

Mrs Aunjali Johar & Mr Navneet Singh Johar

Astral Lodge Residential Home

Inspection report

33-35 Ailsa Road
Westcliff On Sea
Essex
SS0 8BJ

Tel: 01702345409

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Ratings

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

Summary of findings

Overall summary

The unannounced inspection took place on the 19 February 2016.

Astral Lodge Residential Home is registered to provide accommodation and personal care for up to a maximum of fourteen people, some of whom may be diagnosed with dementia. At the time of our inspection they were fourteen people living in the service.

The service is required to and did have a registered manager. 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.

Staff delivered support effectively and care was provided in a way that promoted people's independence and wellbeing, whilst people's safety was ensured. Staff were recruited and employed upon completion of appropriate checks as part of a robust recruitment process. Sufficient numbers of staff enabled people's individual needs to be met adequately. Qualified staff dispensed medications and monitored people's health satisfactorily.

Staff understood their responsibilities and how to keep people safe. People's rights were also protected because management and staff understood the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff ensured access to healthcare services were readily available to people and worked with a range of health professionals, such as social workers, community mental health nurses and GPs to implement care and support plans.

Staff were respectful and compassionate towards people ensuring privacy and dignity was valued. People were supported in a person centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks. People were supported to identify their own interests and pursue them with the assistance of staff. Person centred social activities took place within the service as well as in the community.

Systems were in place to make sure that people's views were gathered. These included regular meetings, direct interactions with people and questionnaires being distributed to people, relatives and healthcare professionals. The service was assisted to run effectively by the use of quality monitoring audits the manager carried out, which identified any improvements needed. A complaints procedure was in place and had been implemented appropriately by the management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe at the service. The provider's arrangements ensured that staff were recruited safely and people were supported by sufficient staff to meet their needs and ensure their safety and wellbeing.

Medication was managed and stored safely.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role.

The dining experience for people was suitable to meet their needs and people's nutritional requirements were being met.

The person had access to healthcare professionals as and when needed to meet their needs.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards the people they supported and treated them with dignity and respect.

People had been involved in planning their care as much as they were able to be. Advocacy services were available if needed.

Is the service responsive?

Good ●

The service was responsive.

Care was person centred and met people's individual needs.

Care plans were individualised to meet people's needs. There

were varied activities to support individual's social care needs.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well-led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and their relatives and used their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Astral Lodge Residential 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 the 19 February 2016 and was unannounced and carried out by one inspector.

Before the inspection the Registered Manager had completed a Registered Manager Information Return (PIR). This is a form that asks the Registered Manager to give some key information about the service, what the service does well and what improvements they plan to make. We also reviewed other information that we hold about the service such as notifications, these are the events happening in the service that the Registered Manager is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

As part of the inspection we spoke with 3 people who used the service, two relatives and two members of care and support staff, manager and the registered manager who will be handing over to the manager as they will be stepping down.

Some people were unable to communicate with us verbally to tell us about the quality of the service provided and how they were cared for by staff. We therefore used observations, speaking with staff, and relatives, reviewing care records and other information to help us assess how people's care needs were being met.

We spent time observing care in the communal areas and 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.

As part of this inspection we reviewed 5 people's care records. We looked at the recruitment and support records for two members of staff. We reviewed other records such as medicines management, complaints and compliments information, quality monitoring and audit information and maintenance records.

Is the service safe?

Our findings

People living in the service told us they felt safe. One person told us, "The care staff and the managers always make sure I am safe and always regularly check on me through the day and will ask if I am okay." A relative informed us, "Since my relative moved into the home they always have someone checking on them throughout the day to ensure they are safe, this give me peace of mind that my relative is well looked after and safe."

Staff we spoke with knew how to recognise the signs of possible abuse and how and who to report it to. One member of staff informed us, "People we look after need us to make sure they are safe, if I was to witness possible abuse I would speak to my manager and ensure that this is reported to social services." Staff felt reassured that the management team would act appropriately in the event of any future concerns. Records showed that, where issues or concerns had been reported in the past, they had been addressed appropriately and in a timely manner by the management team. All staff had attended safeguarding training. A staff member said, "We attend safeguarding training every year. During monthly team meetings the manager does some safeguarding scenarios with us to ensure that we all understand types of abuse. This helps us ensure we are protecting people in the service as some are very vulnerable."

Clear information was available to people on how to report any concerns. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. There were 'ASK SAL' posters around the service, which gave advice to people who used the service, visitors and staff about what to do if they had any concerns. The posters gave information about who to contact outside the service if anyone wished to do so. This was provided in an appropriate format so as to ensure that people understood what abuse was and how they would be protected.

People were cared for in a safe environment. The provider employed maintenance staff for general repairs at the service. Staff had emergency numbers to contact in the event of such things as plumbing or electrical emergencies. There was also a policy in place should the service need to be evacuated and emergency contingency management implemented. In addition, identified risks such low ceiling, loose flooring and uneven surfaces had been highlighted with hazard signs to aid people using the service.

There were sufficient staff on duty to meet people's assessed needs and when people accessed the community additional staff were deployed. One person told us, "There is always care staff around to look after us and we never to wait long if I need help." The registered manager adjusted staffing numbers as required to support people needs. The registered manager informed us that staffing levels at the service were based on each person's individual needs. The registered manager and staff added that should people's needs change they could deploy additional staff to meet the needs whilst waiting for a new assessment from the local authority. This was confirmed by our observations of the care people received and the records reviewed.

Medication was securely stored and the service had a procedure in place for the safe disposal of medication.

We reviewed 14 people's medication administration records (MAR) and found them all correctly completed with no unexplained gaps or omissions. We observed staff doing the medication round. Staff explained to people what medication they were being given then observed them as they took it. Staff involved in the administration of medication had received appropriate training and competency checks had been completed in order for them to safely support people with their medications.

People were being cared for in a safe and clean environment and there were no unpleasant odours anywhere in the home. We observed the all staff promptly cleaning areas after every use.

Is the service effective?

Our findings

We found staff at all levels to have good knowledge and the skills they needed to provide good quality care to people using the service. One relative informed us, "I have found staff to have the knowledge on how to best meet people's diverse needs how to care for my relative and I can speak to them about my relative's care needs at any time." A relative added, "We have found staff to be very knowledgeable about our relative's needs and also the needs of other people in the home, when I phone the home whoever answers the phone is always able to tell me straight away how my relative is on the day."

Staff told us they attended mandatory training when they first started work and that they also attended yearly refresher courses which were arranged and monitored by the manager this was to ensure they understood their role and could care for people safely. Looking through staff's training folders it was evident that all staff had attended all the mandatory training. Staff training was provided both 'in house' and also arranged by the local authority. Staff were also encouraged to do additional training and development to continually develop their skills. We observed staff assisting people to transfer and this was all done in accordance to people's care plans and appropriate use manual handling techniques.

Staff received a robust induction to ensure they understood their role and could care for people safely. Records confirmed this and staff told us that before commencing employment they were required to complete an induction which helped them learn about their role. As part of their induction, staff were required to read people's support plans to ensure that they had a good knowledge of the people they were supporting. There was a period of being observed by an experienced member staff and by the registered manager who would regularly give them feedback to ensure the level of care they were delivering met the needs of the people they were supporting. The registered manager was aware of the new Skills for Care 'Care Certificate' and how this should be applied.

Staff had regular supervision. Staff informed us that this gave them the opportunity to sit down with the manager and discuss any issues they may have on a one to one basis. Staff confirmed that supervision was always about staff and also looked at ways in which staff could develop and best support the people they are caring for. Staff informed us that they had regular team meetings with the manager and owner and all staff were given the opportunity to speak out on any issues that may affect them at work. Staff felt supported by the registered manager and could speak to them at any time which was evident during our inspection. We reviewed the monthly meetings folder and found the service was holding meeting with staff, people and relatives on a regular basis. The manager told us that the meetings gave people the opportunity to discuss people's care and the running of the service and everyone present at the meeting was encouraged to be open and transparent about any concerns they may have.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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).

We looked at whether the provider had considered the MCA and DoLS in relation to how important decisions were made on behalf of the people using the service. Details on how to involve the person in decision-making according to their individual levels of understanding and preferred communication methods were included in each person's care plan. In addition an Independent Mental Capacity Advocate (IMCA) was available when required to advocate for people, to ensure that people's rights in this area of their care were protected.

The registered manager and staff showed a good understanding of their responsibilities and had made appropriate DoLS applications in recent months. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered, if the person was unable to make an informed decision staff would then make a decision in the person's best interests, taking into account the person's past and present wishes and feelings. Where people had been assessed as lacking mental capacity to make an informed decision the service had care plans and risk assessments in place to ensure people's wishes and feelings were being respected.

People said they had enough food and choice about what they liked to eat. Throughout the day we observed people being offered food and drink. The service had several jugs of juice placed around the home and these were regularly replenished. All staff were encouraging and supporting people to make themselves a drink. People had their specialist dietary needs met, for example, the service were able to cater for people who required a soft food diet. Staff supported people to eat at the person's own pace. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten. One person said, "The food here is very good, and we are always given a choice of what we want to have." People's body language showed they were happy with the meal time experience and the food they had been served. The food was cooked using fresh produce, in the morning staff went around to all the people using the service to discuss the meal choices from the meal that was provided. A printed menu had also been made available in all the communal areas for people to access and read. People had the choice to change their meal preference at any time during the day.

People's healthcare needs were well managed. We noted that people were supported to attend any hospital appointments as scheduled. When required, the service liaised with people's GP, mental health professionals and community mental health services to ensure all their healthcare needs were being met; in addition people were supported to obtain dental care and vision tests as and when required. One relative informed, "The manager and staff will always contact us when my relative is unwell and will make arrangement for either my relative to go into hospital or for a doctor to come out and see them."

Is the service caring?

Our findings

We found staff to be friendly and caring towards people living in the service. Staff made people feel that they mattered. We observed staff listening to people and interacting with them in an appropriate, respectful manner and they always gave people time to respond. Staff had positive relationships with people. One person told us, "I like it here, all the staff are very good to me and the manager always comes round every day and says good morning and asks me how I am."

The service had a very strong, person-centred culture that was acknowledged by everyone we spoke with. Care plans were personalised to each individual's needs. The service worked closely with all professionals and relatives to undertake specific ways of providing care for all the people living in the service and this was all recorded in the care plans.

People were supported to be as independent as they chose to be and this was documented in their support plans; the registered manager also added how they supported people to be independent. For example we observed one person being supported to purchase new pair of shoes using they own money; staff took a step back and allowed the person space to make a decision but were present to help should the person require. People and staff were really relaxed in each other's company and with the staff who were present. There was free flowing conversation and exchanges about what was on the television and the newspapers some of the residents were reading.

People and staff respected each other's choices, for example ensuring each other's privacy. We observed a member of staff asking and listening to people what they wished to do for the day and then proceeding to support them with their decision.

Staff knew people well, their preferences for care and their personal histories. People and their relatives were aware of their support plans and had regular meetings with the management team to identify any needs or wants they may have, along with their overall well-being. A relative told us, "The manager is very approachable and always communicates with us when there is a change in our relative's needs."

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home to their family and into the community. One person confirmed people's relatives and friends could visit whenever they wanted, "I visit my relative almost every day and on some occasions I can take my relative out for the day and on some days I will bring my relatives great grandchildren and we are given a space or area were my relative can play with their great grandchildren." Daily notes confirmed this.

People were supported and encouraged to access advocacy services. Advocates attended people's review meetings if the person wanted them to. The registered manager gave us examples of when the service had involved an advocate, such as supporting with annually reviews and support planning. Advocates were mostly involved in decisions about changes to care provision.

Is the service responsive?

Our findings

People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and also in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals.

The manager met with other health professionals to plan and discuss people's transfer to the service and how the service would be able to meet their needs. People and their relatives were encouraged to spend time at the service to see if it was suitable and if they would like to live there. They used the information they gathered to make changes to people's support plans. Staff had carried out comprehensive assessments of people's needs before they were admitted to the service. They had spoken with, and in some instances worked with, everyone already involved in caring for and supporting the person, in order to learn as much about the person as they could. Staff used this information to devise the person's support plan. Support plans were reviewed and changed as staff learnt more about each person. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care. People's needs were discussed with them and a support plan put in place before they came to live at the service.

Each person had a support plan in place. Support plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needed, in the way the person preferred. People's strengths and levels of independence were identified and appropriate activities planned for people. We saw from records that people's comments were recorded on their care plan when reviewed and their support needs were discussed with professionals and family at reviews. The support plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

The service also encouraged people to access activities in the community. The manager expressed that staff continued to encourage and support people to develop and sustain their aspirations. The service had a garden area in which people had regular access and staff were able to observe them from a distance to ensure they were safe.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the manager or person in charge, to address the issue. The manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter.

Is the service well-led?

Our findings

The registered manager was visible within the service and we were informed that the service was in the process of changing managers however the current would stay in place until the new registered manager was competent. The new registered manager has worked in the home for a number of years and has very good knowledge of the service and the people that use the service.

People benefited from a staff team that felt supported by the registered manager. Staff said this helped them to assist the person and helped to maintain their independence and also showed that the person were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use which staff used to communicate important information to others. It enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

People and their relatives felt at ease discussing any issues with the manager and her staff. They informed us the service had a family feeling and this was due the service being a family run business.

The manager told us that their aim was to support both the person and their family to ensure they felt at home and happy living at the service. The manager informed us that she held meetings with relatives and the person using the service as this gave the service an opportunity to identify areas of improvement and also give relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that were involved in the continual improvement of the service.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls, infection control and call bells. The manager carried out a monthly manager's audit where they checked care plans, activities, management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.