Croftwood Care UK Limited

Astbury Lodge Residential Care Home

Inspection report

Randle Meadow
Hope Farm Estate, Great Sutton
Ellesmere Port
Merseyside
CH66 2LB

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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 was carried out by one adult social care inspector and an expert by experience on 18 December 2018 and was unannounced.

Astbury Lodge is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided and both were looked at during this inspection. The home is situated within the Great Sutton area near Ellesmere Port. The home offers accommodation and support for up to 41 people. At the time of our visit there were 40 people living in Astbury Lodge.

The home had a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, the service was rated good. At this inspection we found the service remained good as it met all the requirements of the fundamental standards.

The registered provider continued to have safe recruitment processes in place. All staff had completed an induction when they commenced their employment and had undertaken essential training necessary for their role. Staff received regular support through supervision and team meetings.

Staff had received training in safeguarding and were able to describe what abuse may look like. They felt confident to raise any concerns and thought any concerns would be listened to and acted upon promptly. The registered provider had safeguarding policies and procedures in place.

Medicines were ordered, stored, administered and disposed of in accordance with best practice guidelines. The registered provider had policies and procedures in place. Medicine administration records (MARs) were fully completed and regularly audited for accuracy. Staff had received training in medicines management and had their competency assessed.

People had their needs assessed before they moved into the home and this information was used to create individual care plans. These plans included clear guidance for staff to follow to ensure people's individual needs were met. People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process. Care plans were reviewed and updated when any changes occurred.

People had their food and drinks needs assessed. Clear guidance was available for staff to follow to meet these needs. People spoke positively about the food and drink available to them. The mealtime experience observed at the home was positive.

People, relatives, staff and health care professionals spoke positively about the staff and the management team. People described being supported by kind and caring staff.

Staff had developed positive relationships with people who lived at the home. People told us their privacy and dignity was respected and their independence promoted. We observed positive interactions between staff and people living at the home throughout our inspection.
People living at the home had opportunities to engage in activities of their choice and the management team had developed positive relationships with organisations within the local community.

The home was clean and had all required health and safety checks and documentation in place. Equipment was regularly serviced and fire checks were regularly undertaken within the home. Individual emergency evacuation plans were in place for people.

The Care Quality Commission as required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and report on what we found. We saw that the registered provider had guidance available for staff in relation to the MCA. Staff had undertaken training and demonstrated a basic understanding of this. The registered provider had made appropriate applications for the Deprivation of Liberty Safeguards (DoLS). Care records reviewed included mental capacity assessments and best interest meetings.

Quality assurance systems were in place that were consistently completed. Areas for development and improvement had been identified and actions promptly taken to address these. Accidents and incidents were analysed to identify trends and patterns within the home.

The registered provider had a clear complaints policy that people and their relatives knew how to access. People told us they felt confident to raise any concerns they had and felt they would be promptly addressed.

Policies and procedures were available for staff to offer them guidance within their role and employment. These were regularly reviewed and updated.

The registered provider had displayed their ratings from the previous inspection in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Astbury Lodge Residential Care Home

Detailed findings

Background to this inspection

We carried out the inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider was 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 was a comprehensive inspection carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

This inspection was unannounced and took place on 18 December 2018.

As part of the inspection planning we reviewed the information the registered provider had given since the last inspection. We looked at information provided by the local authority, safeguarding team and commissioning team. Feedback we received identified no concerns about the home.

We checked the information we held about the registered provider and the home. This included statutory notifications sent to us by the registered manager about incidents and accidents that had occurred at the home. I notification as information about important events which occur at the home that they are required to send us by law.

The registered provider had completed and submitted a provider information return (PIR). This is a form that asks the provider to give us some key information about the home, what the home does well and any improvements they plan to make. This information informed part of the inspection planning and was used during the inspection visit.

During the inspection we spoke with 15 people living at the home, ten relatives of people living at the home,

the registered manager, a healthcare professional, the activities coordinator and three care staff. We observed staff supporting people throughout our visit.

We looked at for care plan files, four staff recruitment and training files, medication administration records (MARS), complaints, policies and procedures as well as other records that related to the running of the home.

Good

Is the service safe?

Our findings

People and their relatives all spoke positively about the home and their comments included "I know [Name] is safe living here. They use the call bell if they need assistance and staff seem to answer quite promptly in my experience", "I feel safer here than I did living at home. There are always staff here to help me and come to my assistance when needed" and "I used to get confused with my medicines at home or forget to take them. Staff always give me my tablets now so they are never forgotten."

The home continued to have effective systems in place to safeguard people from abuse. Staff had received training and were able to explain their knowledge in this area along with actions they would take should they have any concerns. Clear reporting procedures were in place that staff fully understood. Staff knew about and where to find the registered providers safeguarding and whistleblowing procedures.

The registered provider had safe recruitment practices in place and sufficient numbers of staff were available to meet people's needs. Recruitment records held fully completed application forms, interview records, verified references from up-to-date employers and a disclosure and barring check (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This meant the registered provider ensured that only applicants of good character were employed to support the vulnerable people living at the home.

Individual risk assessments were in place where areas of risk had been identified. These included activities of daily living such as mobility, communication, falls, skin integrity and continence. Clear guidance was included for staff to follow which described the level of intervention required, along with actions to be taken to mitigate the risk to people.

An effective medicines management system was in place. Medicines were ordered, stored, administered and returned or disposed of in accordance with best practice guidelines. Controlled drugs were managed safely with two staff signing for each administration. We found stocks were correct and records were accurately completed. PRN 'as required' medicines protocols were in place that offered clear guidance for staff. Medicines that required storage at a cool temperature to maintain their efficiency were stored in a specified fridge. Temperature checks were undertaken regularly by staff. Everyone spoke confidently that they were given the right medication, at the right time and that it was administered correctly. They told us consent was sought and an appropriate drink was offered when they took their medicines. Medication administration records (MARs) were fully completed by staff that had received appropriate training and had their competency assessed.

Accidents and incident records were fully completed by staff and regularly reviewed by the registered manager to identify any steps that could be taken to minimise risks to people. An analysis was also undertaken to identify any potential trends or patterns within the home.

Astbury Lodge was well maintained and attractively decorated. All equipment was well maintained and

regularly serviced. Health and safety checks were in place and fire safety procedures were followed. Everyone living at the home had a personal emergency evacuation plan (PEEP) in place for staff to follow in the event of an emergency.

All staff had completed infection control training and had access to personal protective equipment (PPE) when undertaking personal care tasks to prevent the spread of infection. Staff fully understood the importance of infection control's procedures to protect themselves and the people living at the home.

Good

Is the service effective?

Our findings

People received care from staff that were knowledgeable and had received the training and support they needed for their roles. Comments included "I think all the staff know what they are doing", "New staff shadow experienced staff until they are confident working at the home", "Staff seem to attend training quite often so I assume they are well trained."

All staff had consistently undertaken an induction at the start of their employment. They had completed essential training along with the required refresher training in accordance with best practice guidelines. People told us that staff had the right knowledge and skills to support them with their individual needs. Staff told us that they received regular supervision and an annual appraisal and records confirmed this.

People were supported to maintain their health and well-being through close links with a wide range of community healthcare services. The registered provider worked closely with local GPs, district nurses, physiotherapists and occupational therapists. A visiting healthcare professional spoke positively about the home and their comments included "Staff report concerns promptly", "Staff follow guidance and instruction" and "Staff always act promptly to action any changes required in a person's care."

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 or are helped to do so when required. When they lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Mental capacity assessments and best interest decisions were evidenced throughout the documentation reviewed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made and all required documentation was in place.

The home operated in accordance with the principles the Mental Capacity Act 2005 (MCA). Discussions with people confirmed that their consent was sought in relation to care and treatment and records supported this. Comments from people included "I choose what time I get up and when I go to bed. This varies dependent on if I have had a good night sleep or not. Staff always ask if I am ready to get up or go to bed, if I would like a bath or shower and this is all important to me."

People were supported to eat and drink in accordance with their assessed needs. Staff had a good understanding of people's individual dietary requirements, preferences and choices. Our observations during the lunchtime mealtime experience were positive. Staff were attentive to people's individual needs. One person required a pureed diet and a staff member sat with them to support them eating. They did not rush them and interacted appropriately with them. People that were at risk of malnutrition or dehydration were closely monitored and records were fully completed. People's weights were regularly recorded in

accordance with their assessed needs.

People spoke positively about the food and their comments included "The food here is brilliant", "The cooks ensure my specific needs are met" and "The cook will prepare something I fancy if I'm not fussed about what's on offer."

People's care plans included information about their food preferences, likes and dislikes as well as any allergies to food they had. The home worked with dieticians, as well as speech and language therapists when concerns had been identified around weight loss or swallowing. Clear guidance was in place for staff to follow.

Staff undertook regular checks on people throughout the day and night. These included repositioning records for people that required to be supported in bed, well-being checks while people were in their bedrooms and nutrition and hydration charts. People were consistently checked in accordance with their care plan requirements.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the staff and management team. Comments included "Staff are very nice", "I cannot fault any of the staff", "All the staff are lovely. Night staff always make time to chat to me when I cannot sleep" and "All the staff without exception welcome me, are kind and considerate and sensitive to my needs as well as my Mum's needs."

Staff demonstrated a good understanding of the people they supported. We observed staff that were kind, caring and considerate to people's needs. Staff were knowledgeable about people's histories, likes, dislikes and were able to have conversations with them around topics that were of interest to them. Examples included, using a person's preferred name, talking about the history of the local area to a person and talking about a person's relative that visited regularly. This meant people were supported by staff that knew them well.

People's care plans described their specific communication needs. They included information about any sensory loss along with clear guidance for staff to follow for the management of this. One person required glasses for reading, another person required staff to use short sentences and to ensure the person had processed and understood the information. When people required glasses, staff were prompted to ensure they were clean or if a person required a hearing aid for staff to ensure the battery was in place and it was fully working. This meant people's communication needs were met by staff that had clear guidance available to them.

Independence was promoted where possible. Staff described the importance of encouraging people to be independent for as long as possible. They told us that most people really valued this. People described staff encouraging them to wash parts of their body that they could still access, to choose their own clothes and put clothes on where possible. They told us that staff did not rush them even when things took a little bit longer when they were doing them for themselves.

People told us their privacy and dignity was respected. Staff consistently knocked on people's doors and waited for an answer before entering.

People told us they were offered choice in a variety of ways. These included, where they would like to sit, would they like to eat in the dining room, bistro or their bedroom, what television programme they would like to watch or what radio station would they like to listen to.

People's records were stored securely in a locked office to maintain their confidentiality. Daily records and other important documentation were completed in privacy to protect people's personal information.

Records clearly included when a person did not wish to be resuscitated in the event of their death. This information was readily available for staff and visiting health care professionals.

Good

Is the service responsive?

Our findings

People were invited to participate in a wide variety of activities. These included dominoes, seed planting, singalongs, trivial pursuit, watercolour painting, friends and family quiz, rock painting, yoga, bingo and reminiscence. The home had established links with a local school that visited each week to undertake activities with people living at the home. On the day of our visit these children sang Christmas songs to people and gave each person a handmade Christmas card. Also on the day of our visit another school visited to sing carols and Christmas songs to the people living at the home.

We saw a picture that people had produced which had been part of an NHS art exhibition. People had been asked if they would like to participate in this project and many had enthusiastically agreed. They described how proud they were of this. The home produced a bi monthly newsletter that included photos and reflections of activities, fond wishes and goodbyes when people passed away, forthcoming events were advertised and one resident's sketches of a cartoon cat were included.

People had their individual needs assessed prior to them moving into the home. This information was used to develop person centred care plans and risk assessments that formed each person's care plan file. People's needs in relation to equality and diversity were considered during the assessment process and included within their care plans. These needs included age, disability, religion and other protected characteristics.

Care plans were comprehensive and held sufficient detail about each person for staff to have a good understanding of them. Clear guidance was available for staff to follow to meet people's individual needs and choices. All care plans and risk assessments were reviewed regularly and updated as and when any changes occurred. This meant staff had the most up-to-date information available to support people.

We reviewed people's end of life care plans. Where people had expressed any preferences, these were clearly documented.

Daily records were completed by staff as well as a shift handover sheet. These records included information about personal care, activity, diet, medicines and district nurse or GP visits.

Observational charts were completed as well as food and fluid charts and other records that required completion to meet individuals assessed needs.

People told us they knew how to raise a concern or complaint. Their comments included "I feel confident to raise any concerns" and "The manager is very approachable and I would not hesitate to raise any concerns I had and feel confident they would address these promptly." The registered provider had a complaint policy and procedure in place. The registered manager told us that this would be made available in different formats to meet individual needs. These included easy read, any language and pictorial formats.

Good

Is the service well-led?

Our findings

The registered manager had been registered with the Care Quality Commission since November 2017. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider had policies and procedures that were written in line with good practice guidelines and these were regularly updated. Staff knew how to access the policies and procedures and told us they provided guidance in all areas of their work performance and employment.

Every member of the management team and all staff were enthusiastic about their role and clear about their responsibilities. Staff described working together as a team and supporting each other to share the workload. During our inspection we observed that staff were attentive to people's needs, kind, knowledgeable about people's individuality and cheerful.

The registered manager held regular resident's meetings. The meetings were well attended and discussions included ideas for activities and forthcoming events such as the Christmas fair. People were encouraged to offer ideas and suggestions for areas of development and improvement within the home.

The registered manager and staff team had developed positive working relationships with local organisations within their community. Regular activities were undertaken with the local school and other schools visited to undertake performances on special occasions. Representatives from local churches visited regularly to undertake communion with people.

The registered provider undertook audits across all areas of the home to continually identify areas for development and improvement. These included care plans, environment, medicines, accidents and incidents and health and safety. Actions were identified and addressed promptly. Analysis was in place to review accidents and incidents and this was used to identify any trends and patterns within the home.

Staff meetings were held regularly and minutes of these meetings was shared with staff that had been unable to attend. Recent topics had included annual leave, the importance of handovers, living in a dementia household and training. Staff told us they were encouraged to put forward ideas and suggestions for areas of development and improvement within the home.

Registered providers are required by law to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the home. The registered manager had notified the CQC of all significant events that had occurred in line with their legal obligations.

The registered provider had displayed their ratings from the previous inspection on the website within the home in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.