

Tamaris Healthcare (England) Limited

Astell Care Centre

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

What life is like for people using this service:

Some people using the service had complex behavioural needs. Staff met these needs well. They liaised with behavioural support teams, created detailed care plans which included known triggers. Staff de-escalated situations using their knowledge of people, and their empathy and understanding that these types of behaviours were often used to express something people could not verbally communicate. Healthcare professionals commented that Astell Care Centre had successfully met people's complex needs where previous organisation had been unable to.

People, relatives and staff described a good service, where staff were friendly and welcoming. People's rights, privacy, and dignity were respected. There were enough staff to safely meet people's needs, and staff had undertaken a training package designed to provide them with the skills to effectively deliver care.

Detailed care plans described the support people needed. These included information from external healthcare professionals.

The premises and fixtures and fittings had not always been well maintained. Due to people's complex needs they caused damage to furniture and the building. At times this had an impact on infection control. We have set a recommendation about this. Replacement furniture had been ordered but at times there was a long delay before delivery. The environment in one of the units was very stark. The registered manager explained the challenges in maintaining a high standard of décor when supporting people with behavioural needs. We have set a recommendation about this.

The home had put up signage and used contrasting paint colours to assist people with dementia to orient themselves, however further steps could be made in these areas to meet best practice. We saw that all checks had been carried out to assure the safety of the premises.

Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service was well-led. People, relatives and staff told us there was a good culture in the home. Regular checks were carried out by the registered manager and provider to monitor the quality and safety of the service and outcomes for people.

More information is in Detailed Findings below

Rating at last inspection: Good (report published 30 November 2016)

About the service: Astell Care Centre is a nursing and residential care home that can provide care for up to 96

people. Some people who use the service have complex behaviour needs. The home includes a single sex unit for men who are unable to live harmoniously in a mixed gender environment. It also includes a separate unit for females who require more supervision and support because they may display distressed behaviour. A unit also accommodates people who live with dementia. At the time of the inspection 77 people lived in the service.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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 remains good.

Is the service effective?

Requires Improvement ●

The service has deteriorated to requires improvement.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Astell Care Centre

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: Two inspectors and an expert by experience visited the service on the first day of the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day inspector conducted the inspection.

Service and service type: Astell Care Centre is a care home. People in care homes receive accommodation and nursing or personal care. Astell Care Centre provided personal care and nursing care for up to 96 people. There were 77 people using the service at the time of the inspection. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection: This inspection was unannounced.

What we did:

Before the inspection, we reviewed all the information we held about the service including statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of. We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

During the inspection, we spoke with nine people who used the service and seven relatives to ask about their experience of the care provided. We spoke to a priest who visited the service regularly. Not everyone

who used the service was able to communicate verbally with us. 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 spoke with the registered manager, the provider's regional manager, the clinical lead, one nurse, eight care workers and the activities coordinator. After the inspection we spoke with two external health and social care professionals who knew the service well.

We reviewed a range of records. This included eight people's care records, recruitment records for three staff, and training and supervision records for five staff. We looked at records relating to the management of the service and policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. At our last inspection we rated this domain as good and at this inspection the service continued to be good in this area.

Safeguarding systems and processes

- People and their relatives told us the home was safe. Their comments included; "I trust the staff", "They (the staff) don't bully you or anything" and "[my relative] is safe. They are constantly watched. Staff are vigilant. I trust them completely."
- Effective systems were in place to safeguard people from harm. Staff understood their responsibilities for keeping people safe. They confidently described the appropriate actions they would take if they had concerns about people's safety or wellbeing.
- The registered manager maintained good communication with the local authority safeguarding team. Prompt safeguarding referrals were made where required. Thorough investigations were undertaken in response to any concerns.

Assessing risk, safety monitoring and management

- Staff understood and managed behaviour which could be challenging. Due to their needs, some of the people who used the service displayed behaviour which could put themselves or others at risk. Comprehensive plans were in place to meet these needs and minimise risk. Staff understood people's triggers and what people may be trying to express through these types of behaviour. One healthcare professional told us, "The staff manage an extremely complex group of residents and are able to deal with challenging mental health and behavioural problems."
- Risks had been assessed and clear guidance was provided for staff to mitigate known risks.
- Regular checks were carried out to assure the safety of the premises and the equipment used. Maintenance staff carried out a schedule of safety checks, including fire alarms and call bell systems. Specialist maintenance companies were contracted to ensure required standards were met, for example, relating to asbestos, utilities and the passenger lift within the home.

Preventing and controlling infection

- Some of the fixtures and fittings in the home had not been well maintained which posed an infection control risk. Flooring in some of the toilets was damaged which meant it was not as effective in minimising the spread of infection. Cord light pulls looked dirty. Following our feedback plastic covers were placed on the light pulls during the inspection.
- We recommend the provider reviews all fixtures and fittings in the home to minimise infection control risks.
- People told us they were satisfied with the hygiene within the home. Their comments included; "The cleaners come in every day" and "It's regularly cleaned. I have no complaints about that."
- Staff wore appropriate personal protective equipment when carrying out their duties.
- Staff responded quickly where malodours were noted.

Staffing

- There were enough staff to meet people's needs. During our inspection there was a good staff presence. People's requests were responded to promptly. All of the people we spoke with, and all but one of the relatives told us staffing levels were appropriate. One person told us, "Staff are there on the spot." Another person said, "The staff are there for you all the time." One of the staff members and one of the health care professionals we spoke with told us they felt more staff were required on the upstairs floor of the home. We fed this back to the registered manager who told us they would closely monitor the staffing arrangements on this floor.
- Safe recruiting procedures were followed. Satisfactory references, criminal record checks and checks of nurse's registration were in place before staff started work in the home.

Using medicines safely

- Medicines were safely stored and destroyed where required.
- Medicines records showed people had received their medicines as prescribed.
- Covert medicines were managed appropriately. Some people received their medicines concealed within food and drink. This was because they regularly refused their medicines but did not have the capacity to understand the risks of not taking them. Documentation was in place which showed their capacity to make this decision had been assessed, and people's GPs, pharmacists and families had been involved in making the decision.

Learning lessons when things go wrong

- Accidents and incidents had been reviewed to identify trends and reduce the risk of reoccurrence. For example, when medicines errors had been highlighted staff had received additional training and competency assessments.

Is the service effective?

Our findings

People's care, treatment and support did not always achieve good outcomes, promotes a good quality of life and was not always based on best available evidence. At our last inspection we rated this domain as good however at this inspection we found improvements were required.

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

- The environment on the upstairs floor of the home was unengaging. It was very sparse, there was very little for people to interact with independently. Some of the fixtures and fittings were broken or poorly repaired. Replacement items had been ordered, however a sofa was due to be delivered three months after the order, so people lived with the broken one for a considerable amount of time. The registered manager told us it was difficult to maintain high standards of decoration on this floor as, due to people's needs. They explained they looked for ways to provide stimulating areas using robust items, such as one room which was set up like a pub with a games table.
- We recommend that the provider continues to research best practice in relation to the environment when supporting people with complex behavioural needs.
- Steps had been taken to make the home dementia friendly, however further action was required to meet best practice. Signs were not consistently used to aid people's orientation. Communal areas such as toilet and shower doors included pictures signs, however there were no signs on some people's bedroom doors which could make it difficult for people to find their own room. Handrails were painted contrasting colours in the communal areas to make them easier to see, but in some people's own rooms handrails matched the colour of the wall which could make it more difficult for people to move around independently.
- People were involved in decisions about the premises and environment. People had been asked to decide on the paint colours during a recent refurbishment so each of the units had its own identity.
- Improvements were planned to the outdoor space. People had access to enclosed communal gardens. The provider was developing a dedicated garden and allotment space for one of the units so people could spend more time outside and grow fruit and vegetables.

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

- People's needs were assessed and care plans clearly communicated to staff how those needs should be met. Where people's needs changed their care plan had not always been updated. However, we found no evidence that people's current needs were not being effectively met.

Eating, drinking, balanced diet

- People had choice and access to sufficient food and drink. People's feedback was varied on the quality of the food, most people told us they enjoyed the food, with one person commenting, "What they give us is always lovely tasting."
- One person told us there was too much frozen food. At the time of our visit there was limited fresh fruit and vegetables in the kitchen. A kitchen staff member told us fresh fruit was ordered only every second week to ensure they stayed within budget. We shared this feedback with the registered manager who told us budget was not an issue and they would ensure this was communicated to kitchen staff.
- People at risk of poor nutrition and dehydration were closely monitored and referrals to professionals were

made where required.

- Both care and kitchen staff were aware of people's nutritional and swallowing needs and these were catered for.

Staff skills, knowledge and experience

- Staff were skilled and competent. They received a programme of training designed to meet the needs of the people they supported. Competency assessments were in place to ensure staff had the skills and knowledge to provide effective care. One person said, "I think staff are all great. They know what you are talking about."
- Staff had completed a comprehensive induction and received regular feedback on their performance through supervision sessions. Supervision records did not show a two-way conversation. Feedback from staff and their reflections had not been recorded. Staff told us they felt supported and that their views were listened to. The registered manager told us they would look at how staff voices could be better captured within supervision records.
- Nurses received opportunities to discuss their clinical practice and undertake professional development required to maintain their registration.

Healthcare support

- Staff worked closely with healthcare professionals such as GPs, behavioural support teams, and specialist nurses. Their advice was included in care records. Healthcare professionals we spoke with told us staff delivered a high level of care. One healthcare professional said, "The care staff follow any advice that we offer and follow recommendations."

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- Astell Care Centre was working within the principles of the MCA. Conditions on authorisations to deprive a person of their liberty were being met. Where people were assessed as not having capacity to make specific decisions, they were made in their 'best interests' and decisions as least restrictive as possible. There was evidence that relevant family members and health and social care professionals had input into 'best interests' decisions.
- People were asked for their consent before staff provided care. Staff asked people whether they wanted any support and respected their decisions. Care records highlighted to staff the importance of gaining people's consent before delivering care.

Is the service caring?

Our findings

The service involves and treats people with compassion, kindness, dignity and respect. At our last inspection we rated this domain as good and at this inspection the service continued to be good in this area.

Treating people with kindness, compassion and respect

- People told us the staff were friendly and caring. Their comments included; "I'm happy as a dog with four tails", "You couldn't wish for nicer people" and "The staff treat us with great respect. They are natural with us. They take people as they are."
- Relatives confirmed that staff were warm and treated people with kindness. Their comments included, "The standard of care here is remarkable" and "[my relative] has had the best possible care. I can't fault it."

Ensuring people are well treated and supported

- Staff knew people well. They responded to each person individually. When people were agitated they engaged with them and helped them to relax. One staff member diffused a situation very quickly when they encouraged a person to sing their favourite song. Detailed life history information was recorded within care records to enable staff to build positive relationships with people. One relative said, "They know [my relative] and understand them."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were listened to. One person said, "They go through things with you." Another person said, "They do take notice of you."
- Where people were unable to verbally communicate their needs and choices staff understood their way of communicating. Staff observed body language, tone, and simple sign language to interpret what people needed.
- Information was available about sources of advice and support or advocacy.

Respecting and promoting people's rights, privacy, dignity and independence

- People's equality, diversity and human rights were respected. People were supported to follow their faith. A priest visited the home regularly to deliver services. They spoke highly of how staff cared for people. Staff worked with people and their relatives where they followed Muslim faith to ensure they could support people with culturally appropriate meals and clothing. One person read the Koran daily with staff.
- People's right to privacy and confidentiality was respected.
- People's dignity was upheld. People told us staff always knocked on their door before they entered. A relative said, "If we come when [my relative] needs care we are asked to leave the room. It makes me feel good that they are doing their job."
- People were supported to maintain and develop relationships with those close to them. Relatives told us they felt welcomed and comfortable in the home. Wi-Fi was available throughout the home and people used their own, or the home's, electronic tablets to keep in touch with friends and relatives.
- People were encouraged to do as much as they could to maintain their independence. One person enjoyed helping around the home and were responsible for setting the tables in one of the dining rooms each day.

Is the service responsive?

Our findings

People received personalised care that responded to their needs. At our last inspection we rated this domain as good and at this inspection the service continued to be good in this area.

How people's needs are met

- Care records were specific and provided staff with clear information about how best to support the person with consistent care.
- Health professionals told us the service met people's needs well. One healthcare professional said, "They are able to manage some very complex people whose needs have not been able to be met at other placements."

Personalised care

- Care was planned around people's individualised needs. Care plans took account of people's likes, dislikes and preferences. People and their relatives were included in the care planning process.
- Information was provided in ways which people could access and understand. The provider complied with the Accessible Information Standard a legal requirement to meet communication needs of people using the service. Where people could not express themselves verbally, staff had information about how they communicated and how to identify if the person was in any pain. Information about the home was available in a format which used simple language and pictures to aid people's understanding and in large print when needed.
- A range of activities were on offer in the home facilitated by three activities coordinators. People told us they enjoyed the events held in the home and trips out. One person said, "We visited the park and visited Whitley Bay. It was a break to get out. It makes you feel very good."
- Events were held regularly inside the home, including armchair aerobics, entertainers and a virtual reality company. Through the virtual reality goggles people reminisced about local scenery and sights from the past. The activities staff regularly utilised the sensory room to hold music or film events for people.
- On the ground floor people interacted with their environment independently. People had access to tactile items of interest, including dementia dolls which help some people with dementia to express their emotions and provide comfort.
- A staff member brought a dog with them to the home twice a week. The dog was very popular with people. Some people took the dog for walks and it was taken to visit other people in their rooms.

End of life care and support

- The home provided end of life care to people with terminal and life limiting illnesses. People had been asked how they would like to be supported at the end of their lives. This meant information when they may no longer be able to communicate those wishes themselves was available.
- The service had access to specialist equipment and medicines at short notice to ensure people were as comfortable as possible at the end of their life.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints. Complaints had been responded to in line with the

provider's policy and used to drive improvement.

Is the service well-led?

Our findings

Leadership and management assured person-centred, high quality care and a fair and open culture. At our last inspection we rated this domain as good and at this inspection the service continued to be good in this area.

Leadership and management

- People, relatives and staff were positive about the culture of the home. We consistently received positive feedback from them about the care provided and how the service was run. One person said, "Ours is a happy home." A visitor commented, "The atmosphere is good. It has a pleasant feel to it. There's a bit of a buzz to the place."
- The registered manager and clinical lead had a visible presence in the home. They knew people, their needs and their relatives well. A healthcare professional told us, "The (registered) manager will take any concerns forward appropriately and has maintained a static set of staff. There is a low turnover of staff which is beneficial for the residents and consistency of care."
- The registered manager and staff understood their roles. There was a clear structure in place. Staff told us they were always able to escalate any concerns or queries.
- Regulatory requirements had been met. The provider had made prompt notifications about events they were legally required to inform us of.
- Throughout the inspection the registered manager was open and transparent towards the evidence we presented and was proactive in their response to our findings.
- A culture of continuous learning meant staff objectives focused on this and improvement. Staff were accountable for their performance.

Plan to promote person-centred, high-quality care and good outcomes for people

- Auditing and governance processes were robust to check the quality and safety of the service provided. The registered manager and the provider had responsibilities to monitor performance indicators and outcomes for people. Auditing systems included highlighting where improvement actions were required and ongoing monitoring until they were signed off as complete.
- The provider monitored trends through regular reports about key areas such as weight loss, pressure area care, complaints and safeguarding information.
- Issues were usually identified and rectified quickly. The registered manager completed a daily walk around of the home, inputting the audit into an iPad which was submitted immediately to the provider. Identified issues were prioritised so serious concerns could be immediately responded to.
- During our inspection we found issues in the environment. We saw some of these concerns had been highlighted within the quality assurance process and the provider had made plans to address them.

Engaging and involving people using the service, the public and staff

- Feedback about the service was encouraged. People and relatives could feedback their views at any time using a survey on an iPad in the reception. Questionnaires were sent regularly to people who used the service, relatives and staff to gain their views on the service. Results had been analysed and where possible changes implemented.

- Staff told us they felt listened to. They attended regular staff meetings and told us they could speak to the registered manager whenever they needed to.
- Staff commitment was recognised through staff awards. Staff were put forward for awards by people, relatives and other staff and in 2018 both the home manager and a member of the care team had won a national award from the provider.

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. The service had worked with a national citizen service for young people who developed one of the gardens alongside people who used the service. The project had been a success with positive interaction between the youth group and people using the service.