

Tamaris Healthcare (England) Limited

Astell Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Astell Care Centre is a care home providing both personal and nursing care for up to 96 people. The service provides support to people with both physical and mental health issues, including people living with dementia and is divided into specific units. At the time of our inspection there were 77 people using the service.

People's experience of using this service and what we found

At this inspection we found that improvements had/were being made following our previous inspection and findings; however, further action was required in relation to the environment, medicines management and the management of the service. We also identified new shortfalls in relation to the management of risk and oral health.

An effective system to ensure staff were appropriately trained was not fully in place. We highlighted issues with oral health, medicines management and the use of pressure relieving mattresses. Training was ongoing and management staff explained that whatever training was necessary to meet people's needs was organised for staff. Additional 'dementia care champions' training was also being undertaken.

We received mixed feedback from people about the meals. Improvements were required in relation to the dining room experience, which was not always person centred and also the maintenance of records relating to nutrition. We have made a recommendation about this. Management staff told us they had already identified these issues and the provider's catering and hospitality team were providing additional support.

There were sufficient staff deployed at the time of our inspection to meet people's needs. One relative told us, "What is nice to see is that there is not a great deal of change-over of staff; that shows to me, it is good to work there."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives spoke positively about the staff at the home. One relative told us, "They are always cheerful and pleasant. There are no miserable faces." Staff also spoke positively about the people they cared for. One staff member said, "They feel like my family, it's my second home." We observed positive interactions not only between care workers and people, but also other members of the staff team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (Published 17 July 2022) and there were breaches

of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found that whilst improvements had/were being made, further action was required and the provider remained in breach of the regulation relating to good governance.

At our last inspection we recommended that the provider monitored and reviewed staffing levels; the storage of medicines; people's special and supplementary diets and the training needs of staff to ensure best practice guidance was followed and people's needs were met. At this inspection we found that action had been taken in relation to staffing levels and whilst improvements were being made in relation to the other areas; further action was required.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service in April 2022. Breaches of legal requirements were found in relation to safe care and treatment, the premises and equipment and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of safe, effective and well led which contained those requirements.

The overall rating for the service has remained requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led key question sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Following our feedback, management staff took immediate action to address the issues we identified. They also explained that prior to our inspection, a more robust auditing system had been introduced.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Astell Care Centre on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified a continuing breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

We made a recommendation in the effective key question in relation to the dining room experience and the maintenance of records relating to nutrition. Please see this section for further details.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will also meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local

authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Astell Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Astell Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service following the previous inspection. We sought feedback from the local authority and other professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 4 people, 12 relatives, 22 staff including the registered manager, head of care quality, regional manager, nurses (including agency nurses), care staff, domestic staff, maintenance, administrator and activities coordinators.

We reviewed a variety of records including people's care documentation, medicines records; information about staff recruitment and training and a variety of records relating to the management of the service, including policies and procedures.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection, we rated this key question requires improvement. At this inspection the rating has remained the same. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Preventing and controlling infection; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection an effective system was not in place to ensure infection prevention and control was effectively and safely managed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst there had been improvements in relation to the safe use of PPE; further action was required regarding other areas relating to IPC and the assessment of risk and the provider was in breach of Regulation 17.

- An effective system to manage risk was not fully in place in relation to equipment, the environment and IPC.
- Redecoration and maintenance of the home including the outdoor space was ongoing. Not all areas of the paintwork were intact which made these areas more difficult to clean. In addition, records did not always show whether COVID-19 tests had been carried out to ensure people were admitted to the home safely.
- A system to ensure pressure relieving mattresses were correctly set to ensure people's safety and comfort was not fully in place. Pressure relieving mattresses had not always been correctly set in line with the person's weight.

The failure to ensure an effective system was in place to assess, monitor and manage risk was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our feedback, management staff took immediate action to address the issues we identified. They also explained that prior to our inspection, a more robust auditing system had been introduced.

Visiting in care homes

- Visiting followed government guidelines. The home had in place appropriate system to allow people to be visited by friends and relations.

Using medicines safely

At our last inspection, we recommended that the provider reviewed the safe storage of medicine to ensure it complied with best practice guidance. Whilst action had/was being taken in relation to the storage of medicines; we found that further improvements were required regarding the management of medicines.

- An effective system to manage medicines was not fully in place. Records did not always demonstrate that medicines, including topical medicines were administered as prescribed.

The failure to ensure records demonstrated that medicines were administered as prescribed was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, management staff told us that increased checks and a more robust auditing system had already been introduced.

Staffing and recruitment

At our last inspection we recommended that the provider assessed and monitored staffing levels to ensure sufficient staff were deployed to meet people's needs. The provider had made improvements.

- There were sufficient staff deployed at the time of our inspection to meet people's needs. People and relatives told us that staffing levels had improved and the reliance on agency staff had reduced. One relative told us, "It is much better now as they are getting permanent staff through the day there is now proper staff. There wasn't in the middle of last year."
- Recruitment checks were carried out prior to staff starting work at the home to help ensure they were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- A safeguarding system was in place. People told us they felt safe at the home. This was confirmed by relatives. One relative told us, "All the staff are always pleasant while I am there. There is no animosity or fear there."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection, we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection, the environment of the home was not maintained in a safe manner and had not been developed in line with best practice to support people's health and wellbeing. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was in breach of Regulation 17.

- The design and décor of the home, including the outside space, did not fully meet people's needs. Redecoration was ongoing upstairs. Consideration was also required to ensure the design and décor of the home, including the outdoor space followed best practice guidelines for people living with dementia.

The failure to ensure an effective system was in place to ensure the décor of the home met people's needs was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Management staff assured us that redecoration was due to be completed imminently.

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

- Records did not always evidence that care and support was delivered in line with best practice guidelines.
- We identified shortfalls with the assessment of risk, management of medicines, the environment and oral health. Records relating to oral hygiene were not always completed.

The failure to ensure an effective system was in place to ensure care was delivered in line with best practice guidance was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At our last inspection we recommended that the provider reviewed the training needs of staff. Whilst action was being taken; further improvements were required.

- An effective system to ensure staff were appropriately trained was not fully in place. We identified

shortfalls in relation to the management of medicines and oral health. Only three staff were recorded as having completed oral health training and the agency staff induction did not evidence that medicines management was discussed.

- Most staff had not completed training in learning disability and autism. From 1 July 2022, all health and social care providers registered with CQC must ensure that their staff receive training in learning disability and autism, including how to interact appropriately with people with a learning disability and autistic people.
- Records did not fully evidence clinical training and competencies.

The failure to ensure an effective system was in place to ensure staff were suitably skilled was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection we recommended that the provider reviewed their systems relating to special and supplementary diets and sought advice from local dietetics services where appropriate. Whilst action had been taken in this area, further action was required in relation to the management of nutrition.

- Improvements were required in relation to the dining room experience, which was not always person-centred and also the maintenance of records relating to nutrition.

We recommend the provider reviews and implements best practice guidance relating to person-centred support around mealtimes and the management of nutrition.

Management staff told us they had already identified these issues and the provider's catering and hospitality team were providing additional support.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to access healthcare services and receive ongoing healthcare support.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations

were in place to deprive a person of their liberty.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

At our last inspection, we found that quality and audit processes were not robust to ensure people were cared for safely. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17.

- An effective system to monitor the quality and safety of the service was still not fully in place/embedded. We identified shortfalls relating to medicines management, the assessment of risk relating to the premises and equipment, oral health and training.

The failure to have an effective system in place to monitor the quality and safety of the service was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Management staff told us a more robust auditing system had already been introduced prior to our inspection.

- We received positive feedback about the registered manager. One relative told us, "I've never had an issue with the manager. When I have said things, she listens and acts on them." A member of staff said, "As a manager she is really supportive – an absolute rock."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a cheerful atmosphere at the home. People and relatives spoke positively about the caring nature of staff. Comments included, "They have motivators on [activities coordinators]. There are 2 girls on who do the nails and talk about the old days. It is a lovely home" and "The staff are always nice." Staff also spoke positively about the people they cared for. One member of staff said, "I love them all." We observed positive interactions not only between care workers and people, but also other members of the staff team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- Records were available to demonstrate how the provider was meeting their duty of candour requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A system was in place to involve people, relatives and staff in the running of the home. Most relatives told us they had completed a survey. One relative said, "I recommend it. I am happy she is there and the lassies are great. My [relative] is 100% happy. If she wasn't, I would have something to say."

Working in partnership with others

- The provider worked with a range of other services and professionals to support people's needs.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	An effective system to monitor the quality and safety of the service was still not fully in place/embedded. We identified shortfalls relating to medicines management, the assessment of risk relating to the premises and equipment, oral health and training. Regulation 17 (1)(2)(a)(b)(c)(f).