Care Quality Commission

Royal British Legion Industries Ltd

Gavin Astor House Nursing Home

Inspection report

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Ratings

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

Overall summary

This inspection was carried out on 28 July 2015. The inspection was unannounced.

Gavin Astor House provides accommodation, nursing and personal care for up to 50 people. People had a variety of complex needs including people with mental and physical health needs. Accommodation was provided over 2 floors. There was a passenger lift to assist people to move between floors.

The service had 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.

During our inspection, people made complimentary comments about the service they received. People told us they felt safe and well looked after and they were part of the community within the home. Relatives told us they were very satisfied with the service.

Summary of findings

Systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service, and identify and manage risks to people's safety. However there were shortfalls identified in the administration and recording of medicines which could have had an impact on people's welfare. Some people may not have received their medicines as prescribed. Suitable arrangements were in the homes policy and procedure for managing medicines. However the administration and recording of medicines did not follow this guidance or the guidance issued by the National Institute for Health and Clinical Excellence.

People felt there were usually enough staff, however staff had mixed views of whether there were sufficient staff, some saying more were needed. We found that at lunch time staff were stretched trying to assist people who needed assistance to eat and drink. Improvement was required with the organisation of mealtimes to ensure that people who required support to eat did not receive their food cold. We have made a recommendation about this.

People were complimentary about the food although they did say it depended who was cooking. People told us they were provided with enough to eat and drink. Choices of menu were offered each day.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People with certain conditions such as dementia had been assessed as lacking capacity to make decisions for themselves. Staff were supporting people to make choices and made sure their best interests were taken into account. Staff received training in the Mental Capacity Act 2015 and DoLS to enable them to make a referral if it was needed.

Care plans for people focussed on their care, health and physical needs. They related to people's emotional, spiritual, mental, social or recreational needs. There was information about people's likes, dislikes and lifestyle choices. People's care was planned with them in a personalised way.

Staff felt well supported by the provider and the management team. New staff received induction training. Staff had an annual appraisal to assess their performance and regular supervision sessions.

There was a system for managing complaints about the service. People were listened to and knew who to talk to if they were unhappy about any aspect of the service. People knew about the procedure for making a complaint.

Staff were kind and caring in their approach and had a good rapport with people. The atmosphere in the home was calm and relaxed and there were lots of smiles and laughter. Safe recruitment procedures were followed to make sure staff were suitable. People were safeguarded from abuse.

People were supported to maintain their relationships with people who mattered to them. Visitors were welcomed at the service at any reasonable time and were complimentary about the care their relatives received. People were consulted through resident's meetings and their views taken into account in the way that the service was run.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the administration and recording of medicines. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe

People may not have received their medicines as required or as prescribed.

Although the provider had systems in place to make sure there were enough staff employed and rostered, the way staff were deployed needed to be reviewed to ensure there were sufficient staff available at key time during the day.

Safe recruitment procedures were being followed to make sure staff were suitable to work with people, however peoples past employment history was not being explored when there were gaps in their employment.

Risks to people's safety and welfare were managed to make sure people were safeguarded.

Is the service effective?

Good

The service was effective.

People were complimentary about the food and received enough to eat and drink.

Staff had received or had been booked on training in the Mental Capacity Act 2015 or DoLS. This enabled staff to support people effectively.

Staff had received the essential training, supervision and annual appraisal to effectively support people and to carry out their roles.

People were supported effectively with their health care needs.

Is the service caring?

Good

The service was caring

People's privacy and dignity was protected.

People or their representatives were involved in planning their care.

Staff were kind and caring in their approach and supported people in a calm and relaxed manner.

Is the service responsive?

Good

The service was responsive.

Complaints were managed effectively to make sure they were responded to appropriately.

People's care was planned in a personalised way to meet their individual needs.

Summary of findings

People were provided with a choice of meaningful activities and supported to maintain their relationships with people who mattered to them.

Is the service well-led?

Requires improvement

The service was not always well led.

Quality assurance systems were in place to assess the level of quality provision with the home. However, they had not identified the issues we found at inspection.

Records relating to people's care and the management of the service were reviewed regularly.

People were satisfied with the service they received and their views were taken into account in the way the service was run.

Staff felt valued, they felt there was an open culture at the home and they could ask for support when they needed it.

The registered manager demonstrated that they had a good understanding of their role and responsibilities.

Gavin Astor House Nursing 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 July 2015 and was unannounced.

The inspection team included two inspectors and a specialist nurse advisor. The team also included an expert-by-experience who had personal experience of the caring for people with people who had complex health needs and or physical disabilities. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we gathered and reviewed information about the service which included previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

During our inspection we observed care in communal areas; we examined records including staff rotas, 10 staff files, management records and care records for seven people. We looked around the premises and spoke with 11 people using the service, three relatives four nurses, five care staff, the chef, the registered manager, and the responsible individual.

At our previous inspection on 5 August 2013 we found the service met the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe, "I really feel that I live in a community, with all the support I need, oh yes I do feel very safe, staff are always available and they attend to me quickly if I need help", "Staff are very good, I feel safe and well cared for" and another person said "Oh yes ever so, I've got my call bell so if I get into difficulties I can always call the staff".

Medicines were stored securely. Medicines that needed to be kept cool were stored appropriately in a locked refrigerator. Eye drops were routinely dated on opening and were in date and stored correctly. The temperature for the refrigerator and clinical room were being checked and recorded on a daily basis to ensure that medicines were stored at the correct temperature.

Medicines received into the home had been signed as received, although not all staff had signed the records, some staff had only recorded the number received so it was difficult to establish who had signed the medicines into the home.

We saw the list of staff signatures and the initials of those staff who were allowed to administer medicines. The Medicine folder was easy to follow and included individual medicine administration record (MAR) sheets for each person using the service. These contained the person's photograph, information about any allergies and the name of the person's GP. However one MAR sheet had no resident photograph, even though they had lived at the service for some time. Photos are needed as part to the checking process to make sure staff particularly agency staff (who do not know the people), are giving the medicines to the correct person. Other MAR sheets did not record whether the people had any allergies. For example a person with an allergy to penicillin had not had this documented on their MAR sheets. Therefore the person could have been put at risk of receiving medicines that could cause them harm.

We observed some morning medicines being administered. The MARs were signed for all together at the end of the medication round, not immediately following the administration to the individual. We witnessed two registered nurses, one of whom was the senior nurse, check a controlled medicine, they then signed and completed the controlled drug register before the medication was given. After the medication was given staff checked the time and inserted this into the register. The two staff had signed the Controlled Drug register before the medication was taken. The staff were not following the providers policy and procedure, the correct practice or professional guidance.

Medicines to be given 'as required' (PRN), need a PRN protocol which recorded the full instructions for staff. There was no written guidance for staff which included the reason for administration, the frequency, and the maximum dose that can be given over a set period of time. When the medication has variable doses prescribed PRN then the amount administered also needed to be recorded clearly on the MAR sheet. However records seen did not contain all the information required to ensure people received this medication safely or as they needed them

To make sure homely remedies were administered safely in conjunction with peoples prescribed medication the home had followed their procedure. This included obtaining a homely remedies statement signed by people's GP.

We found that some people in the home had been prescribed Thick and Easy. This is a substance that when added to drinks can make the drinks easier to swallow. Professional guidance had not been followed which says to prevent any risk to people living in the home this substance should be stored securely in the clinical room. However we saw this medicine on shelves in people's bedrooms around the home. A patient safety alert from February 2015 relating to the dangers of ingesting thickener had not been followed. This meant that staff had not followed safe practice on this occasion to ensure that thickener was out of reach of people.

The Registered Nurse told us that at every medication round people were being offered the opportunity to have pain relief medication. They also arranged a review if the medication a person had been prescribed was no longer effective. We found that creams prescribed by the GP were not being signed for on the MAR sheet when they had been applied. We saw these creams located in peoples bathrooms and they did not have the person's name written on them, the date of opening or the expiry date. This is necessary as each cream is for that individual and has a limited shelf life.

There were oxygen cylinders stored in the clinical room on the first floor and there were clear signs on the door indicating this. There were six small oxygen cylinders and one large cylinder in the clinical room. The correct way to

Is the service safe?

store oxygen includes bottles being secured to the wall. The oxygen cylinders in the home were not secured to the wall and were close to the radiator although being summer the radiator was not on.

The examples above showed the provider was not managing people's medicines safely. This was a breach of Regulation 12 (2) (f) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provision of staff was linked to the individual needs of each person, and the time and number of staff that were needed to provide the care. The operations manager explained they use a formula that makes sure that the home has sufficient staff to meet peoples care and nursing needs. Peoples individual care needs were reviewed every month and changes in those needs are reflected in the staffing hours. The staff rota showed there were always two registered nurses throughout a 24 hour period. In the morning there were six or seven care staff, in the afternoon four or five care staff and at night there had been four care staff, depending on the dependency level at the time. Staff gave mixed views on whether they felt there was sufficient staff on duty to provide the required level of care. Staff said that they were concerned about the number and quality of agency registered nurses being used. The staff felt that night time could be a particular problem, with agency nurses not knowing the people who lived in the home. We were also told by a nurse that staff did not always turn up for their shifts and covering could be a problem at night. The manager explained the various ways that the vacant posts had been advertised on a regular basis; however they had received little interest.

We recommend that the service seeks advice and guidance from a reputable source, about deploying sufficient staff to meet people's assessed needs.

Appropriate checks had been made through the (DBS) Disclosure and Barring Service (DBS) and staff did not start working at the home until it had been established that they were suitable to work with people who may be vulnerable. New staff members had provided proof of identity, proof of address and proof of the right to work in the United Kingdom prior to starting to work at the home. References had been taken up and received before staff members were appointed and we saw that references were obtained from the most recent employer where possible. Interview notes were kept on file to document that staff had demonstrated their competence for the role at interview. However, we found that not all of the files reviewed included a full employment history and this had not been explored during the interview. Without these checks people could not be assured that staff were suitable and safe to work in a care home.

We recommend that the registered manager takes into account the requirements in Schedule 3 of the Health and Social Care Act (2008).

We saw on the front of peoples individual care plans that there was a statement relating to PEEPs (Peoples Emergency Evacuation Plans). The only information available simply referred to the need for people to be given assistance. However a more detailed description of people's individual needs were stored in the emergency box which staff would grab if they needed to evacuate the home. the manager explained that this is checked monthly to make sure it remains up to date. This detailed information ensures that people would be evacuated in a safe way.

Risk assessments had been documented where people were at risk of harm. For example when people were prone to falling, or they had a poor appetite and were at risk of malnutrition. We saw that people's food intake had been monitored and where insufficient food was being consumed and/or they were losing weight, the persons GP had been asked to visit, Staff then followed the treatment the GP had prescribed and continued to monitor the person's weight and food intake closely.

Staff spoken with confirmed they had completed safeguarding training and it was updated regularly. Staff understood the signs of abuse and were able to describe the different types of abuse. Staff knew who to report any concerns they had within the organisation and also external agencies such as the local authority safeguarding team. Staff also knew they could contact the Care Quality Commission about any concerns they had for people's safety. There was a copy of the local Kent and Medway Safeguarding Protocols available for staff which contained the procedure and contact numbers. Staff knew that they would be protected by the whistleblowing policy were they to report any suspicion of abuse involving a colleague with whom they worked. So staff knew their responsibility in keeping the people in the home safe from abuse and what to do if they identified abuse happening.

Requires improvement

Is the service safe?

We saw signage relating to fire exits and advice on what to do in the event of a fire. Staff told us that they had received fire training and this was updated annually. We saw that the fire equipment including the alarms had been tested regularly by the maintenance person and by outside contractors as required. People were kept safe from the risks associated with fire.

Good

Is the service effective?

Our findings

People and family members told us that they had confidence in the staffs' abilities. One person said, "I have every confidence in the staff, when I ask questions they know what is going on and if they were not sure about anything at all they go and ask or find someone else to talk to me." Another person said "The staff were well trained and it shows in the way the staff look after us, and deal with situations that sometimes occur in the home". One relative told us "The staff are good and understand my father`s needs. My father doesn't like to socialise unless encouraged and the staff are good at encouraging him without becoming intrusive." Another said "My father has had hospital treatment and even though I have visited the home to obtain items, the staff have taken time to sit with myself and to talk about the feelings I had regarding his care and situation".

Any staff new to the service received a comprehensive induction. One nurse told us that they had received an induction and it included shadowing of another staff member. In addition they had received training in all of the statutory topics. This meant they had been able to get to know the people who lived in the home and the geography of the home before commencing their nursing role.

The training the registered nurses had received included Mental Capacity, Deprivation of Liberty Safeguards and appraisal training. We saw that stoma care was due to commence at the end of July. The staff we spoke with confirmed they received updates in the statutory tropics such as moving and handling and food hygiene. To make sure nurses retained their nursing qualification they received further training such as wound care, chronic disease management, use of a syringe driver to administer medication and Parkinson's disease. However, another of the nurses said they had not received recent training on some of the clinical issues such as update on wound care. The manager explained that staff are encouraged to ask for courses that they feel would be beneficial to them. All staff were told when training is being held and they can ask to be included. However all staff had to attend core training linked to the care they provided for people. These courses included health and Safety, infection control, safeguarding people and food hygiene. This made sure staff had the knowledge and skills to care for the people various care needs.

Staff told us they liked working at the home and felt well supported by the management team. They told us that the manager was approachable and had an open door policy so if they wanted to discuss anything they were concerned about they could do that easily. Senior nurses made sure care staff received formal supervision four times a year and this included an annual appraisal. A staff member told us 'They nurture new staff' and 'I have learnt a lot here'.

The nursing staff told us that they received formal clinical supervision at least six monthly and that they had recently had an annual appraisal. The senior nurses also had weekly meetings when clinical governance was discussed with the manager and/or the operations manager. The senior nurses in turn offered day by day clinical supervision to the other nurses. Within the policies and procedures the home had nominated a number of tasks to individual nurses to be responsible for. For example, such as giving vaccinations to be checked and drawn up by the nurse who would be observed for competency by the senior nurse. Tasks such as this being overseen by the senior nurse provided clinical supervision for nurses.

People received the nutrition they needed to maintain a healthy weight for them. Where there were concerns that people were not eating or drinking enough to maintain their health, referrals were made to relevant health care professionals. We saw on peoples files where dieticians and speech and language therapists had been contacted for advice and support.

People made positive comments about the food. For example a person told us "they are mostly very good and they are improving, we have a new chef in charge of the kitchen, I would say that it can depend on who is cooking". "Yes we do get plenty of choice really I suppose, basically if you do not want what is being offered the chef will talk to you and usually comes up with some other ideas. We asked people about the drinks they were offered during the day and they told us "Oh yes we get offered tea and coffee and drinks through the day we can always pour ourselves a drink if we're able, but the staff are quite happy to help you, especially in the hot weather the staff kept coming round and making sure you'd had something to drink". Another person said "I don't have a particularly good appetite, but they understand this and when I asked for a small portion that's what I get, there's nothing worse than being given a big plateful of food when you're not feeling well and you

just want to eat a small amount. Yes, there is choice but I'm lucky I like most things but I understand that if I do not want the main meals on the menu there are other options I could choose from".

We observed people at lunch time, they were offered a choice and the food was served hot and looked appetising. People were given their meal with staff checking the person was happy with their chosen meal. During lunch, we observed members of staff assisting people to eat. Where people needed support to eat and drink the staff knew what help they needed. Some people were helped by staff cutting up their food for them. Where people needed more support staff sat with them and helped them to eat their meal. However, we observed one person being given their meal, the member of staff placed the meal in front of the person gave them a spoon and asked them to eat it. The member of staff then brought in another meal and sat with another person to assist them in eating their meal. This person just looked at the food and made no attempt to eat it. A while later another staff member who was not on duty offered assistance to the person who had not eaten their meal. This meant by the time they received the support they required from the staff their meal was cold. This was discussed with the manager who said she would look into the way meals are being served to make sure that everyone was able to eat their meal while it was still hot.

We saw that food and fluid charts were available. At that time of inspection, only one person was on a fluid chart and they received nutrition via a PEG feed. The charts seen were completed, although noted that these did not contain 24 Hour totals. Food charts were also being completed as necessary. These showed whether people were consuming enough to eat and drink to maintain their health. The operations manager explained that the fluid and food charts were returned to the office for the staff handovers, the amounts a person had eaten or drunk would then be discussed. If the person was not eating or drinking enough then a member of staff would be asked to encourage that person throughout their shift. If the situation continued then their GP would contacted. Staff confirmed that if people were not eating or drinking well the nurses would start a fluid or food chart to monitor this and that these were discussed at handover.

Care plans had been signed by the nurse, the person and next of kin if they had a lasting Power of Attorney for Care and Welfare. This showed that people and their families if appropriate had been consulted and agreed to the care provision as in the care plan. The plans were being reviewed by the nurses every month or before if there had been a significant change in someone's care and support needs.

We discussed the requirements of the Mental Capacity Act 2005 (MCA) with the manager. The service cares for some people living with dementia. The manager confirmed that people who lacked capacity to make their own decisions about their care and treatment had been assessed and referred to the local authority. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS applications to the local authority had been made where necessary; however they had not informed us when the application had been approved. The registered manager understood when an application should be made and how to submit one and will be advising CQC when deprivation of liberty has been agreed by the local authority in future. We saw a completed referral form for an assessment under DoLS made for one resident dated June 2015. This regarded the wearing of a belt when the person was sitting or being conveyed in a wheelchair. Staff we spoke to about DoLS had a good understanding of their responsibility to not deprive people of their liberty. They understood that when a person does not have capacity applications can be made if it has been assessed that the liberty being deprived would be in the best interests of an individual.

Staff were observed asking people for their consent before they carried out any care tasks with them. For example, staff were heard asking a person if they could help her to get up and assist them to the dining room. The staff understood how to protect people's rights, and staff had received or had been listed to receive training in the Mental Capacity Act 2005. Staff spoken with had a good understanding of mental capacity and what this meant for them caring for the people.

The premises were well maintained with specialist equipment available and in use. Wide corridors with hand rails were in place to assist residents in mobilising. Pressure relieving mattress and specialist beds were used. There were several hoists including stand aids and full body hoists. Walking aids, wheelchairs and specialised seating were all seen and were in use. We also saw in the first floor bathroom, a specialist bath. This had music, lighting and

Good

Is the service effective?

other relaxing features for people's enjoyment. Staff told us that they had received training to use the different types of equipment. They said there was enough equipment available to provide the care needed and to do their jobs effectively. We observe staff using some of the equipment and they did so correctly. In this way staff were able to use the right equipment to make sure people were assisted to mobilise safely.

Nurses at the service monitored people's health and provided treatment, with the advice and support from other health care professionals as needed. We saw that People had been referred to health professionals as appropriate. At lunch time we had the opportunity to speak to a member of the SALT team who was there to observe a person eating their lunch as they had made recommendations and they wanted to see if there was any progress. They told us that the nurses are very good at referring people to them appropriately. They said they have found the staff to be attentive to people's needs. They said "I find the staff are good at following any instructions I give, and the communication between the staff teams is good, so everyone is aware of any changes I have asked for".

People saw G.P's, speech and language therapists (SALT), dieticians, podiatrists, physiotherapists, opticians and dentists when they needed additional support with their healthcare needs. We spoke with several health professionals who were visiting people at the home. The visiting Parkinson's Nurse told us "They're especially good at managing complex needs, staff will go out of their way and if they have any problems or concerns they will always call me". "I get good feedback from the residents and they're on top of people's physical health needs". The aromatherapy practitioner told us "It's a good service here, there's brilliant teamwork and the nursing care is very good".

Good

Is the service caring?

Our findings

People we spoke with were very positive about the way the staff cared for them. We were told "I am able to be me and feel I can approach people and have a laugh and a joke with staff I have got to know", "I really feel that I live in a community, with all the support I need" and "The care staff are like my family I have lived here a long time. They are very kind and caring and they make you feel nothing is too much trouble. Home is always best you understand but I am very happy here".

We also spoke with relatives who were very positive about the care their relative received. They told us "My decision to assist my father to live here has provided an opportunity for him to have choice and quality of life. The staff are accessible and always here for me to talk to and I am comfortable and reassured knowing I will be alerted if changes happen". Another told us "My father does not readily accept health issues and the staff members are really good at being sensitive about his wishes in this area and being respectful in providing care."

People told us their care needs had been discussed with them before they moved to the service. They said they had agreed a care plan when they came to live in Gavin Astor House. One person told us that they had discussed their care needs and how changes would be made as their condition worsened. They remembered signing this to say they agreed with what was recorded.

Staff we spoke with were aware they needed to treat people as individuals and vary their approach depending on people's preferences and personalities. For example, one staff member told us they would encourage one person who lived at the home to be more social as they enjoyed seeing their friends when they were supported to attend activities. Someone they supported preferred their own company and the staff member told us how they would respect their wishes. Another member of staff member said that they felt 'genuine satisfaction' from being able to support people in the home. They told us 'A lot of people here have lost a lot of things in their lives; we try to make up for that loss'. They said that they tried to make sure that the people who lived at the home had 'fun' and a 'life'. People in the home received care and treatment agreed with them.

The staff interviewed, were able to express the individuality of each person and their likes and preferences. Staff were observed to be mindful of people's needs in communication. Staff talked to people in a way that was respectful yet still natural and engaging. People expressed their opinions and felt comfortable questioning staff. One person told the staff she was not happy being moved to a different room for meals. The move had happened because there was a risk to them of chocking whilst eating. The person told us "I understand why decisions are taken and I have now taken the opportunity to share my views, as it is something I feel strongly about." The manager was looking at how the person could stay in the room they liked and still be kept safe.

The home encourages the links between people living in the home and their families. Families told us that they could visit without restriction, one relative told us "I feel I am able to phone and get information on how my father has been and I am able to talk about any concerns I have." Another person told us that staff made them feel welcome when visiting the home, they said "I was visiting for an early appointment and had to come from far away. The staff at the home offered the use of a spare room. Staff also said they were able to order meals such as breakfast which we would then pay for, which is a great idea."

Staff were aware of how to promote independence, how to obtain consent and maximise and retain people's abilities. We saw some very caring episodes between staff and the people who lived at the home. One person told us "I like the way staff give me time to do things myself, I never feel rushed". The nurse who administered the morning medication demonstrated patience when talking to people. They also knew which people preferred either a female or male member of staff to support them with their personal care as recorded in their care plan.

A professional who had been visiting for over 13 years was very positive about the home saying that staff were very caring and that "staff reach that bit further". They added that there was a good staff team and she was always well received. She felt able to approach staff with any concerns and was confident these would be rectified immediately.

Signs of wellbeing were evident amongst the majority of people who lived at the home. People were seen engaging with one another or their relatives and staff. They were smiling, alert to their surroundings and engaging with the activities. People looked well cared for, with clean clothes,

Good

Is the service caring?

tidy hair and clean spectacles. The atmosphere was calm and relaxed and it was evident that staff knew people well and had a good rapport with them. Staff told us they learned about people's care needs and other relevant information by reading people's care plans. They also said that they learn more about people by talking to them and/or their families about the things that were important to them.

We saw that a large number of people had their doors open, the people we asked about this said they liked to have the door open; they did not want to be closed in. One person said "I am nosey I like to hear what is going on". When asked if they would like to be in the lounge with other people they said no, but also said if they wanted to they can. Staff frequently popped in to ask if they needed anything or just to check they were OK. Staff were seen to knock on doors and introduce themselves before entering and explaining the reason for their visit. Call bells were answered relatively quickly.

We asked staff to describe how they promoted people's privacy and dignity. They told us how they protected people dignity when they were providing personal care. They gave examples such as closing doors, curtains, keeping the person covered when giving them a wash. One staff member told us "It's not just about closing doors and keeping people covered when providing care it's about the way you talk to people to, being mindful of their age and life experiences. One member of the house keeping staff said "I always knock on people's door and ask if I can come in and clean, if they have visitors or the staff are with them I go back later".

Good

Is the service responsive?

Our findings

People generally felt the service was responsive. They said, "I am able to access the local GP and also talk to the staff about my care," and Staff can see when I am not myself, they ask me what's wrong and offer to get the doctor straight away if I agree, I know they are looking out for me", "The staff are accessible and are always here for me to talk to. I am comfortable and reassured knowing I will be alerted if changes happen." Another relative said "I am able to participate in my father`s care and the majority of the time it is very positive, but where I have had to prompt for areas to be improved, such as carpet cleaning, these have been taken on board and addressed."

People who moved into the service had an assessment of their needs first to make sure the service was suitable for them and there were resources available to manage their care. Each person's care included a number of care plans relating to aspects of their support needs such as moving and handling, nutrition, skin integrity, cognition and personal hygiene. Care plans were personalised and provided guidance for staff about how to meet people's emotional, social, mental, recreational and spiritual needs. Although we found some gaps in the information, care plans were being regularly monitored by the nurses. Changes in care needs were being recorded and communicated to the staff team. One staff member told us "It's not just about what they are now, it's what's gone on in their past and what's coming in their future". "This information helps us to understand the person and individualise the care provision especially for them". Not all of the people who lived at the service wished to provide a life history for their file and when this was the case their views were respected. Staffs spoken with were aware of the needs of the individual people and also their preferences. For example, some people preferred to eat in their rooms and others liked to come to the dining rooms. This was accommodated.

We also observed that when necessary people had been referred to other health care agencies, such as the skin integrity nurse. Visiting health professionals told us that the nurses referred people appropriately and followed any advice that they were given.

Routines in the home were flexible and staff responded to people's individual choices. People who were able to could come and go as they pleased. People who needed more support were offered choices about where they wanted to spend their time.

The home provided a range of activities. A full time activities coordinator was supported by a part time coordinator who provided additional support for outings and other activities. Activities included exercise classes, arts and crafts, gardening and monthly church services. We saw that people were supported to be involved with gardening if they wished to do so. The activities coordinator also spent time with people on a one to one basis. Staff were aware that they may need to encourage people to engage with activities if they were at risk of social isolation. The home benefited from having an active 'Friends of Astor House' group and there were a number of volunteers who were involved with the home and assisted with activities. Special events were arranged and we were told about a cream tea that had taken place the previous weekend.

Information about activities was widely displayed throughout the home. Three of the people who lived at the home were also being supported to access employment. The manager explained that considerable work had been undertaken to facilitate this happening. Appropriate risk assessments had been completed to ensure that people could access employment safely.

Transition between services was managed appropriately. Relevant and important information was documented on a sheet that would be sent with a person if they needed to go into hospital. If it was a routine appointment we were told that staff would take the person's whole care plan as this included information that may be relevant such as medical history.

Complaints were managed appropriately and investigated fully in accordance with the home's policy on complaints. Information about how to raise a complaint was included in the home's statement of purpose. The complaints policy included time frames for acknowledging and responding to complaints. We reviewed a complaint that had been received by the home and saw that statements had been taken from staff as part of the investigation. Communication with the person's social worker was included in the file. This clearly outlined what steps had been taken to address the concerns that had been raised. Staff spoken with were aware that people had the right to

Good

Is the service responsive?

make a complaint if they were concerned. People told us that if they were not happy about anything in the home they would speak to the nurse or the manager. When asked, one person said “any issues I have had have been dealt with straight away, so I am very happy”. Other people spoken with also said that they would tell the manager if they had a complaint and were sure any complaint they raised would be taken seriously and acted upon. People could be confident that manager would take appropriate action if they were not happy and made a complaint.

Requires improvement

Is the service well-led?

Our findings

People spoke positively about the service and were happy. One person told us "I was unsure about moving to live here, but when I arrived I realised I had made the right choice for me." "We are asked for our ideas on how the home can be improved, there are meetings and we can ask for new things to be put on the menu for example, you are really made to feel it is you home".

A number of checks and audits were carried out to ensure that standards of care were suitable for meeting the needs of the people who lived at the home. The head of care and welfare carried out additional checks in order to oversee the management of the home. Action plans were developed when it was identified that improvements were required. For example, it was identified in the audit in April that some additional checks on equipment were required. We saw that this action had been completed and additional checks had been put in place. However, checks on medicines had not been sufficiently robust as they had not identified the practices seen on the day of the inspection We saw audits relating to 9 and 17 June. These had been conducted by the supplying pharmacist. Some issues had been identified; however we found for example that the section relating to oxygen was not completed on these audits. Although we were told that the oxygen had been in stock for over a year.

We recommend that professional advice is sort on how Medicines and their administration can be monitored more effectively.

All of the staff we spoke with reported that they felt valued and they were able to request additional support if they felt they needed it. The manager was described by staff members as 'approachable'. Staff said they would be able to admit to making mistakes and they would be supported by managers if they owned up to an error. This showed that staff felt they could be open with regard to any concerns they may experience.

The manager told us that they had an open door policy and this was important to ensure that staff felt they could come and raise concerns. Staff confirmed that the manager was available for support and direction when required. We asked the manager about what was in place to support them to do their job. They told us that they met on a weekly basis with the head of care and welfare. Information about these meetings was recorded and we saw that the meetings were used to discuss and address any particular concerns such as complaints and staffing issues.

One staff member told us 'We respect them and we can go to them with anything'.

Staff told us they were proud to work for the home. There was clear vision for the service and this was displayed around the home. Staff told us they felt they were part of a community. Several people including a visiting professional told us that there was good teamwork at the home.

We were told about plans being developed by the Board of Trustees to make improvements to the physical environment at the home. This included refurbishment of the home. The provider had identified that improvements were required and funds were being made available to ensure that the home was fit for purpose. Considerable work was being undertaken to ensure that both staff members and people who lived at the home were aware of changes that were being planned for in developing services. Roadshows had been held so that the Chief Executive Officer could explain the changes to people. This meant that staff had an awareness of the future direction for the home.

People living in the home and their families were asked for their views through surveys and residents meetings. The latest survey conducted showed that most people were very happy with the service they received. The survey covered topics such as activities, privacy and dignity, housekeeping and laundry, complaints, catering and food. The manager explained how the comments on the questionnaires were used to improve the service. For example some people said that the quality of the meals were sometimes varied depending on who was cooking. There was a new chef who is overseeing the meals and liaising with the people to find out what sort of food they would like. They had already been talking to people on an individual basis and hoped to offer more choice tailored to people's dietary requirements.

The manager was aware of when notifications had to be sent to the Care Quality Commission. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to

Requires improvement

Is the service well-led?

tell us about incidents that occurred in the home. We used this information to monitor the service and to check how any events had been handled. This demonstrated the manager understood their legal obligations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **People's medicines were not managed safely** **Regulation 12 (2)(f) & (g)**

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.