

Tamaris Healthcare (England) Limited

Astell Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Astell care Centre is a residential care home providing personal and nursing care and treatment to up to 96 people. The service provides support to people with both physical and mental health issues and is divided into specific units, some of which provide social care and support and others that help people with more complex mental health issues. At the time of our inspection there were 67 people using the service.

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

Infection control guidance was not always followed or implemented effectively, including appropriate use of PPE. Cleanliness of the home needed to be improved. We found some issues around the safe management of medicines. We have made a recommendation about this. Staffing was an ongoing issue for the home, linked to recruitment problems following the pandemic. There was significant use of agency staff who did not always know people's needs. We have made a recommendation about effective assessment and monitoring of staffing levels. Staff recruitment was undertaken appropriately.

We had previously made a recommendation to the provider about improving the environment. We found this recommendation had not been acted on and some areas of the home did not support the wellbeing of people living there. People were supported to have access to food and drinks. We were not fully assured people who required more specialist diets were being fully supported. We have made a recommendation about reviewing this aspect of care. Training was largely up to date and staff told us they had undertaken training recently. It was not clear what training staff had received around support for people with specific mental health problems and emotional responses. We have made a recommendation the provider look to strengthen this.

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

People's needs had been assessed prior to them coming to live at the home. People said they were happy with the care they received, and staff were helpful. Because of the high use of agency staff, we were not full assured people received care in line with their assessed needs.

Care plans were in place and were of a good quality. The standard of monthly reviews was variable. People told us activities were available. Many of the activities were group events and there was a need for more individualised support. We have made a recommendation about this. Visiting was supported in line with government guidance. People's preferences and choices were considered. End of life care was considered as part of care planning.

There were a range of audits and checks in place, although the issues identified at the inspection had not been identified by these processes or action had not been taken to address identified deficits. Staff had

mixed views on the accessibility of the registered manager. There were currently no staff or relative meetings. Surveys conducted in the last 18 months showed a mixed response, although were broadly positive in nature.

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

Rating at last inspection and update

The last rating for this service was good (Published 18 January 2021). At our last inspection we recommended the provider research and implement improvements to the environment of the home to better meet the needs of some people. At this inspection we found the provider had failed to act on this recommendation.

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding concerns and a report on staff actions. A decision was made for us to inspect and examine those risks. We inspected and found there was a concern with infection control, the environment and management, so we widened the scope of the inspection to become a comprehensive inspection which included all the key questions.

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.

We have found evidence the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report. The provider has taken action to make improvements to the service and mitigate immediate risk.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to infection control practices, maintaining a safe and appropriate environment within the home and the effective management of the home at this inspection.

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

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 caring?

The service was not always caring.
Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Astell Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was undertaken by two inspectors.

Service and service type

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

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service following the previous inspection. We also looked at information related to the specific safeguarding matter that prompted our decision to inspect. We sought feedback from the local authority and other professionals who work with the service.

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

We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative who was visiting the home. We spoke with 12 members of staff including the regional manager, registered manager, deputy manager, two nurses, a care home assistant practitioner (CHAP), a care worker, two members of the domestic staff, the activities co-ordinator, the head chef and the administrator.

We reviewed a range of records. This included seven 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 policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and examined a range of documentation provided. We spoke on the telephone with six relatives and one healthcare professional.



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.

Preventing and controlling infection

- Matters relating to infection control and the cleanliness of the home were not always well managed.
- Staff did not always follow guidance relating to the correct use of PPE. We saw staff remove their masks when working or pulled them under their chin. Two staff sat closely together without wearing masks. Two staff sat in a dining area drinking tea on their break with masks under their chin.
- There were limited PPE stations around home, preventing easy availability. There were limited facilities for disposal of used PPE, including in a staff room where staff told us they changed at the start and end of shifts.
- Domestic staff told us all staff were responsible for cleaning high risk, frequent touch areas, such as handrails and light switches. There were no records to demonstrate this was being carried out.
- General cleanliness around the home was not always good, with some dining areas not cleaned during the day. The laundry area was not well maintained or cleaned, with thick dust behind and on top of the machines. Some cutlery and cups were dirty or badly stained and in need of extra cleaning or replacing.
- General cleaning records were not well completed with frequent gaps.

Systems were either not in place or robust enough to demonstrate infection prevention and control was effectively and safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting in care homes

- The home had in place appropriate system to allow people to be visited by friends and relations.
- People told us they were able to have regular visits from family.
- Relatives said they could visit as and when they wished and were welcomed into the home.
- We witnessed a number of visitors attending the home and appropriate processes being followed, including the use of PPE.

Staffing and recruitment

- Staffing was an ongoing issue for the home.
- Relatives and staff told us there was a high use of agency staff who were not always aware of people's needs.
- Staff had mixed views on staffing at the home. Some felt it was adequate whilst other suggested more staff were required.
- The provider had a dependency tool that calculated staffing hours based on dependency figures submitted by the registered manager. Dependency documents in people's care plans were not always well completed.
- There were periods, particularly on the units upstairs, when it was difficult to locate staff, when people

needed assistance. One relative told us, "Up until beginning of April everything was very well. Now they are running on skeleton staff; different agency staff all the time." We spoke with the registered manager and regional manager about the need to review staffing on all units where mental health and emotional responses could pose a particular issue.

We recommend the provider continues to assess and monitor staffing levels across all units in the home.

Using medicines safely

- There were some minor issues with medicines management.
- Medicine Administration Records (MARs) had some gaps in recording medicines given and these had not been identified and followed up. Some people's topical medicines (creams and lotions) records were not always fully completed.
- On one unit we found a medicine trolley with a door missing. This meant, although in a locked room, medicines could be accessed by anyone entering. The nurse said it had been broken a number of weeks. The registered manager told us a new trolley had been ordered and was due for delivery.
- All three trolleys on the same unit, whilst locked in the clinic room, were not securely tethered to the wall, as they are required to be.
- Staff managed the administration of medicines safely across all the units of the home.

We recommend the provider review the safe storage of medicine to ensure all aspects comply with guidance.

Assessing risk, safety monitoring and management

- Risk assessments were in place, although some required more detail.
- People had personal emergency evacuation plans in the event of a fire or other untoward incident. We spoke to the registered manager and regional manager about how these could be improved to take account of people's capacity.
- Risks related to the environment were assessed. Regular checks were undertaken with regard to lifting equipment and fire safety.
- Risks related to people's care were reviewed and monitored; such as skin integrity, weight loss and fluid intake.

Systems and processes to safeguard people from the risk of abuse

- The provider had in place and safeguarding policy and procedure.
- Where safeguarding issues had been identified the provider followed these procedures and worked with the local safeguarding adults team to investigate and ensure people were protected.
- The majority of staff had completed safeguarding training and were aware of how to report concerns.

Learning lessons when things go wrong

- The provider responded to issues of concern and took action.
- On the first day of the inspection we found a number of concerns and issues. By the second day of the inspection the regional manager had developed an action plan and had started to address some of the issues.
- Accidents and falls were recorded and monitored.

Is the service effective?

Our findings

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

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

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

At our inspection in November 2018 we said described the environment upstairs as, 'unengaging, sparse' and with 'very little for people to interact with.' We noted 'Some of the fixtures and fittings were broken.' We recommended the provider research best practice. At this inspection not enough improvement had been made to the environment and it remained potentially detrimental to people's health and wellbeing.

- The design and layout of the building did not always assist in meeting people's needs.
- The provider showed us invoices detailing that a range of new flooring and furniture had been purchased in the previous two years. However, the upstairs units were poorly decorated, some areas had minimal furniture and were often lacking personal items. Dining areas in all units of the home did not enhance the dining experience. Tables were covered in soiled tablecloths.
- Some rooms had frosted coverings placed on the lower part of the windows to help protect dignity. Two rooms did not have this frosting and did not have curtains or blinds to help protect people's dignity. The provider told us work was ongoing to address these issues.
- We spoke with the registered manager and regional manager about the environment upstairs. They told us redecoration had been delayed because of the COVID-19 pandemic starting in 2020. Some furniture had been replaced and the home was due to be redecorated and upgraded during 2022. Audit documents confirmed this action was planned.
- We asked the registered manager and regional manager if they had sought advice on best practice or the latest research, in line with our previous recommendation. They said they had not done this so far. External behaviour support staff told us environments should be individually tailored to meet people's specific needs and presentation.
- On the first day of the inspection we found storerooms containing equipment were unlocked, presenting an injury or falls risk. On the second day of the inspection some of these rooms remained unlocked. We also noted several wardrobes and tall furniture items were not tethered to the wall to prevent them from toppling over. We advised the regional manager of this.

The environment of the home was not maintained in a safe manner and had not been developed in line with best practice to support people's health and wellbeing. This placed people at risk of harm. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's dietary needs were not always fully supported.
- Kitchen staff did not fully understand about specialist diets. There was limited provision made for people who required support with a diabetic diet; with no differentiation between those who were diet controlled and those who were supported with insulin.
- Several people were identified as requiring fortified diets to help them build or maintain their weight. One person's care plan indicated they should also be 'offered frequent snacks between meals', to supplement their fortified diet. Kitchen staff told us they put cream in mashed potatoes and generally fortified the diet for all people living at the home, rather than address individual supplementary diets.
- People's weight was regularly monitored, and nutritional risk assessments reviewed, although nutritional risk assessments in those care plans reviewed had not been completed in the last month.

We recommend the provider reviews systems related to special and supplementary diets in the home and seeks advice from local dietetics services where appropriate.

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

- There was some evidence people's needs and choices were supported.
- There was evidence of an initial assessment, prior to people coming to live at the home, although this information was often limited.
- Information about choices was recorded in care plans.
- People told us staff supported their choices and understood their needs.

Staff support: induction, training, skills and experience

- Staff had undertaken a range of training and development.
- The overall training completion rate for the home at 90%. Some areas such as mental health awareness, moving and handling and falls prevention had a lower completion rate. Managers told us this was due to ongoing staff absences. Supervision and appraisals were undertaken by senior staff members.
- Following the inspection the provider forwarded to us copies of certificates that showed a number of staff had undertaken positive behaviour support and breakaway training. The registered manager told us the local behaviour support services had undertaken specific training with staff. Behaviour support staff told us they worked with staff to address individual needs and personalised approaches rather than comprehensive training.
- The service had no champions, identified staff who led on specific areas of support, such as infection control or dignity, and who kept other staff up to date on the latest trends or regulatory information.

We recommend the provider review training needs of staff, particularly in relation to staff working on the upstairs units and supporting people who could be more challenging when expressing feelings or an emotional reaction.

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

- People were supported to live healthier lives.
- Staff took advice from professionals on a range of subjects to support people's.

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 provider gave us a full list of people at the home who were subject to DoLS restrictions. All DoLS were either up to date or were in the process of being applied for.
- Where additional restrictions were in place, such as the use of bedrails or sensor mats to alert staff people were getting out of bed, then a best interests decision had been completed. The quality of this documentation was variable. We spoke with the registered manager about improving this and ensuring the least restrictive option was fully recorded and considered.
- Lasting Power of Attorney documents were not always accessible in people's care files. We spoke with the registered manager about ensuring this information was readily available to staff to view and consult.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- We could not be assured people were well cared for and always effectively supported because of concerns we found with other aspects of the service.
- People and relatives told us staff were mostly kind and supportive. One person told us they considered themselves to be well cared for.
- Some staff had a good approach to people and were supportive and empathetic. Other staff seemed to have limited understanding of people's needs. Agency staff were often unsure of how to respond or support people.
- Relatives had mixed views on the care people received. Comments included, "Very good considering how they are. They do a good job considering the challenges"; "Things have got better the past few months as nursing facilities have improved recently"; "Staff are very caring"; "Lovely care. They are exceptionally friendly and eager to please"; "Not very good. I have safeguarding concerns regarding a fall and I've not received answers to when injuries have occurred."
- We spoke to a member of the care staff about how they supported people. They told us, "Some feel like family. Some are really challenging. They shout all the time. (Person) buzzes all the time. I've no idea why they do that. I get very exasperated."

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

- Evidence in people's care records indicated people's views and choices were considered.
- People told us they were involved in care decisions and were able to make choices. One person told us their room had been decorated to their preference.
- Relatives told us they were involved in decisions and kept up to date with any health issues. One relative said, "They are very informative and keep me up to date with everything."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was not always fully respected.
- On the second day of the inspection we sat in a morning staff hand over meeting. A person was sat in the same room where staff received the handover information and personal details of other people at the home were discussed. Some rooms upstairs did not have window coverings.
- People told us staff supported their independence and helped maintain their dignity and privacy. We saw staff closed people's doors when providing personal care.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People's needs and preferences were not always met.
- Staff told us the current staffing issues meant they were not always able to support people's emotional needs. Agency staff did not always have a clear understanding of people's support needs or preferences.
- Care plans on the downstairs units contained good information, which was detailed and defined how people should be supported. Support for people on the upstairs units, where they often expressed strong feelings or displayed excessive emotional reactions, was not always as detailed and did not fully cover how staff should respond.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs and preferences had been taken into account.
- Pictorial menus were available and a full set of these placed in the foyer of the home. We did not witness these being used directly when meals were served or ordered.
- There was little or no personalisation of rooms and doors to help people identify their personal space. We spoke with the regional and registered manager about this. They told us these items were often removed by people and they were looking into methods of making such identification more robust.

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 were supported to maintain personal relationships and avoid social isolation.
- People and relatives told us they could visit regularly, following COVID-19 protocols. Some relatives told us they visited daily.
- The home had two Magic Moments Co-ordinators and a further vacant post, although other staff were assisting with activities.
- The Magic Moments Co-ordinator outlined a range of events they offered to people, although it was not clear how these activities met people's personal needs, particularly on upstairs units. One person told us they had opportunity to socialise, although could not be specific about what they did.
- We witnessed a bingo session on one of the upstairs units. Whilst there were seven people in the room only

three were actively engaged in the activity.

We recommend the provider reviews the current activity offering at the home and consider how people's personal needs can be supported through activities.

Improving care quality in response to complaints or concerns

- Responses to complaints could be clearer were not always clear. One complaint had been dealt with appropriately and a response made. A second complaint had been escalated to a safeguarding matter and a staff disciplinary process opened. However, the response to the complainant did not detail the action taken by the home and simply reported the matter had been closed.

End of life care and support

- Care files contained evidence consideration had been given to peoples end of life needs and preferences.

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

- Systems to manage the service and improve quality were not robust and effectively implemented. We have made a range of recommendations regarding improvements in care.
- The registered manager told us they did not carry out regular formal 'walkarounds' of the home to note any issues or concerns. Staff told us the registered manager was very busy dealing with matters in the office.
- We saw copies of minutes from various meetings including a health and safety meeting. The minutes stated; 'All staff are to be wearing masks and correct PPE at all times while on the units.' We found poor adherence to infection control guidance and no robust system for monitoring staff were complying with the guidance.
- In 2018 we made a recommendation regarding improving the environment of the units upstairs. Insufficient action had been taken to address these concerns.
- We were provided with a range of electronic audits and documents. Areas of improvement were noted, but we found issues continued to be present within the home. For example, one quality check stated people were prompted to wash their hands prior to eating meals. We observed people being supported to the dining area and no offer of hand washing was made.
- Regional manager quality visits regularly highlighted action points were overdue for completion by the registered manager. A report dated 31 January 2022 highlighted, 'further development needs to be given in relation to table settings.' We found the dining rooms and table setting poorly maintained. The report also noted, 'residents' bedrooms are personalized.' Rooms on the upstairs units were bare and had limited personalization.
- Some monitoring documentation, such as food and fluid charts, indicated they should be reviewed and signed off by qualified nursing staff. We found this was not always happening.

Quality and audit processes were not significantly robust to ensure the effective quality of care and ensure people were cared for safely. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care.

- The registered manager told us they wanted to provide an environment where people had a good quality of life, were happy and safe and received person-centred care.
- Staff had mixed views on the registered manager. Some told us they were approachable, and they could

seek advice. Other staff told us they were always busy, and they would speak with other senior staff. Comments included, "I get on alright (with the registered manager). I just do what I'm told. It must be a very hard job" and "I don't like to bother her. I don't know how she does the job."

- Relatives also had mixed views, some telling us the registered manager was responsive to any concerns or issues and some saying they had to ask frequently before getting a response.
- Staff said recent months had been difficult because of COVID-19 and the high use of agency staff. They told us the staff team was generally good and mutually supportive.
- We asked the registered manager if they had any specific system to support quality within the home, such as staff champions or 'resident of the day'. They told us they currently did not have these or similar systems in place.

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 registered manager was aware of the need to comply with duty of candour regulations.
- We spoke with the registered manager and regional manager about ensuring all events that may require a response under the duty of candour responsibilities were properly recognised and managed.

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

- Engagement with both relatives and staff had been limited due to the COVID-19 pandemic.
- There had been no recent staff meetings and staff told us they had to read notices and policies to keep up to date. There had been some recent meetings between senior staff in the home.
- A staff survey had been completed by approximately 20 staff. Views on the home and provider organisation were mixed with terms such as 'challenging', 'full-on', 'fair' and 'fabulous' being used to describe working at the home.
- There had been no recent 'residents' or relatives' meetings, due to the pandemic. The registered manager provided us with a customer satisfaction survey undertaken by the provider in 2020. There was a mixed response specific to Astell Care Centre with many praising the staff for their work during the height of the pandemic, but others highlighting communication and the state of the environment as a concern.

Working in partnership with others

- The provider worked with a range of other services and professionals to support people's needs.
- Professionals told us they found the home and the registered manager responsive to suggestions made about how to support people individually.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Robust systems were not in place to ensure to assess, prevent and mitigate risks regarding the control and spread of infections. Systems to ensure that staff complied with guidance regarding the appropriate use of PPE were not in place. Regulation 12(1)(2)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	Systems to ensure that the premises and equipment used by the service were clean and safe were not robust. The provider was failing to maintain an environment that was clean, secure, suitable for the purpose and appropriately maintained. Systems to maintain the standards of hygiene were not in place. Regulation 15(1)(a)(b)(c)(e)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have in place processes to ensure compliance with regulations. System to assess, monitor and improve quality were not robust and risks were not always monitored and mitigated. Regulation 17(1)(2)(a)(b)(c)

