therefore willing to stand up and challenge disrespectful behaviour, act as good role models by treating other people with respect (particularly those who are less able to stand up for themselves) and listen to and understand the views and experiences of those around them. We observed these fundamental values being upheld during the inspection.

People's distress was acted on immediately and reassurances given. One person was exhibiting distress at one point of the inspection. The member of staff who responded to this approached the person quietly and in a reassuring and comforting way. They stayed with the person until they were more settled and returned several times afterwards to offer further support and encouragement. Staff took time to talk with people, listen to them and offer a meaningful explanation where needed. Time was taken to get to know people well and build positive and supportive relationships with them. People's care records recorded information about their lives, what had been important to them along with significant events or dates. Individual likes, dislikes and preferences were all explored and recorded. This information was used to help personalise the person's care and to help guide staff in more meaningful interactions with people.

People were actively involved in making decisions about their care. Where people were unable to do this there were opportunities for their relatives and representatives to be involved and to speak on their behalf. The registered manager explained they had regular meetings with various relatives to talk about their relative's care. During the inspection, one relative who lived some distance from the care home had a booked meeting with the registered manager to review their relative's care. They told us they found this reassuring and helpful. They explained they were able to email the registered manager if they were worried about anything. They also confirmed the registered manager in return emailed them with updates on their relative's condition. They said, "I know I don't need to worry about [name]."

During the inspection we saw family members and friends visit freely. People were supported to have time with their visitors privately if they wished. Visitors were made welcome and staff interacted with them in a kind and helpful. People's bedrooms were recognised as being their personal space and staff knocked on the door before entering. Personal care was delivered behind closed doors and people's right to privacy was very much respected. Conversations about care were carried out privately and people's care records kept in an office which was secured when staff were not present.

Staff aimed to explore people's end of life wishes with them when they were able to make decisions about this. We saw one person's Living Will and in another care file an Advanced Directive. Both stating the people's specific wishes if they were to become ill and their wishes for their end of life care. One person talked to us about the loss of their relative and how staff had cared for their relative "very well". They said, "They [staff] were very caring and very compassionate; they put flowers by [name] when [name] passed away." They also spoke briefly about the support staff had then given them following their loss.

We spoke with another person who told us they were terminally ill. They confirmed they had been able to talk with staff about how they wanted their care delivered. They had discussed with staff where they wanted support and where they wanted to try and remain independent. They said, "It's very personalised [the care], they [staff] are just all lovely. I have put my house in order and I've also been able to discuss my wishes with my family and [name of Director of Care]". The Director of Care had known this person before their admission and was visiting them each evening to offer support and friendship.

The service had received many compliments from people and their families. The Provider Information Return (PIR) had informed us of some of these. People had referred to the "kindness", "sensitivity and respect" shown by staff. Compliments had also been received on the support and compassion shown during end of life care. Both to the person receiving this and those who mattered to them.

Good

Is the service responsive?

Our findings

1.We spoke with the registered manager about how they wanted people's care needs met. They said, "I want a totally personalised approach; a holistic approach which includes meeting people's health needs and their overall well-being. The care is led by the residents and not by how the staff would prefer."

People's needs were assessed prior to admission in order for staff to be sure they could respond to these. We reviewed one person's pre-admission assessment. This was detailed and contained pertinent information which helped to plan their care. We spoke with this person who told us it had been their own decision to come into Astell. Throughout the inspection we were aware staff were having several conversations with this person to find out exactly how they liked things done. They explored what needed changing and what was in place to help the person settle. They went over several aspects of the person's care needs with them in order to make sure these were met as the person wanted them met. Staff explained to us, that with time, more information and preferences would be learnt and then incorporated into the care plans. An example being, the person divulged that they preferred a particular food at breakfast. This was recorded and by the next day was in stock so it could be provided. This admission process showed that staff genuinely wanted to involve people in the planning of their care and to find out what would help them adjust to their new surroundings.

Information from the pre-admission assessment was used to help formulate care plans. These gave staff initial information about the person's needs, how to meet them and their preferences. We saw that care plans did become more detailed and personalised over time. One member of staff's designated role was to make sure these were updated with the person's involvement (where this was possible) or with their relatives input. This meant the care plans we reviewed were accurate and relevant and contained the choices and preferences of the person they were about. We asked one person if they were aware of their care plans and if they considered their care to be tailored to their specific needs and wishes. They told us staff had asked them a lot about how they had wanted their care delivered and what their particular preferences were. They told us they had also been asked if they wished to read their care plans. They said they had read these and the content had been "spot on". We spoke with a relative who told us they had been really reassured by the way staff had taken time to get know their relative. They were also aware of the content of their relative's care plans and reviewed these on a regular basis. During the inspection another care meeting had been booked with other relatives to go their relative's care plans and review the overall care being delivered.

People had opportunities to take part in activities of their choice and to mix socially. To support people to do this were two activity co-ordinators who were supported by the care staff when possible. We spoke with one person who lived with dementia. They were being supported by an activity co-ordinator to play a board game with another person who also lived with dementia. This person told us they enjoyed the game and said "it's nice here". Another person enjoyed reading the newspaper and this had been organised for them and delivered by the staff. They liked to come down to the lounge and read this. Two other people told us they enjoyed some of the activities that were organised. They confirmed people were able to make suggestions about these which the co-ordinators then organised. One person had recently put forward the

idea of a cinema trip which they said was going to be organised. Another person said, "[Name of staff] has taken me shopping, which I like. I also belong to the gardening club. We have produced some nice things." They told us to look at the miniature gardens in glass containers which were on the window sills in the dining room, which their group had planted. One person showed us a picture on display and told us they had been involved in the group which had produced this. They said, "We were proud of that picture." On one afternoon during the inspection we observed a lounge full of people enjoying a visiting entertainer who sang. One member of staff told us this entertainer was a favourite and certainly everyone in the lounge was engaged in one way or another. One person later confirmed with, great enthusiasm, that they always enjoyed this session. They said, "It makes me feel better when I have had a good sing-a-long."

We observed a real hive of activity in the lounge just before one lunch-time. Sherry was served every day at 11:30 and people congregated in the lounge for this. The room had a real social buzz about it with people and staff talking and laughing. Care staff interacted with people and supported those who were not so confident. Staff spoke with some on a one to one basis. People showed they cared about others around them by telling us about various people who had not been so well and telling us how nice it was to see them downstairs again or chatting again. There was a sense of community, which relatives and friends were welcomed into when they visited. One relative said, "They [the staff] are really good at getting them [the people] socialising." They explained that their relative would not necessarily mix if left to their own devices but did so well with the support staff provided. Staff were also aware of those who preferred to remain in their bedrooms or who were unwell and in bed. These people were provided with plenty of visits from staff throughout the day and if they wished could also enjoy a one to one activity in their bedroom.

Arrangements were in place for people to raise a complaint. The registered manager took any form of complaint seriously and aimed to resolve issues to people's satisfaction. They worked hard to be as visible and approachable as they could be so people felt comfortable to do this. They said, "I'm responsive to anything a person may be unhappy about and we can always learn from any form of feedback." All complaints, whatever the size and complexity were recorded, investigated and acted on. The registered manager kept a monthly record of all issues raised.

We reviewed records going back to February 2016. There had been, for example, three complaints raised in February. These had included a request for more lighting in the lounge. Uplighters and various lamps were purchased straight away. One person had wanted to see more melon on the menu and the catering staff addressed this. The relatives of one person had considered one of their relative's nails to be too long so staff had also addressed this. In March, one person had complained about a lack of communication about the fees. An apology was given and this was resolved by the provider's head-office. In April one visitor had complained about a lack of access to the building. This was resolved by staff being more aware of the doorbell, at times when administrative staff were not on duty. In June a person raised a concern about another person entering their bedroom. This other person had been confused and disorientated at the time. This was resolved by a change of bedroom and the person who entered the bedroom not doing this so often after a while. Also in June, one person had been unhappy with a late breakfast and there had been a lost item of clothing. These had both been addressed. These records showed that whatever the issue and complexity and however the issue had been raised it had been correctly recorded, investigated (if needed) and acted on.

Good

Is the service well-led?

Our findings

People knew who the registered manager was and they spoke highly of him. One person said, "I really like [name of registered manager] he is very approachable." Another said, "[Name of registered manager] is the nicest possible person. He is always available. We have meetings with him and he wants to hear our suggestions and ideas." One relative said, "[Name of registered manager] is helpful and always available." The registered manager said, "It's important that the residents and staff see that I have a hands on approach." We observed them to be out and about, in the care home, throughout most of the inspection. There was clearly an open door policy as people and staff felt able to enter and talk with him at any-time.

Since being in post they had altered how the care home worked and how staff were deployed. Team working and being empowered to do the job well was what the registered manager promoted. Specific lead roles had been established and staff had either chosen or been approached to take ownership of these. These helped the service run more smoothly and empowered staff to take on additional responsibilities. For example, we spoke with one member of staff whose role it was to ensure all care plans were up to date and personalised. Another staff member was responsible for co-ordinating all medicines and liaising with relatives regarding meetings with GPs. The week of the inspection these meetings related to Do Not Attempt Resuscitation (DNAR) decisions. The registered manager said, "Staff work better and are happier if they are empowered and supported to do well."

Regular staff meetings were held where expectations, ideas, problems and plans were discussed in an open forum. Staff also had access to their own staff forum. A representative was able to feedback comments and queries directly to the provider's senior management team. This included comments relating to staff welfare, wages, benefits and future provider plans. The registered manager told us, "Staff have a voice". Information from this was in place in the staff room under the headings of "You said, We did." This showed the provider and registered manager were responsive to staff needs and queries. The Provider Information Return (PIR) told us about a scheme which awarded staff if they came forward with innovative ideas and suggestions which helped to improve the service further.

Staff at Astell were proactive in involving those who lived there, as well as their family members, in how the service was run. A recently introduced 'residents forum' was in addition to the 'resident and relative' meetings already held on a regular basis. It was planned this would develop in a similar way to the staff forum. People and their families had opportunities to meet with members of the senior management team to have further explanations on any business decisions or plans that had been shared with them.

The provider sent out annual questionnaires to people, their families and to visiting professionals, to obtain feedback and ideas on how the service could be improved. A good example of how feedback was obtained and acted on to improve the service was seen following the service's 2015 customer satisfaction questionnaire. Information was collated from each annual survey but from this one a trend had been identified in comments received from those who lived with dementia and their relatives. Although people enjoyed the choice of activities and outings provided they sometimes found leaving the home environment difficult. Reasons for this were given as, for example, not feeling safe or comfortable in the wider community,

concerns about stigma and not being understood as well as dealing with crowds and noise. This feedback was discussed with staff and in particular with the dementia link-workers (staff that have completed specific training which helped them to improve outcomes for those who live with dementia). A suggestion box was set up to seek ideas for a solution. The winning idea was to try and find a setting, within the care home, which could be adapted to offer something different to this group of people and to others.

It was decided that an existing summer house, not used much, would be refurbished and set up as a coffee bar and shop. This would provide people with somewhere different to go to with visitors but without the anxieties and concerns expressed in the feedback. Therefore, in 2016 many staff (sometimes in their own time) took a part in the refurbishment project. This was a team effort to improve the service further for people. Heating as well as electrics were installed so it could be used in all weathers. It now provided a place where people could enjoy coffee/tea and cake with family and friends. Greeting cards, confectionary and toiletries could also be purchased there. The space could also be booked for family events/gatherings. One relative confirmed they had done this when they had brought an old friend of their relative's for lunch.

Quality monitoring arrangements allowed the management staff and the provider to check if the care home was meeting with relevant regulations and was able to provide a high quality service. This process identified any shortfalls and highlighted areas for improvement. It also evaluated the effectiveness of completed improvements. It ensured the provider was well informed about how well the service was performing and what support it required. A weekly manager's report was completed by the registered manager. This was viewed by the Director of Care. This covered all areas of information they required to ensure the care home was supported and being managed appropriately. This included, for example, information on all admissions, discharges, deaths, accidents, levels of risks to people, complaints and information relating to staff. For example, staffing numbers, recruitment progress and other related issues. These issues could also be discussed with the Director of Care at any time by the registered manager.

The provider's programme of audits was completed by the registered manager and his staff. Audits completed by staff were checked by the registered manager. Where needed these highlighted actions to be taken and were reported to the senior management team. The registered manager made sure these were fully up to date and acted on. Actions were also followed up by the Director of Care when they visited, who if needed, set actions of their own to be completed. All action plans were checked and signed off when completed by the Director of Care (or other appropriate members of the senior management team). This system ensured people were protected from unsafe or inappropriate care.

The systems in place and how the service ran allowed for good communication to work up and down the provider's staff structure. This included communication to and from the senior management team. For example, the CEO wanted to be briefed, on a regular basis, on the progress of all those who used the service. They were genuinely interested in knowing about people's progress and well-being. It also helped them to have meaningful interactions with people when they visited the care home. The provider believed that everyone, in some way, had led a remarkable life which led to starting a project called 'Remarkable Lives'. On a regular basis new stories were published by the provider about people's lives. We spoke to one such person during this inspection and although they lived with dementia staff supported them to celebrate their 'Remarkable Life'. Staff were valued and arrangements were in place to recognise specific contributions or achievements that they had made.

The CEO and Director of Care reported directly to the board of trustees. This group of people ensured that Lilian Faithful Homes, a charity, met with the original founder's vision which was to help meet the welfare needs of older people in Cheltenham. They used their collective skills and knowledge to ensure the charity achieved its aim and that it used its resources responsibly.