

Crown Care X Limited

Astley Hall

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 

Summary of findings

Overall summary

About the service

Astley Hall is a residential care home registered to provide personal and nursing care for up to 83 people. At the time of the inspection the service was supporting 6 people.

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

Records management required improvement. We found gaps in the recording of care tasks including repositioning checks, skin integrity checks and weight monitoring for people who required these tasks to be completed for health concerns.

Risks to people did not consistently have the strategies to mitigate these risks recorded. Records of injuries were at times inconsistent and investigation into how the injury had occurred was not always documented.

Systems in place to ensure safe management and administration of medicines were not always effective. Not all prescribed medicines had a medicine administration record and we found gaps in the recording of the administration of medicines.

Systems and processes to ensure oversight of the service and care given were not robust enough to identify the issues we found during the inspection. However, the manager and staff were open and transparent during the inspection. The manager sent through an action plan after the inspection to evidence the actions they were putting into place to rectify the concerns found.

The environment was clean and pleasant. However, the provider was still in the process of ensuring all signage was in place.

People and relatives were involved in their care planning and care plans were updated as required. Relatives were kept informed of people's needs and any changes that occurred. People were supported to engage in activities and keep in contact with any significant people in their lives.

People were supported by trained staff who knew them well and who had been safety recruited. Care plans were person centred and supported the staff to know people's diverse needs.

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.

The manager understood their responsibilities regarding the accessible information standard, duty of candour and submitting notifications and safeguarding concerns to the relevant agencies.

Staff felt supported by the management team and were able to raise any concerns or suggestion. Staff

understood safeguarding and how to recognise signs of abuse.

People, relatives and staff knew how to complain, we found complaint had been responded to appropriately.

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

Rating at last inspection

This service was registered with us on 16 September 2020 and this is the first inspection.

Why we inspected

The inspection was prompted due to concerns received about infection control and record keeping. A decision was made for us to inspect and examine those risks.

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

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

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.

We have identified breaches in relation to assessing risks, medicine management and oversight of the service at this inspection.

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

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.

We will request an action plan for 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 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Astley 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.

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.

Inspection team

The inspection was completed by one inspector.

Service and service type

Astley Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. However, they no longer worked at the service. A new manager was in the process of registering. This means that the provider was 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 they registered. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the nominated individual, manager, and care workers.

We reviewed a range of records. This included four 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. We looked at training data and quality assurance records.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Systems and processes to safeguard people from the risk of abuse

- People who had an identified risk of pressure damage to their skin did not always have the required tasks completed. For example, we found limited evidence of skin integrity checks recorded, we found gaps in the repositioning records and we found limited evidence relating to pressure equipment checks. . This put people at risk of skin damage.
- One person who required regular checks to be completed by staff did not consistently have this need met. We found checks had not been completed within the specified timeframes for one person who required them for emotional support. This put the person at risk of deteriorating mental health.
- Risks to people had been identified. However, not all strategies to mitigate these risks were documented. For example, one person who had medicine prescribed to support with anxieties and behaviour did not have this information logged on their risk assessment.
- Medicine management required improvement. We found not all medicines that were administered had signed medicine administration record [MAR] in place. When staff administered 'as required' medicines the reason was not always logged. This put people at risk of not receiving their medicines as prescribed. The manager put new forms in place to ensure staff signed for prescribed medicines.
- Staff did not always follow safe medicines practice in line with the provider's policy. For example, one person's MAR chart did not have the recorded reasons for giving a as required medicine and transcribed information had not been signed by two staff. This put people at risk of receiving incorrect medicine or the wrong dosage of medicine.
- People who had bruises or injuries did not have these consistently recorded and investigated. For example, we saw a person with bruises on their arms and hands that had not been documented. When injuries were documented by staff the information did not always contain the reason or probable cause of the injury.
- Not all injuries had been investigated to determine if accidental or non-accidental harm had occurred.

We found no evidence that people were harmed, however, the provider had failed to ensure that all strategies to mitigate risks had been completed and that the safe and proper management of medicines was in place. This was a breach of Regulation 12(2)(b)(g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager sent through an action plan immediately after the inspection detailing how the above risks will be mitigated.

Staffing and recruitment

- Systems were in place to ensure adequate staffing. The provider completed a weekly dependency tool to identify what staffing levels were required. Staff told us they felt there were enough staff to meet people's needs and keep people safe.
- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions

Preventing and controlling infection

- We were not assured that the provider was promoting safety through hygiene practices of the premises. We found gaps in the records of cleaning schedules. However, the environment appeared clean.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The manager audited falls to identify if there were any trends or patterns. Information found was shared with staff so lessons could be learnt, and different strategies implemented as required.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to support being offered. However, the provider had identified that not all information had been collected. The manager was in the process of ensuring all relevant information was documented.
- People told us staff knew them well. One person said, "Staff know me, I have asked for a new [mobility equipment] and they are organising it."
- People's diverse needs were also detailed in their care plans. This included support required in relation to their culture, language, religion, lifestyle choices and diet.
- Staff told us if they identified a change in a person's needs, they informed the management team who ensured care plans were updated.

Staff support: induction, training, skills and experience

- All staff completed an induction which included training and shadow shifts, to ensure they had the knowledge and skills to carry out their roles and responsibilities.
- Staff training records confirmed training completed was appropriate to their roles and responsibilities. Additional training was offered to keep them up to date with best practice guidelines.
- Staff were confident in their roles and understood their responsibilities.
- Staff told us they were able to seek support from each other and the manager if required. One staff member said, "Everyone has pulled together and have really put themselves forward for the sake of the residents and level of care."

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

- People told us the food was nice. One person said, "You can't beat it, I get what I want, It's lovely."
- People at risk of dehydration or malnutrition received the support they needed to ensure their needs were met. Staff recorded and monitored people's food and drinks as required.
- People had snacks and drinks offered throughout the day.

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

- People's bedrooms were personalised and decorated to individual preferences. However, there were no pictures, names or memory boxes by people's bedroom doors to support people with dementia to be orientated within their home.
- The manager told us they were still in the process of decorating the environment. Dementia friendly signs still needed to be put up.

- The service provided equipment to support people's independence and to meet people's personal care needs.

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

- People had their oral healthcare assessed, however support with oral care was not consistently recorded.
- People received support from health care professionals as and when needed, such as GPs, speech and language therapists and occupational therapists.
- Staff knew what action to take in an event of an incident or emergency.
- Care plans documented people's healthcare requirements and clearly identified and recorded any involvement with healthcare services.

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.

- Where people lacked capacity decision specific mental capacity assessments had been completed and best interest decisions had been made with all the relevant people being involved.
- The manager had appropriately submitted Deprivation of Liberty Safeguards (DoLS) applications to the local authority.
- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 a staff group who knew their needs and treated them with respect. One person told us, "Staff are good and are respectful." Another person told us, "Staff are five star. They are all kind and know me."
- Care plans included information about each person's history, culture, religion, communicate needs and significant events. This helped staff to know the person and to be able to talk about things that were important to them.
- People and relatives described staff as good, kind and caring. One person told us, "Staff are very, very good". A relative told us, "The staff are always kind, caring and responsive to [person's] needs."

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

- People and relatives told us they had input into the care plans. One person said, "I was involved and told them what I liked."
- People's communication needs were documented in their care records; this supported staff to understand and communicate effectively with each individual person.
- Staff stated they explained things as much as possible, for example, by speaking clearly to ensure people understood.
- People told us staff asked them their views. One person said, "Staff will ask me if I'm OK, how I'm feeling and if I have any issues." Another person said, "I was asked if wanted male or female carers, then they respect that."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they would protect people's privacy and gave examples such as closing doors when assisting with personal care, knocking before entering a bedroom and discussing any personal tasks sensitively. A person told us, "They [staff] always knock, close my door and curtains."
- Information was kept securely; staff were aware of the person's right to privacy.
- Staff only shared information when they had the authorisation to do so. This was to ensure people's privacy was respected.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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; 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

- Care plans contained personalised information within them including people's likes and dislikes, emotional support needs and how they preferred to be communicated with. Staff were seen interacting with people in a person-centred way that was individual to the person.
- The service had an activities co-ordinator who arranged activities for people to participate in. People told us they enjoyed the activities when they occurred, and we saw people engaging in activities during our inspection.
- Staff wore name badges to support people and visitors to know who each staff member was.
- People and their relatives were supported to stay in contact with each other during the COVID-19 pandemic. The service offered window visits, video calls and telephone calls.

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.

- The registered manager understood their responsibility to follow AIS and would ensure people received information in the way they preferred and required.
- Policies, procedures and other relevant information could be made available to people in the format that met their needs, such as easy read styles, pictures or another language.

Improving care quality in response to complaints or concerns

- Complaints policy and procedures were in place. People and their relatives told us they knew how to complain.
- We saw records of complaints received. All complaints made were fully responded to within the timescales specified within the providers policy.

End of life care and support

- At the time of our inspection no one using the service was receiving end of life support. Where appropriate people had a 'do not attempt cardiopulmonary resuscitation' [DNACPR] order in place.
- Not all staff had received training on supporting people at the end of their life.
- Care plans included the wishes of a person regarding any support leading up to their death, for example, if they wanted a priest or minister to deliver their last rights, if there were any objects or sounds that they

wanted played or in their room.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes were not robust enough to identify the issues we found during the inspection. For example, we found gaps in the recording of repositioning charts, mattress checks, weights, bedrail checks, hourly checks and oral care records. These audits would support a manager to have an overview of the care being delivered.
- We found no evidence of audits being completed on daily charts, bedrail checks, call bells or cleaning records. The newly appointed manager was in the process of redesigning the systems to give a better oversight of the service.
- One person who required regular weighing due to a risk did not always have this completed within the timeframe specified. This concern had not been identified prior to the inspection.

We found no evidence that people had been harmed however, systems and processes were not effective or robust enough to monitor the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Everyone spoke highly of the management team. People, relatives and staff felt supported and respected and told us the new manager was available at all times.
- The registered manager submitted relevant statutory notifications to CQC promptly. This ensured we could effectively monitor the service between our inspections. When needed, the management team provided information to us to help with our enquiries into matters.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood, and acted on, their duty of candour responsibility.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns were not acted upon.

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

- We received mixed views from relatives regarding the communication from the service. One relative told

us they received mixed information from staff regarding a health concern of their loved one. Another relative said, "I am updated by telephone very quickly with any health concerns or queries. The staff do seem very observant to any changes with [person's] physical and mental wellbeing".

- People were encouraged to have their say during residents' meetings. We saw evidence of people requesting certain activities, giving feedback on meals, laundry services and care tasks. Actions were being implemented.
- The manager had recently sent out a newsletter to families with information about new staff, you said we did and COVID-19 updates.

Continuous learning and improving care; Working in partnership with others

- The manager was open and transparent during the inspection. We received an action plan after we provided feedback detailing the changes, they were making to improve the service.
- Staff worked with professionals from other agencies such as district nurses, speech and language therapists, GP's, and occupational therapists to ensure people received care that met their needs.

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	The provider had failed to ensure that all strategies to mitigate risks had been completed and that the safe and proper management of medicines was in place.

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 failed to ensure systems and processes were effective and robust enough to monitor the quality and safety of the service.