

Astor Hall Limited

# Astor Hall

## Inspection report

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Date of inspection visit:  
29 October 2019

Date of publication:  
26 November 2019

### 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

### About the service

Astor Hall is a residential care home providing accommodation and personal care for up to 26 younger and older people living with a physical disability, a learning disability and/or autism, or dementia. Accommodation is provided in one adapted building, with passenger lifts providing access to the upper floors. 21 people were living at the home at the time of the inspection.

The home is registered to provide support to people living with a learning disability, however, people's primary need for admission was their physical disability. The home had been designed to meet people's physical disabilities although it did adhere to the principles of registering the right support. These are to ensure people can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the management team at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service did not use restrictive intervention practices.

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

People and relatives praised the home, saying it was well managed and they received care and support that met their needs and preferences. The management of the home was described as "outstanding". People told us they felt safe. Staff had received safeguarding training and were aware of their responsibilities to report concerns over people's health, safety and welfare.

People's needs were understood by staff and staff were sensitive in the way they offered assistance to people. People's independence and dignity was promoted and respected. The home used technology to support people's communication. Staff were seen to be kind, caring and friendly and it was clear staff knew people and their relatives well.

People told us there were sufficient numbers of staff on duty to ensure their needs were met. However, some staff felt that due to staff vacancies, at times, more staff were required. The home was currently recruiting

more staff. An activity co-ordinator supported people's involvement with their hobbies and interests. Recruitment practices were safe, and staff received the training they required for their role.

Risks to people's health, safety and well-being were assessed and management plans were in place to ensure risks were mitigated as much as possible. People were involved in making decisions about risks associated with their health needs.

People received their medicines safely and as prescribed. Medicine management practices were safe.

The home was undergoing long-term extensive repair and refurbishment and some areas were in a poor state of repair. Planned work to complete the refurbishment of the building was timetabled and included completing the final six bedrooms and recommissioning two bathrooms. Where work had been completed it had been done to a high standard. Equipment was regularly serviced to ensure it remained in safe working order.

Quality assurance processes undertaken by the registered manager and the provider ensured people received high quality care that met their needs and respected their preferences.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
Rating at last inspection The last rating for this service was good (published 18 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Astor Hall

## 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 Care Act 2014.

#### Inspection team

One inspector, an assistant inspector and an Expert by Experience carried out this 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.

#### Service and service type

Astor Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 that 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 information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch Plymouth. 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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with 10 members of staff including the providers, registered manager, deputy manager, senior care workers, care workers and the chef. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training and safety audits, were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People said there were enough staff available to meet their needs. One person said, "If you need them they [staff] are always there." However, some staff felt that due to staff vacancies, at times, more staff were required. We discussed this with the registered manager who confirmed the home had undertaken a recruitment drive to employ more care staff. On the day of the inspection, interviews were being undertaken.
- Care staff told us they were working extra hours to cover some of the shortfalls. The registered manager confirmed agency staff were used when needed to maintain staffing levels at five care staff during the day.
- During the inspection we observed staff attending to people promptly and spending time with people in conversation. The home also employed an activity co-ordinator as well as housekeeping, laundry and catering staff.
- Recruitment practices were safe with pre-employment checks, including disclosure and barring (police) checks, carried out prior to the commencement of employment.

### Systems and processes to safeguard people from the risk of abuse

- People told us the home was managed in a way that protected their safety. People's comments included, "I wouldn't want to be anywhere else, I trust them with my life" and "They make sure I always have my call bell by my side."
- Staff received training in safeguarding adults. They were aware of their responsibilities to protect people and to report concerns over people's safety and well-being. Information about how to raise a safeguarding concern was displayed on the staff notice board.

### Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Assessments identified risks, for example, in relation to mobility, skin care and nutrition. People were involved in making decisions about reducing risks and management plans guided staff to support people in a way they found acceptable. In the provider information return, the registered manager described how the home used social media videos to support people to view real-life situations when helping them make decisions about their care. For example, with the risk of choking for people with swallowing difficulties. Records showed specialist advice from healthcare professionals was sought.
- Environmental checks were completed regularly to check the building, equipment, and fire safety were safe.

### Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. Only staff trained in

the safe administration of medicines and who had been assessed as competent, administered medicines to people. Regular audits and observation of staff practice ensured safe practice was maintained.

- For those people who retained responsibility for managing their own medicines, risk assessments identified they were safe to do so.
- Where people took medicines 'as and when required', staff were provided with guidance about when this should be administered.
- There were safe arrangements to receive, store and dispose of medicines.

#### Preventing and controlling infection

- The home was clean and tidy.
- Staff had access to, and were seen to use, protective clothing such as aprons and gloves to reduce the risk of the spread of infection.
- Staff had completed training on infection control and we saw them regularly washing their hands. They described to us how they reduced the risk of cross infection including how they managed soiled laundry.

#### Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity.
- The registered manager reviewed how accidents had occurred and identified actions to reduce the risk of a reoccurrence. For example, in the provider information return, the registered manager described the steps taken to reduce the risk of one person falling when going outside for a cigarette. The person was given a bell to alert staff when they wished to return indoors, and staff were able to accompany. This had significantly reduced the number of falls experienced by this person.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Astor Hall is a period building which had been adapted to the needs of people living with a physical disability and who were wheelchair users. Some areas of the home had undergone extensive repair and refurbishment, while other areas still required attention and were in a poorer state of repair. For example, some carpets were stained, plasterwork required repair and some radiators were rusty. Also, two of the four bathrooms were not fully functioning.
- A maintenance plan described the work already undertaken which included structural repairs, a new roof, new windows, a new kitchen and laundry. The providers had also installed new fire alarm and call bell systems. Planned work to complete the refurbishment of the building was timetabled and included completing the final six bedrooms and recommissioning the bathrooms. Where work had been completed it had been done to a high standard.
- The home had a large dining room and a lounge room, as well as a smaller lobby area giving people a choice of where to spend their time. People had access to a large attractive garden and patio areas. From the dining room there was a covered outside seating area and people could come and go as they pleased.

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

- Assessments identified people's care needs and provided staff with guidance about how to meet these in line with best practice guidance and people's preferences. The registered manager said they used the National Institute for Health and Care Excellence (NICE) for guidance to ensure they remained up to date with best practice. For example, in relation to support with nutrition, oral health and skin care. (NICE is an organisation which provides national guidance and advice to improve health and social care through evidence-based guidance).
- Regular care reviews ensured changes to people's needs were identified quickly and care plans amended to reflect these changes.
- Good communication between care staff meant people's needs were well known and understood within the team.

Staff support: induction, training, skills and experience

- Staff received the training and support they required to do their job. One member of staff said, "We are always kept up to date with our training including health and safety, fire training and manual handling." A training matrix identified what training staff had undertaken and when updates in training were due.
- Staff were knowledgeable about people's care needs. People told us the staff knew how to support them well.
- New staff were provided with induction training, which included shadowing more experienced members of

staff, and supported to undertake the Care Certificate. The Care Certificate is a nationally recognised induction for staff new to care.

- Staff had the opportunity to discuss their training and development needs informally in conversation with the registered manager, and formally through regular supervision and appraisals. One member of staff said, "They [the management team] are really helpful and supportive and also my team I work with."

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

- People had choice and access to sufficient food and drink throughout the day. We saw meals were well presented and people told us they enjoyed the food. One person said, "The food is good, and a good choice."
- People who required assistance with eating and drinking were supported appropriately by staff who sat with them and supported them at their pace.
- The registered manager told us one person was at risk of not eating or drinking enough to maintain their health and some people were at risk of choking due to swallowing difficulties. Records showed referrals had been made to people's GPs and specialist advice had been obtained and was described well in people's care plans.

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

- People's healthcare needs were being met. Records showed referrals were made to the GP and community nursing services, as well as specialist support services when needed. For example, in recent feedback received by the home, a relative praised the action the home had taken to make referrals to an occupational therapy, the community nursing team and a speech and language therapist. The meant the home had gained the advice and support this person needed to ensure they received safe and appropriate care.
- We looked into whether people were having their oral healthcare needs met. Each person had an oral healthcare plan and their support needs were described in their care plans. People had opportunities to see a dentist.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA and conditions on authorisations were being met.
- Staff had a good understanding of consent. We saw this in practise with staff always asking permission before supporting people.
- Records showed that best interest decisions had been recorded for people where needed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who knew them well and treated them with kindness. One person said, "The staff are perfect" and another said, "The care is first rate."
- In recent feedback received by the home, a visitor said, "Every member of staff I encountered were friendly, cheerful, caring efficient, professional and showed a genuine concern for all residents. Nothing was too much trouble and it's good to think that the residents are looked after so well."
- We saw respectful interactions and laughter between staff and people. The atmosphere in the service was relaxed and people smiled when staff entered the room. One person said, "Everyone is peaceful, happy and friendly." Staff told us how much they enjoyed working at the home and how they valued their relationship with people. One said, "I have a really good bond with the staff, and the residents just melt your heart. I just had my first holiday this year and I came back early as I missed them so much!" Another said, "From day one, I have been saying this - it is one of the best homes that I have seen."
- Staff were keen to ensure people's rights were respected and they were not discriminated against regardless of their disability, culture or sexuality. A LGBT+ champion promoted equality and inclusion amongst people and staff. People were involved in cultural discussions. People and staff had recently participated in the celebrations for Pride and Diwali, the Hindu Festival of Lights.
- People were supported to meet their spiritual and religious needs. For example, staff supported people to attend the local church on a Sunday.

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

- People were consulted on how their care plans should be written and how they wanted their care to be provided. One member of staff told us, "It's important that the residents are happy, giving regard to their capacity. The care has got to be person-centred and individual to them."
- People's care needs were reviewed every month, although their involvement in developing their care plan had not always been recorded.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff were seen to be discreet when asking people if they required support with personal care. People's independence was promoted, and people were encouraged to do as much for themselves as possible. A kitchenette area adjacent to the lounge room allowed people to make their own drinks and snacks.
- People were able to come and go from the home, some with staff support, to use local facilities and participate in community events.

- People were supported to maintain and develop relationships with those close to them. Relatives were invited to spend as long as they wished with people. Relatives told us they were made to feel welcome, one said, "The staff are friendly, you know all their names."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People receive care and support in a way that was flexible and responsive to their needs. Staff knew people well and were able to describe their likes, dislikes and preferences.
- Staff were aware of people's past history and used this information to tailor their support and interactions with people.
- Since the previous inspection the home had introduced an electronic care planning system. This enabled the provider, registered manager and staff to monitor more effectively people's health and well-being and ensure essential care tasks were undertaken. People who wished to, and relatives who had authorisation, could access their care plans.
- Care plans provided staff with descriptions of people's needs and how they should provide support in line with people's preferences. However, for one person at risk of self-neglect, their care plan did not describe how staff should offer support in a way the person found acceptable. The registered manager gave assurances the care plan would be amended and said this information had been missed from the plan with the transition from paper records to electronic system.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and staff were guided to ensure people had their hearing aids and glasses to support their communication. The home made available technology, such as large digital clocks displaying the day and date, whether it was day or night and time; talking clocks for people with sight impairment, and a 'light writer' which transferred written text into speech.
- The home was able to provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they enjoyed the social activities organised by the home as well as the support from a local disability charity. People continued with their hobbies, such as bowling and going to football matches. One person told us, "I've met new friends while going indoor bowling twice a week."
- Local events such as, theatre shows, were advertised on the activities board in the lobby area and people were supported to go if they wished. The home's activity co-ordinator supported people with group

activities such as bingo, as well as going out of the home for shopping, meals out or to the local pub. People told us how much they had enjoyed a recent visit from the National Marine Aquarium when they were able to experience virtual reality headsets.

- People were supported to maintain contact with their families and visitors were made welcome.

Improving care quality in response to complaints or concerns

- The home had a complaints policy on clear display in the hallway. Complaints were investigated in line with the service policy.
- People and relatives told us they had no complaints but felt comfortable raising any concerns should they need to do so: they said they were always listened to. One person said, "I'm happy, happy, happy."

End of life care and support

- No one was receiving end of life care at the time of the inspection. Where people's wishes were known this was recorded in their care plans.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives and staff told us the home was well managed. One person said of the manager and staff, "I can honestly tell you they are first rate in whatever they do" and another said, "The manager always pops in to see me." Staff described the management of the home as "fantastic" and "amazing".
- In recent feedback received by the home, a relative said, "The high-quality care provided is due to the outstanding leadership and management of the home. The staff are positive about their work and the staff team are very stable and motivated to provide excellent care. The kindness and compassion shown to my brother as well as the excellent physical and emotional support he has received to manage his complex needs is clearly evident. Overall my brother has received an outstanding service."
- Staff said the registered manager led by example and was a positive role model. The registered manager and the deputy manager worked alternate weekends to ensure they was always management support in the home. They both routinely spent time every morning with people in the dining room, supervising breakfast and meeting with people for conversation and to seek their views about how well they were being supported.

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 provider visited the home each week to meet with people, discuss events within the home and oversee the refurbishment of the building. They and the registered manager understood their duty of candour and informed relatives and people if things had gone wrong.
- Relatives confirmed communication with the home was good. One said they were always made welcome and were kept up to date about their relation's welfare.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was supported by a deputy manager and a team of senior care staff. Each had recognised responsibilities and there were clear lines of accountability.
- Quality assurance processes, such as audits and resident and staff meetings, ensured the registered manager and providers had the information they required to monitor staff performance as well as the safety and quality of the care provided.
- The registered manager was aware of their responsibilities to provided CQC with important information and had done so in a timely way.

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

- People were encouraged to share their views and provide feedback about the home informally through conversations with the registered manager and more formally at meetings and with their care plan reviews.
- Through the renovation of the service, people's equality characteristics relating to sensory and physical disabilities were being carefully considered so they could navigate their home more easily.
- Staff felt listened to and supported and were involved in the running of the home.

Continuous learning and improving care; Working in partnership with others

- The home worked in partnership with other agencies to achieve positive health and wellbeing outcomes for people.
- The registered manager was part of best practice forums and networks to share ideas for improvement and training opportunities.