Royal British Legion Industries Ltd

Gavin Astor House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on 07 and 08 December 2016. The inspection was unannounced.

Gavin Astor House is a purpose built care home registered to provide accommodation and nursing care to up to 50 adults. The service provides nursing care to adults over age 18 with physical disabilities as well as to older people. Gavin Astor House is owned by the Royal British Legion Industries. The home is situated in grounds within the Royal British Legion village. All bedrooms are single with en-suite facilities. There was a passenger lift to assist people to move between floors. At the time of our inspection 42 people lived at the service.

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.

At our previous inspection on 28 July 2015, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that people had not received their medicines as required or as prescribed. The provider had systems in place to make sure there were enough staff employed and rostered. However, the way staff were deployed needed to be reviewed to ensure there were sufficient staff available at key time during the day. We made a recommendation about this. Safe recruitment procedures were being followed to make sure staff were suitable to work with people. Staff members past employment history was not being explored when there were gaps in their employment. We made a recommendation about this. Quality assurance systems were in place to assess the level of quality provision with the service but they had not identified the issues we found at the inspection. We made a recommendation about this. We asked the provider to take action to meet the regulations.

We received an action plan on 27 November 2015 which stated that the provider had met the regulation on 20 November 2015.

People and their relatives told us that they received safe, effective, caring and responsive care and the service was well led.

Some people received their nutrition and hydration through percutaneous endoscopic gastrostomy (PEG). Records did not always evidence that they had received the right amount of food and fluid to maintain good health.

Medicines had been generally well managed, stored securely and records showed that tablets had been administered as they had been prescribed. Medicines records in relation to pain patches were not clear or consistent with the manufacturer's information. We made a recommendation about this.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one when required. However, robust systems were not in place to track, monitor and report DoLS authorisations. We made a recommendation about this.

People did not all have care plans that detailed how staff should meet their care needs in all of the areas they had been assessed as requiring help and assistance. The registered manager had introduced a new care planning system in June 2016 which was still being embedded.

Records were not always complete or accurate. We made a recommendation about this.

Staff had received training about protecting people from abuse and showed a good understanding of what their roles and responsibilities were in preventing abuse.

People's safety had been appropriately assessed and monitored. Each person's care plan contained individual risk assessments in which risks to their safety were identified, such as falls, mobility and skin integrity.

The service was suitably decorated, adequately heated and was clean. There was a relaxed atmosphere.

There were enough staff on duty to meet people's needs. Recruitment policies were in place. Safe recruitment practices had been followed before staff started working at the service. Staff had undertaken training relevant to their roles and said that they received good levels of hands on support from the management team.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Staff had a good understanding of the MCA 2005 to enable them to protect people's rights.

People had choices of food at each meal time. People were offered more food if they wanted it and people who did not want to eat what had been cooked were offered alternatives.

People's information was treated confidentially. Personal records were stored securely. Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect, for example staff made sure that doors were closed when personal care was given.

People and their relatives described a service that was welcoming and friendly. Staff provided friendly compassionate care and support. People were encouraged to get involved in how their care was planned and delivered.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time and were complimentary about the care their family member's received.

Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected. People's care was responsive and recorded.

People were engaged with activities when they wanted to be. The activities plan for the service showed that activities took place most days of the week. If people complained, they were listened to and the registered

manager made changes or suggested solutions that people were happy with.

People told us that the registered manager and staff were approachable and listened to their views.

There were effective quality assurance systems and the registered manager carried out regular checks on the service to make sure people received a good service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

Medicines were appropriately stored, administered and recorded.

Staff had a good knowledge and understanding on how to keep people safe. Safeguarding policies and procedures were in place.

The home and grounds had been appropriately maintained. Repairs were made in a timely manner.

There were sufficient staff on duty to ensure that people received care and support when they needed it. Effective recruitment procedures were in place.

Each person's care plan contained individual risk assessments in which risks to their safety were identified, such as falls, mobility and skin integrity.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Some people received their nutrition and hydration through Percutaneous endoscopic gastrostomy (PEG). Records did not always evidence that they had received the right amount of food and fluid to maintain good health. People had choices of food at each meal time which met their likes, needs and expectations.

Staff had received training and support relevant to their roles.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). Robust systems were not in place to track DoLS authorisations.

People received medical assistance from healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

People told us they found the staff caring, friendly and helpful and they liked living at Gavin Astor House.

People had been involved in planning and had consented to their own care.

Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect. People's information was treated confidentially. Personal records were stored securely.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People did not all have care plans that detailed how staff should meet their care needs in all of the areas they had been assessed as requiring help and assistance. Improvements to care planning systems were ongoing.

People were engaged with a variety of activities of their choosing.

People and their relatives had been asked for their views and these had been responded to. People had been given adequate information on how to make a complaint.

Is the service well-led?

Good

The service was well led.

Records relating to people's care and the management of the service were not always complete and accurate.

The registered manager and provider carried out regular checks on the quality of the service.

Staff told us they were well supported by the management team and they had confidence in how the home was run. Staff felt there was an open culture at the service and they could ask for support when they needed it.

The registered manager demonstrated that they had a good understanding of their role and responsibilities.

Gavin Astor House Nursing Home

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 07 and 08 December 2016 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor who was a trained nurse with a background of dementia care and complex care and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members. A third inspector made calls to staff after the inspection.

Before the inspection we reviewed previous inspection reports, actions plans and notifications. A notification is information about important events which the service is required to send us by law.

We spent time speaking with 17 people and seven relatives. We spoke with 20 staff including care staff, senior care staff, nurses, cleaning staff, maintenance staff, the deputy manager, the registered manager and the nominated individual for the provider. We also spoke with two further staff outside of the inspection visit.

Some people were not able to verbally express their experiences of living in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas.

We contacted health and social care professionals including the local authorities' quality assurance team

and care managers to obtain feedback about their experience of the service.

We looked at records held by the provider and care records held in the home. These included 11 people's care records, people's medicines records, risk assessments, staff rotas, six staff recruitment records, meeting minutes, quality audits, policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including training records, quality assurance reports and some contact telephone numbers. The information we requested was sent to us in a timely manner.

Good

Is the service safe?

Our findings

At our last inspection on 28 July 2015, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have good systems in place to safely manage people's medicines. People had not received their medicines as required or as prescribed. The provider had systems in place to make sure there were enough staff employed and rostered. However, the way staff were deployed needed to be reviewed to ensure there were sufficient staff available at key time during the day. We made a recommendation about this. Safe recruitment procedures were being followed to make sure staff were suitable to work with people. Staff members past employment history was not being explored when there were gaps in their employment. We made a recommendation about this. The provider sent us an action plan which stated they would meet Regulation 12 by 20 November 2015.

At this inspection, we found that there had been improvements to medicines management.

People told us they felt safe. Comments included, "I can't hear very well and I don't like my hearing aid but I know I am safe. When I press this button and someone comes to check, never been let down you know, now I can't complain at that can I"; "All my medicines are looked after for me, I just have to take them when I am told, so much safer that way don't you think"; "I feel completely safe and sound knowing that someone is always here for me, I keep this switch on my table at all times and I am not afraid to use it and if I need assistance I just press it and hey presto someone will appear"; "I simply cannot think of a single thing that I would have to worry about or ever complain about, the most important thing is I am safe, I am watered and I am fed"; "They know exactly what I need and when I need it so I can relax, feel safe here and enjoy my life, what I've got left of it", "I'm now safe, settled and content. It's nice here" and "I take myself out when I feel like it but I do and they do, always consider my safety and the staff will take note of where I am going and when I think I will be back".

Relatives told us their family members received safe care. Comments included, "He is safe and well looked after at all times, they would certainly hear about it if he wasn't" and "My dad is very safe here, he has left items of value out in his bedroom but these have never been touched".

At the last inspection, we found that the provider had not ensured that medicines were administered as prescribed. At this inspection, we found medicines were kept safe and secure at all times. Daily checks were made of the medicines rooms to ensure the temperature did not exceed normal room temperatures. The medicines fridges were also checked and daily records maintained to ensure the medicines remained within normal range. They were disposed of in a timely and safe manner. Accurate records were kept of their disposal and signatures obtained when they were removed. We saw records of medicines disposed of and this included individual doses wasted, if they were refused by the person they were prescribed for. The appropriate containers were used for the medicines being disposed of.

There was a system of regular audit checks of medication administration records and regular checks of stock. This indicated that the registered manager had an effective governance system in place to ensure medicines were managed and handled safely. We reviewed people's medication administration records

(MAR) for people living on the ground floor. They had been completed accurately with no gaps or omissions; each person's MAR included a photograph. Appropriate codes had been used for any refusal of medicines and a record kept of why the medicines had been refused by people. Staff only signed the MAR once the medicine had been administered. Each person had detailed information and written guidance for staff in relation to 'as and when required' (PRN) medicines. The guidance included the reason for administration, the frequency, and the maximum dose that could be given over a set period of time.

Staff knew people well and requested a review of people's medicines when needed. We also reviewed some medicines held on the upper floor to ensure that they had been stored and recorded according to legislation, there were good systems in place to ensure these medicines were checked daily to ensure that they had been administered, stored and recorded appropriately. We observed one medicines round which was carried out by an agency nurse. They had not worked at the service before so worked with a student nurse who had experience working in the service to ensure that medicines were administered to the right people at the right time.

Medicines records showed that some people had pain relief patches prescribed. There was no system in place to ensure that these were administered on to different areas of the body as recommended by the manufacturer and people were at increased risk of skin irritation from pain patches repeatedly administered to the same site.

We recommend that the provider and registered manager review medicines practice in relation to recording and application of medicated pain patches.

At the last inspection, we found that the provider and registered manager had not always carried out safe recruitment practice. At this inspection we found that the provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Robust recruitment procedures were followed to make sure that only suitable staff were employed. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked. Nurses were registered with the Nursing and Midwifery Council and the registered manager had made checks on their PIN numbers to confirm their registration status.

There were suitable numbers of staff on shift to meet people's needs. A nurse was allocated on each floor for each shift, additional nurses were brought in to carry out tasks such as booking in medicines when they had been delivered and updating care plans. The staffing rotas showed that there were plenty of staff, on occasions this was reduced due to staff sickness. Agency staff were deployed to fill shifts when needed. The registered manager used a tool to check that the staffing levels matched people's level of dependency. This was reviewed and checked regularly.

People were protected from abuse and mistreatment. Staff had completed safeguarding adults training. The staff training records showed that 70 out of 74 staff had completed training. The remaining four staff were booked to undertake the training. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff all told us they were confident that any concerns would be dealt with appropriately. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager knew how to report any safeguarding concerns.

Risk assessments had been undertaken to ensure that people received safe and appropriate care. Risk assessments included a list of assessed risks and care needs, they detailed each person's abilities and current care needs. Risk assessments corresponded with each section of the care plan. For example, risk assessments were in place for people that received their care in bed. They had been assessed as being at high risk of falls, so bed rails had been fitted to prevent the person from falling. People that used oxygen concentrators to help them breathe had risk assessments in place to detail safe working practice and storage. Risk assessments in relation to medical devices used to assist people with breathing, eating and drinking were in place, these described the frequency that they must be changed, cleaned and checked. Risk assessments and care plans had been reviewed monthly or more frequently if people's circumstances changed.

Infection control was well managed. The service was clean and smelt fresh throughout. Vacant rooms were given a preliminary clean up and before a new person moved in they were deep cleaned. Maintenance checks were carried out at least seven days before the room was due to be occupied to ensure that the maintenance team had time to complete any repairs. The laundry was well managed, clean and dirty laundry was kept separated. The service had devices fitted in communal areas to sterilise the air to prevent outbreaks of infectious diseases.

The premises were generally well maintained and suitable for people's needs. Staff reported that any concerns in relation to the maintenance of the premises were addressed in a timely manner. The registered manager monitored maintenance requests to ensure that issues were dealt with as soon as possible. A log of the repairs that needed to be carried out was maintained in each part of the home. This showed that when concerns had been identified steps were taken to remedy the issue.

Records relating to the maintenance of the premises showed that regular checks were made to ensure that the home was well maintained and safe. Checks on fire equipment were made regularly. People had personal emergency evacuation plans in place that detailed how they should be supported in case of an emergency that meant the home needed to be evacuated. Fire drills were carried out regularly in accordance with the fire risk assessment.

Requires Improvement

Is the service effective?

Our findings

People told us the food was good. Comments included, "There used to be a better choice of food but since the new company came it is very good food but perhaps a more limited choice"; "If I am hungry I just ask for more and that is not a problem but I don't often as they are definitely not mean with what you have on your plate"; "I do like the food here, but I don't like meat so I can have just what I want prepared and lots of it"; "I have my drink here but someone helps me pour it into my beaker when I need more"; "The food is very pleasant and plenty of it, I do like a snack mid-morning otherwise lunch is too long to wait"; "I like the dining room and the menu, have you seen it? It's posh you know"; "I'm eating well, enjoy the meals. Staff anticipate my needs, also when I need a smoke they make sure I'm safe" and "I have my jug of squash in my room but I can call for something different".

Relatives told us they thought that the staff were more than able to meet the needs of their family members and concerns were dealt with promptly. Comments from relatives included, "My husband uses the service for respite, it was recommended by our hospital consultant, it has been an excellent service for us"; "We are relieved to be here we have had such trouble in the last place" and "[Person] has not had a single infection since being here, he is bathed everyday".

Some people received their meals through percutaneous endoscopic gastrostomy (PEG). This is where specialised food is passed into a person's stomach through a tube. This procedure is used when people are unable to have food orally because of difficulty or inability to swallow. Records showed that staff had followed guidance in relation to PEG feeds and the rate in which the food is administered, however the feeding regime provided by health care professionals had detailed that one person was able to take sips of coffee. Records evidenced that the person had been receiving cups of coffee. This meant that the person's feeding regime had not been followed by staff which put this person at risk of harm. Records relating to food and fluid intake were not always clear, consistent and accurate. Daily totals were not always added up and entries were missing. Therefore it was not possible to identify if people that used PEG to receive their nutrition and hydration had received suitable and sufficient food and fluid to maintain good health.

This was a breach of Regulation 9 (1)(3)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were provided with food and drink that enabled them to maintain a healthy diet and stay hydrated. People had choices of food at each meal time and chose to have their meal in the dining room or their bedroom. People were offered more food if they wanted it and people who did not want to eat what had been cooked were offered alternatives. Hot and cold drinks were offered to people throughout the day to ensure they drank well to maintain their hydration. Staff sat with people to assist them at meal times to encourage people to eat well. People had their nutritional needs assessed and were provided with a diet which met their needs and preferences. The cooks in the kitchen met with people individually to discuss their food preferences. Menus were displayed for people to read. People were complimentary about the food and told us there were always choices of meals. Nutrition assessment tools were completed every month for each person and actions were taken to support people to stay healthy if they were considered to

be at risk. For example, in cases were the person's body mass index (BMI) had dropped, the catering team was informed and they provided fortified food for the person. This meant that appropriate action had been taken to address concerns with people's weight.

People could access snacks and hot and cold drinks at any time in the smaller kitchen areas. Tea trolley rounds took place during the day. Staff told us that people could access drinks and snacks at night. People were weighed regularly and when necessary what people ate and drank was recorded so that their health could be monitored by staff. We saw records of this taking place. Care plans detailed people's food preferences. People's dietary requirements were understood by the staff preparing and serving the food and the staff assisting people in the dining rooms or in their bedrooms. People's preferences were met by staff who gave individual attention to people who needed it.

We observed staff chatting to people whilst assisting them to eat; they were kind and considerate throughout. People who ate their meals in the dining room ate in a friendly and relaxed atmosphere. There was plenty of conversation between people and staff. We observed staff prompting and encouraging people to eat. One person declined their lunch and was insistent they didn't want anything, staff offered them other foods to see if they would like an alternative, different staff tried to encourage the person.

People received nursing and personal care from staff who were supported and trained to meet their needs. One staff member said, "We get a lot of training and I have recently done courses in duty of candour, management development and protecting vulnerable people from harm". Our discussions with staff confirmed they understood people's care needs. For example, staff could describe who needed additional staff to assist when they were moved using equipment like hoist, which people were on specialised diets and which people needed staff support at meals times to help them maintain their health and wellbeing through eating and drinking enough. We observed that staff ensured that people who were cared for in bed or who preferred to stay in their bedrooms could access the nurse call button and drinks were within reach.

Staff supervision and annual appraisals had been recorded in their files. Staff told us that the registered manager had introduced a new supervision format, which was working better. Staff confirmed that supervision times were rostered so that they were available to attend.

People's physical health and mental wellbeing was protected by staff who were qualified and trained to meet these needs. Registered nurses were available who had qualifications in adult nursing. The registered manager provided us with further information about the support qualified nursing staff received from the provider to maintain their skills and Nursing and Midwifery Council (NMC) registration as part of the revalidation process. All nurses were due for re-validation in 2017, six had already completed their revalidation with the NMC and the remainder were working towards completing this. The registered manager had identified areas in which the service needed to improve. Nursing staff and seniors had been supported to further their training and development through undertaking a leadership in dementia programme. One staff member gave examples of how they had improved their knowledge of working with a person who was living with dementia in their own time and how they had involved people in tasks to keep them stimulated and occupied. Training records evidenced that 51 out of 74 staff had completed dementia training.

Nurses and care staff had received appropriate training to carry out their roles. This included statutory mandatory training, infection prevention and control, first aid and moving and handling people. There was a qualified first aid trainer on site. The training provided nurses with information on how to manage/support people who may be bleeding or choking or who needed specialised pain relief interventions at end of life.

Training consistently provided staff with the knowledge and skills to understand people's needs and deliver safe care. Staff told us that the training was well planned and provided them with the skills to do their jobs well. For example, staff could access training on line and received a letter about the training they were due to undertake. Staff said, "The training we get is useful, it's good to refresh your memory"; "I think we get lots of training, and it is kept up to date" and "When we come across condition not known by staff then training is offered". Training records confirmed staff had attended training courses or were booked onto training after these had been identified as part of staff training and development. This gave staff the opportunity to develop their skills and keep up to date with people's needs through regular meetings with managers.

Training was specialised to enable relevant staff to meet the needs of the people with more complex needs. Nurses and or care staff received training in end of life care, wound care and gained knowledge of other conditions people may have such as diabetes and dementia. New staff inductions followed nationally recognised standards in social care. For example, the new care certificate. The training and induction provided to staff ensured that they were able to deliver care and support to people appropriately.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS. One staff member said, "I have done MCA training, it is everyone's right to choose, we understand their needs. We know which patients are subject to a DoLS. There is on the hand over sheet the information which tells about any DoLS decisions". Nursing staff knew the requirements for referring deaths to the coroner if the person had died with a DoLS authorisation in place. Staff were knowledgeable concerning the need to seek consent when providing care for people. People told us, "My daughter has to make my decisions for me, I forget things you see" "My son and my husband will discuss my care and I leave it to them but they all talk to me about it as well and a good plan is made" and "The staff help as little or as much as I require, I can decide and they comply but at least I know someone is always looking out for me". Staff told us that they helped people to be as independent as possible and they helped people to make decisions and choices by showing them the options when dressing, activities and with eating. We observed staff doing this in practice.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Systems to monitor DoLS authorisations were not always robust. Applications were completed by the registered manager and then submitted to the local authority. The registered manager understood when an application should be made and how to submit one. One person's DoLS authorisation listed a number of conditions which the service needed to meet. We reviewed records and spoke with staff about the conditions and found that some of the conditions had not been met. The registered manager did not have a system in place to track when DoLS were due to expire, conditions in place. The registered manager had not notified CQC of a recent DoLS authorisation.

We recommend that the registered manager reviews systems and processes to monitor, track and report DoLS applications authorisations and conditions.

People's health was protected by health assessments and the involvement of health and social care professionals. A GP visited the service and people had access to occupational therapist and other specialist services. Care plans covered risk in relation to older people and the condition of their skin referred to as tissue viability. The care plans could be cross referenced with risk assessments on file that covered the same area. Waterlow assessments had been completed. Waterlow assessments are used in care and nursing settings to estimate and prevent risk to people, including from the development of pressure ulcers.

People received medical assistance from healthcare professionals when they needed it. One person said, "If I am taken ill the doctor is called or I can go to him". Another person told us, "I am looked after very well, very well indeed, just the way I like it". Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Pain assessments had been carried out and evidence showed that people had received pain relief when it was required, these had not been dated. Staff had sought medical advice from the GP when required. During the inspection we observed a nurse contact a GP to request a visit for a person who was unwell. The GP arrived the same day and prescribed the person antibiotics. Referrals had been made to SaLT (Speech and Language Therapy), dietician and falls clinics when people needed it. Records demonstrated that staff had contacted the GP, the hospice, ambulance service, dementia specialists, physiotherapists, hospital and relatives when necessary.

People who were at the end of their live received good quality care and support to make sure they were involved in the decisions about the care and treatment they received and where they wishes to receive it. They received support from the palliative care team from the local hospice in setting up anticipatory medication.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring towards them. Comments included, "They are really very kind here and I am very well looked after , they always very quietly ask if they may enter my room"; "Everyone is always very kind, I always like to have a little complain and a moan and no one gets fed up with me at all"; "Of course they are kind here or I wouldn't stay wouldn't stay would I?"; "The staff help me, I'm not very good on my own, they do it so well you see, I have just everything I need"; "Polite and caring always. There is not a single person I don't like. They are all lovely I can't fault them not one of them"; "The staff are all charming, not a single one I don't like, they will have a nice chat too" and "I do like living here as I feel like I am at home, I can come and go as I please and chat when I want to and stay quiet when I don't".

Relatives told us, "The staff are very caring and respectful"; "All my husband's needs are cared for and they are helping me get him fit enough to come home, they are nurturing without being condescending" and "They are respectful and caring at all times".

People were treated with dignity and respect. One person commented, "I am treated with dignity and respect". People told us that staff respected their privacy. They said, "Yes they always knock on the door before coming in but I like my door open to keep an eye on what's going on out there"; "Always polite and always knock on the door to make sure I am decent before coming in"; "I am asked if I want to shower or bath and if I would like lunch in my room or out and if I would like to go outside or not. I am well looked after here that is a sure thing" and "They are so kind I have no complaints. I have my lovely things around me and the lovely girls [staff] come in to have a chat and check up on me. They know to knock first though".

People's rights were protected. Staff we spoke with described the steps they took to preserve people's privacy and dignity in the service. People were able to state whether their care choices and this was recorded in their care plans and respected by staff. For example, what time they liked to get up or go to bed. People were able to personalise their rooms and have visitors as they wished.

We observed friendly and compassionate care in the service. The staff were happy and up-beat, they enjoyed their work and this was reflected in the care we observed them providing. Staff provided care and support in a friendly, sensitive manner, people were not rushed to do things.

Staff operated a key worker and named nurse system. This enabled people to build relationships and trust with familiar staff. People and their relatives knew the names of staff and the registered manager. People were very complimentary about staff and a number particularly mentioned how friendly and approachable staff were.

Staff promoted a non-discriminatory atmosphere and a belief that all people were valued. This resulted in people feeling comfortable, relaxed and 'at home'. We observed staff speaking to people and supporting them. This happened in a caring and thoughtful way. We saw staff listening to people, answering questions and taking an interest in what people were saying.

We observed staff talking people through the care they were providing and confirming with people if it was okay. One person told us, "I am asked if I would like help getting up and they are so kind I don't mind saying yes". Another person said, "I just want to know that I am warm, dry and fed and the biggest bonus of all is that I am happy and content". Care plans described people's communication needs on a day to day basis. The care plans included a good level of information so that it would be clear to staff reading them how best to communicate with the people they were caring for. Reference was made to hearing and visual aids people had and the support they needed to use these.

People's rights to consent to their care was respected by staff. People had choices in relation to their care. Care plans covered people's preferences about personal care and personal hygiene needs. The care plans made reference to promoting independence and helping to maintain people's current levels of self-care skills. People or their representative had signed to agree their consent to the care being provided whenever possible. Staff confirmed they sought people's consent before they provided care for people.

Information about people was kept securely in the office and in locked cabinets with access restricted to senior staff. When staff completed paperwork they maintained people's confidentiality.

Relatives told us that they were able to visit their family members at any reasonable time and they were always made to feel welcome. People were supported to keep in touch with their relatives and visit them when they wanted. One person told us, "I am going to my daughter for Christmas but they do look after you well here, quite a party will be had no one will go without". Another person said, "My daughter and granddaughter come to visit and if they don't I know I won't be lonely because everyone around is so kind I really am so well looked after and I couldn't ask for more could I".

People's rooms had been personalised with their own belongings. All of the bedroom doors were numbered. One person said, "This is my own room, with my own things and my own colours and my pictures. I couldn't ask for more".

People's religious needs were met. Church services were held in the home frequently. Local churches held services to meet people's religious beliefs on a monthly basis and a combined church service was held three times a year.

Requires Improvement

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person said, "I get help when I need it and am left to my own devices when I don't".

We had mixed feedback from relatives about the responsiveness of the service. Relatives told us, "He [family member] has a care plan that is constantly updated as his needs change, we are both consulted and make decisions as a team" and "I am always kept aware of [family member's] treatment and always welcome all the help and support I am offered. I could not fault his care, they're on top of things 100%".

Since we last inspected the service the registered manager had introduced a new care planning system to ensure that care plans were person centred, robust and detailed. This had been launched in June 2016. The nursing staff were still in the process of developing the new care plans for people and were transferring information from the old care plans in place to the new system. The registered manager told us this was a priority as they had hoped that the care plans would have been completed by now. This meant that the care plans we viewed where at different stages of completion. Some care plans detailed all of the relevant information staff would need to provide people care and support and some did not. Some people who had moved to the service since we last inspected did not have fully completed care plans in place. This meant they were at risk because there was no other information or old style care plan for staff to refer to. One person had percutaneous endoscopic gastrostomy (PEG) fitted. Their care plan for nutrition, mouth care and PEG feeding had not been completed. This meant that the person did not have a care plan to meet their assessed needs which put this person at risk of receiving care and support that put them at risk of harm. Another person's care plan for communication, speech and reading was also incomplete. their care plan relating to falls was not complete even though they had been assessed at medium risk of falls. They also had no continence care plan in place even though they had an assessed need in this area.

Delays in creating care plans to meet people's assessed needs had caused one person concern which they had raised within their review in October 2016. The person had raised concerns that their tracheostomy site and dressings were not being cleaned and redressed regularly. Action had been taken to address this. A daily chart had been developed to remind nursing staff that this needed to be done and a care plan was put in place. The registered manager was aware that the care plans were not all complete; additional nursing staff had been drafted in to assist with the completion process. The registered manager had been supported by the organisation to help drive improvements. The chief executive had released a member of staff from the head office to carry out quality improvement work. They had been carrying out fortnightly audits of all of the care plans and producing a report. The report showed that as at 25 November 2016, three care plans were fully completed, 12 care plans were 95% complete, three were 85% complete, one was 80% complete and three had not been started. The report did not evidence the impact of the incomplete areas. For example, the report had not identified that the person who received their nutrition through PEG did not have a care plan in place relating to this. The service had further work to do to ensure that care plans accurately detailed how staff should meet people's care needs.

This failure to ensure that care plans were in place for all aspects of people's assessed needs was a breach of

Regulation 9 (1)(a)(b)(c)(2)(3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A range of activities were available for people who lived at the service. The activities programme was displayed in the foyer and throughout the service. This included visits from entertainers, a Christmas fayre, coffee mornings, 'Friends of Gavin Astor' meetings, singers, flute playing groups, Christmas carols sung by the girl guides, bingo, two pantomimes and a cheese and wine evening. During the inspection, a company visited the service to perform Cinderella in pantomime; this was attended by a large number of people and relatives. We observed people smiling and laughing and joining in with the performance.

People were able to choose if they wished to join in with activities. Some people choose to stay in their bedrooms. People said, "There are lots of actives going on, don't ask me what but they are always organising something or other" and "I don't like the activities I'd rather be on my own but they do have plenty going on, it's just that I have seen it all before". One relative said, "They do try and engage dad in activities but he does not want to get involved". Some staff told us they did not always have time to sit down with people and chat because they were busy providing care and support. One staff member became tearful whilst they told us they wished they could spend more time giving people one to one attention. The registered manager and the provider had worked to improve the lives of people through a team of volunteers and befrienders, who visited the home to spend time with people who wanted it, especially for those people who did not have close relatives.

People told us trips out into the community were organised. One person told us, "If we want to go out it can be arranged, there's a right way and a safe way to do these trips and that's the way it should be to keep us out of harm's way". Some people were able to take themselves off into the local community on their own. One person said, "I can come and go if I want, but why would I if I am so well looked after". Some people were supported by family members to go to appointments, shopping and meals.

People's care files contained detailed assessments of their care needs. Assessments had been carried out by nursing staff prior to the person moving to the home. People and relatives told us they had been involved in the care planning process. People said that they had been given a choice of who could assist them with their personal care. One person told us, "I am not fussed who looks after me, I suppose I could ask for a change but I have never felt the need to". People's care plans had been reviewed on a regular basis. Records showed that people and their relatives were involved in this and where they had made suggestions or comments about changes required these had been noted and followed up.

Staff were aware of the home's complaints procedure and this was displayed within the lobby of the home. People told us they knew who to complain to if they needed to. People we spoke with were happy with the care they received, no one had made a complaint about their care or had any concerns. Comments included, "Of course I would complain if I was unhappy, I am not daft I know what's what and who to call for and you can be sure that I do"; "Compared to where we were last time this is 200% better, we are listened to and things are acted on". One person told us, "They look after me so well I can't complain about anything". Relatives knew how to complain. One relative had said, "I have rather given up complaining as they will act on it to start with and then it goes back to the way it was". We found that complaints had been dealt with effectively in line with the complaints policy. The response included an investigation and when warranted an apology was provided.

People and their relatives had been asked about their views and experiences of using the service. The provider's quality policy included gaining written feedback from people about the service which included quarterly resident satisfaction interviews. There were high satisfaction rates from people who had

experienced the service, either as a resident or relative. Asking for feedback enabled people to stay involved with developments and events within the service and give them the opportunity to influence decisions the provider had made about changes in the service.

People told us they felt listened to. People said, "They listen to me, oh yes and help me when I need it"; "I am always asked what I like or would like, I am listened to and so well looked after" and "They are all very nice, very caring and I can honestly say I am happy as Larry". One person told us they wanted to return to their home, they didn't have any negative views about the service but wanted to be in their home. They said, "They do listen to me but I just want to go home, I couldn't complain about anything but it is just not home". The registered manager had passed this information on to the person's local authority care manager. There had been a number of meetings about this and the person's safety if they did this.

The home had received three recommendations on www.carehome.co.uk. One positive comment stated, 'I can't praise Gavin Astor Care Home enough. My uncle has been a resident for over a year now. He is very well cared for, the staff are extremely kind and caring. The rooms are well equipped and comfortable. The meals are very nice and good portions. The activities are very good and there is something going on every week, also there are outings if residents want to go through the summer. My uncle is very happy there and feels safe all the time. I am confident and happy that my uncle is getting the very best of care'.

Information about the service and the provider was displayed for people and relatives on a television screen in the main foyer of the home.

Good

Is the service well-led?

Our findings

At our previous inspection on 28 July 2015, quality assurance systems were in place to assess the level of quality provision with the service. However, they had not identified the issues we had found at the inspection, we made a recommendation about this.

At this inspection we found that there had been improvements to quality monitoring systems, however further improvements were required to ensure that new systems and processes were firmly embedded.

People knew the management team. They gave us mixed feedback about the management of the service. Comments included, "I don't know who the manager is but of course I can ask I just press the button and here they are"; "Yes the staff listen to me, or my husband when he comes in"; "I am not sure who is really in charge, I could always ask and they do listen and help me anyway"; "If anything is broken or not working in my room it is immediately looked after, you can't beat that can you?"; "Organisation is what I like and it certainly is organised here that's how I like it"; "They all listen to me, look after me and have a chat to check I am happy"; "I think that there are always things going on to make it better and they really do a jolly good job"; "I feel they are trying to constantly improve things here and we are listened to" and "My dad was in the RAF [Royal air force] so I have always liked everything to be in order too and you know what it really is organised here".

Relatives knew who the management team were and were confident in approaching them with any problems if they had any.

Records were not always complete and accurate. There were good records to show where people had developed pressure areas, these included photographs of the wounds and how these were progressing. However, the records had not been updated to show that the wounds had healed in all cases. We checked with staff and were informed that some people's wounds had improved and they were no longer treated. Where people had catheters in situ the fluid records did not always indicate that the staff had supported the person to empty their catheter bags regularly.

The registered manager was still embedding systems such as new care planning systems and supervision processes. These were being carefully monitored to ensure they were moving forward. Further improvements were required with the care planning audit processes to ensure that audits identified whether there was a care plan in place for each element of a person's assessed needs.

We recommend that the registered manager reviews systems and processes to ensure that accurate records are maintained and audit processes are robust.

The registered manager had further plans to improve the service. They had been successful in securing funding to support redecoration, modernisation and an extension to the home. Records showed that the plans had been shared with people and discussions had been taking place as to what was required. The registered manager planned to utilise the redecoration and modernisation to improve the décor and

signage to support those living with dementia to orientate themselves around the service.

Staff told us they felt well supported and they enjoyed working at the service. Comments included, "I love my job"; "We like the homely atmosphere"; "I do believe that there is visible leadership in the home. All staff know who they report to and this works well"; "I've loved this job since I started, we are all well supported. We work for an amazing company, a good team" and "I would say that there is visible leadership now we have our manager back, there was a time when we did not have that".

The registered manager had worked hard to improve people's experiences of the service. They were supported to manage the service an experienced deputy manager, by the provider and a team of experienced and competent staff. People spoke highly of the registered manager and staff team.

People's positive experiences of the service were underpinned by consistent improvement. The registered manager carried out regular audits of health and safety risks within the service and of the quality of the service provided. There was a five star food hygiene rating displayed from the last food hygiene inspection. The registered manager told us that the provider listened to, considered and acted on requests made for additional resources. For example, equipment requested by the registered manager to assist with infection control throughout the service had been installed. This underpinned the philosophy of care at Gavin Astor House in providing warm, compassionate and comforting care.

General risk assessments affecting everybody in the service were recorded and monitored by the registered manager. Service quality audits were planned in advance and recorded. The frequency of audits was based on the levels of risk. For example, daily management walk around audits had taken place to check for any immediate risk such as trip hazards or blocked exits. The audits covered every aspect of the service.

Maintenance staff ensured that repairs were carried out quickly and safely and these were signed off as completed. There were a team of five maintenance staff which included qualified trades like electricians. This enabled the team to respond to and resolve a range of repairs quickly. Other environmental matters were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses. The maintenance team kept records of checks they made to ensure the safety of people's bedframes, other equipment and that people's mattresses were suitable. This ensured that people were protected from environmental risks and faulty equipment. The registered manager produced development plans showing what improvements they intended to make over the coming year. These plans included improvements to the premises.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

The provider's head of service was often on site. They had assisted the registered manager to develop the service systems and they were kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed.

The registered manager reviewed the quality and performance of the service's staff. They checked that risk assessments, care plans and other systems in the service were reviewed and up to date. All of the areas of risk in the service were covered; staff told us they practiced fire evacuations. Each audit had an action plan. We could see that issues identified on audits were shared with staff and it had been recorded how and when

they would make the improvements. The provider's head of service monitored key areas of quality performance.

Staff told us they felt supported by their registered manager. There were various meetings arranged for nursing and care staff. These included daily shift hand over meetings. These meeting were recorded and shared. Staff said, "The registered manager and deputy manager are very knowledgeable and approachable"; "At meetings we asked if there is anything we could do better, I think if we make suggestions they will accommodate when they can" and "We can make suggestions for changes at team meetings, I feel occasionally there are things we could do. I do feel our suggestions are listened to and considered"; "We are kept informed of what is happening in the home, we have at meetings where are encouraged to speak up and ask if we are not sure about anything" and "I feel we are well informed, we have team meetings at least three times a year. Our senior nurse or the manager also talk to us about what is going on in the home, any changes, things like that". Staff believed the management at Gavin Astor House were responsive and listened to their views.

The provider's statement of purpose states, 'All staff within the home will strive to preserve and maintain the dignity, individuality and privacy of all residents within a warm and caring atmosphere and in so doing will be sensitive to the resident's ever-changing needs. Such needs may be medical, therapeutic, welfare, cultural, psychological, spiritual, emotional or social. Residents are encouraged to participate in the development of their individualised care plans in which the involvement of relatives and friends may be appropriate and is greatly valued. This will be achieved through programmes of activities designed to encourage mental alertness, self-esteem and social interaction with other residents and with recognition of the following core values of care which are fundamental to the philosophy of our home'. The provider listed the values as privacy, dignity, rights, independence, choice and fulfilment. We observed that staff were delivering this commitment in practice and provided good quality care.

One staff member told us that there was a "Very open and transparent culture. Communication is good, we all talk constantly. We are good at sharing information. We all check on each other and offer help and support".

Information about how staff could blow the whistle was understood by staff. Staff told about their responsibilities to share concerns with outside agencies when necessary. For example, care managers. Staff also confirmed that they attended team meetings and handover meetings. Staff felt that they could speak up at meetings and that the registered manager listened to them.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service. Staff told us they could access the policies at each nursing station.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care Registered persons had failed to ensure that people's care plans met their needs, preferences and had failed to meet people's assessed needs in relation to nutrition and hydration. Regulation 9 (1)(a)(b)(c)(3)(b)(i)