

Countrywide Care Homes (2) Limited

Astor Lodge

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

Astor Lodge is a purpose-built residential care home providing accommodation and personal and nursing care to up to 29 people. The service provides support to younger adults, people over the age of 65 and those living with dementia. At the time of our inspection there were 16 people using the service.

Care is provided on a single floor with private rooms and a series of communal facilities, including a lounge area and dining room. There is a small secure garden area that people can access.

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

This was a focussed inspection that considered the areas; safe, effective and well led.

Staff at the home had not received regular supervision or annual appraisals. The manager was looking to address this.

Risks related to care delivery had not always been wholly identified and action taken to mitigate this risk was not always clear. We have made a recommendation about this. People received care that was appropriate and told us there were enough staff to provide for their basic care needs, although additional staff would be helpful. Medicines were managed safely although there had been some issues with controlled medicines due to agency staff. This was being addressed.

Staff had access to a range of training and development and were encouraged to keep this up to date. People were supported to eat and drink adequately in line with their dietary needs. They were supported to live healthier lives and the service worked with a range of professionals. 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. Best interests decisions had been undertaken for a variety of issues, although details needed to be more specific in some areas.

The manager was relatively new into post and had identified a range of issues that required addressing. Quality monitoring processes often covered Astor Lodge and its sister home jointly. The manager was in the process of separating these processes to be more specific. Documentation was not always well kept with files often containing loose documents. We have made a recommendation about improving record keeping. People were involved in day to day care issues, although more robust processes for detailed involvement need to be instigated.

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

Rating at last inspection

The last rating for this service was good (Published 14 February 2019).

At our last inspection we recommended the provider improve the mealtime experience. At this inspection we found people were well supported with their meals and most people chose to take their meals in their rooms.

Why we inspected

This inspection was prompted by a review of the information we held about this service. The inspection was also partly prompted due to concerns received about staffing, staff morale and issues around care delivery. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe section of this full report.

You can see what action we have asked the provider to take at the end of this full report. The provider has taken immediate action to start to address the issues we have identified and bring the service into compliance.

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

Enforcement and Recommendations

We have identified a breach in relation to the support and supervision that staff received to safely carry out their roles.

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

We have made two recommendations to the provider in our report. We have recommended the provider review the process they have in place for monitoring risks associated with care delivery and also recommended they review how they manage and store documentation.

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 work alongside the provider and 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 ●

Astor Lodge

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 team consisted of one inspector.

Service and service type

Astor Lodge 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. Astor Lodge 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager registered for the service who was no longer working at the home. We spoke with the provider's regional director about removing this registration. A new manager was in post but had not yet submitted a formal application to register as the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also spoke with members of the local authority safeguarding team and the local authority commissioners to get their views of the service. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 2 relatives who were visiting the home. We spoke with 7 members of staff including the regional director, the manager, 2 care practitioners, a care worker, a member of the domestic staff and the head chef. Following the inspection, we emailed 10 members of staff seeking their views on the service. We received no replies to our message

We looked at a range of records including 5 care plans and a number of medicines and other clinical notes. We also reviewed a range of management and quality monitoring documents regarding the running of the service.

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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks related to care delivery and support were not always fully detailed.
- Risks identified as part of supporting people were not always wholly considered and action to limit or mitigate risk not fully identified.
- We spoke with the manager about risk assessments and how they needed to be improved. They told us they were reviewing care documentation, including risk assessments and plans.

We recommend the provider review all risk assessments related to care delivery and ensure detailed actions to mitigate risk are identified and recorded.

- Risks related to the environment were monitored including regular checks on fire systems and equipment, hoists and other equipment used in supporting people.

Using medicines safely

- Medicines were dispensed as prescribed.
- There were some minor issues with controlled medicines. We also spoke with them about better storage and management of CD medicines.
- General medicines were managed appropriately, there were some minor gaps in records relating to topical medicines (creams and lotions.)

Staffing and recruitment

- Staffing at the home was an ongoing issue, as currently experienced by many services.
- The manager told us they had recruited several staff recently, including qualified nurses. These staff were currently going through recruitment processes or induction.
- People said staffing could be an issue at times. The home used agency staff, and this meant they did not always know people well and were not immediately aware of their needs.
- The provider carried out a regular review of people's care needs and how this affected staffing levels. Relatives told us they felt there were enough staff. One relative told us, "I think there are enough staff. They pop in regularly to check they are okay."
- Staff told us there were enough staff to provide the day to day care but felt more staff would be helpful and allow more personalised care to be delivered. Staff members told us, "You can never have enough staff. It would help to have some more" and "Some days are okay, and some days are a strain. Some days you can't cover everything." We spoke with the manager and regional director about staffing levels and continuing to review them.

- Recruitment processes were safe and appropriate including taking up of references and carrying out Disclosure and Barring Service (DBS) checks.

Systems and processes to safeguard people from the risk of abuse

- The provider had in place a safeguarding policy and staff were aware how to report any safeguarding concerns.
- Safeguarding incidents had been recorded and reported to the local authority safeguarding team. Where necessary, action had been taken to ensure people were kept safe.

Preventing and controlling infection

- The home was maintained in a clean and tidy manner.
- Corridors, communal rooms and toilet and bathing areas were well maintained. The sluice area was tidy, although the foot operated waste bin needed replacing.
- Domestic staff said all rooms were cleaned every day and one or two rooms received a deep clean. They said this was a significant workload for one person, although domestic staff from other areas would come to the home to assist, which we observed. We spoke with the manager about managing domestic staff workloads and cover from other parts of the service.
- Staff were wearing personal protective equipment (PPE), including face masks, and used additional equipment when providing personal care.
- People told us the home was kept clean and tidy.

Visiting in care homes

- Plans were in place for people to receive visits from friends and family.
- We witnessed several family members visiting people at the home throughout the inspection.
- People told us they had regular contact with their relatives.

Learning lessons when things go wrong

- Accidents and incidents were reviewed on a monthly basis.
- Figures on these events were reviewed by the manager, although it was not clear that a full review of the circumstances was undertaken and any actions to mitigate further falls were considered. We spoke with the manager about ensuring a full review process took place.

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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- There had been some recent supervisions of staff related to medicines competency. Staff we spoke with told us they could not recall when they last had general supervision sessions. The manager told us she had formal supervisions planned in the coming months. Only two annual appraisals were recorded from January 2022. No other annual appraisals had taken place. One staff member told us, "I've had one, but it was a really long time ago."
- The manager acknowledged that this was a deficit they were aware of from the previous management regime. They told us action was planned but had not yet taken place.

Failure to ensure staff had access to regular supervision meant staff did not always receive appropriate support and oversight. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing).

- Staff had access to a range of training and development opportunities.
- The manager provided us with a training matrix for the service. The majority of staff were up to date with training, with a small number of staff required to further update their knowledge and skills. A memo had requested staff to take action to address shortfalls in training and the majority of staff had completed the remaining training.

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

At the last comprehensive inspection, we had made a recommendation about improving the quality of the mealtime experience. The provider had made improvements

- Most people chose to take their meals in their rooms. Only a few people were in the dining room for mealtimes. Regular staff chatted to people whilst they were supporting them. People had mixed views of the quality of meals. One person told us, "The food is spot on. You can't fault the quality of it." A relative told us, "(Relative) is not keen on the food. I bring sandwiches and things in for them."
- Staff had a good understanding of people's dietary needs. Kitchen staff were able to demonstrate how they supported people with their specialist dietary requirements.

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

- People's needs and choices were referenced in care documentation.

- Where people had capacity to make their own decisions it was not always clear that they had been actively involved in care decisions or reviews of their care needs. We spoke with the manager about improving participation in review processes. They told us all care plans were in the process of being reviewed and updated.
- Reviews of care need were undertaken monthly but were sometimes limited and functional in their tone. Staff had a good understanding of people as individuals and were able to talk in detail about people's backgrounds and families.

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

- The staff worked closely with a number of agencies to deliver joined up care.
- Care plans demonstrated the service worked closely with a number of other professionals including; district nurses, speech and language and occupational therapists.
- People and relatives told us staff supported them by requesting visits from their GP or other health professionals. A number of professionals visited people during the inspection.

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 manager maintained a record of whether people were subject to restrictions under the DoLS legislation and applied for reviews, as and when appropriate.
- Where people did not have capacity to make decisions for themselves then best interests decisions were undertaken to ensure they received the right care. Not all best interests decisions were specifically detailed. For example, one best interests decision covered a wide range of equipment use, including the use of sensor mats. Some of this equipment required a separate decision to fully comply with MCA legislation. We spoke with the manager about ensuring best interests decisions were fully recorded.

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

- The home was designed to support people's needs.
- Whilst most people chose to spend the majority of time in their rooms, there were a range of communal facilities available for them. Corridors had stopping points to encourage people who walked around the home to stop and rest.
- Decoration of the home was in good order.

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 good. At this inspection the rating has changed to 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

- The manager had taken up post in October 2022 and was managing Astor Lodge and a sister home to the service. A previous registered manager was still registered with CQC but was no longer working at the site. We spoke with the regional director about removing this registration.
- A range of quality audit and checking processes were in place.
- Separate audits processes could not be established for the two homes on the current IT review system. The manager told us they had identified this as an issue and was working with the provider's IT department to create separate quality monitoring process for the two services.
- Audits and checks had identified issues, although follow up action was not consistently undertaken.
- Some care files, daily care documents and other records contained a number of loose sheets and documents, meaning these could be easily lost or make maintaining accurate records more difficult.

We recommend the provider reviews documentation processes to ensure they are properly configured and effectively maintained, allowing easier review.

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

- Staff reported that morale at the home was improving since the arrival of the new manager.
- The manager had taken up post in October 2022 and was managing Astor Lodge and a sister home to the service on the same site. A previous registered manager was still registered with CQC but was no longer working at the site. We spoke with the regional director about removing this registration.
- The manager was aware a number of areas where improvements were required, although stated they did not have a formal plan to prioritise actions at the present time.
- Staff told us they found the manager approachable, although said they did not visit the home as frequently as they would like. Staff members told us, "(Manager) comes across when they can for a few moments. But if there was anything I needed I would go to them, 100%" and "I've no problems with (Manager). They come across quite a lot. They come to check if there is anything they need to know."
- We had received some anonymous suggestions that bullying of staff had taken place at the home. Staff we spoke with were aware of these suggestions but said they had not witnessed any such behaviour. They told us some staff, who had recently left, had taken exception to being instructed in certain aspects of their roles.

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

- The manager had a good understanding of their responsibilities under the duty of candour regulations. They had already identified a recent accident that may fall under these responsibilities and was looking to write a formal response in due course.

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

- There was some evidence people had been involved in care planning, but it was not always clear or fully documented. Staff looked to involve people in day to day decisions wherever possible.
- There had been some attempts to engage with relatives, but this had not always been successful, partly due to the ongoing issues caused by the pandemic.
- Staff meetings had taken place although these processes were still being established by the manager. Staff told us they could contribute to discussions, if necessary.

Continuous learning and improving care

- The manager was developing systems to ensure that lessons were learned in the future.
- They were working through a range of issues they wished to address including; improving care planning and involvement in care, further developing staffing and developing a coherent staffing structure.

Working in partnership with others

- There was evidence from records that the service worked closely with a range of other services.
- Local authority officers told us they had good relations with the home and the new manager was responsive when contacted.

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 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Systems were not in place to ensure staff received appropriate supervision and appraisals to enable them to carry out their duties. Regulation 18(1)(2)(b).