

Countrywide Care Homes (2) Limited

Astor Lodge

Inspection report

Lamb Street
Cramlington
Northumberland
NE23 6XF

Tel: 01670735012

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Ratings

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

Summary of findings

Overall summary

About the service: Astor Lodge provides accommodation and personal care with nursing, for up to 29 older people, some of whom are living with dementia. There were 24 people using the service at the time of the inspection.

People's experience of using this service: People told us they were happy with their care at Astor Lodge and that staff were kind and caring and the home was well managed.

At our last inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to Person-centred care, Safe care and treatment and Good governance.

At this inspection we found improvements had been made and the service was no longer in breach of relevant regulations.

Improvements had been made to the way medicines were recorded, particularly creams and lotions.

Care was provided in a person-centred way.

There were systems in place to monitor and maintain the quality and safety of the service.

People's dietary needs were met and they had access to a range of health professionals when required. Support with people's oral care needs had improved since the last inspection.

We have made a recommendation to monitor the quality of the mealtime experience as this was task orientated at times.

Staff were kind and caring and people thought highly of them. We observed numerous examples of kind and compassionate care. People were treated with dignity and respect.

People were supported to have maximum 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.

Care plans were person centred and people had access to a variety of activities. People's social needs and interests were considered.

A new registered manager was in post. They had a clear understanding of their role and responsibilities.

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

Rating at last inspection: Requires improvement (report published 16 February 2018).

Why we inspected: This was a planned inspection which was based upon the previous rating.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate and high quality care. Further inspections will be planned for future dates.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Astor Lodge

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector.

Service and service type: Astor Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Astor Lodge provides nursing care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The first day of the inspection was unannounced. This meant the provider did not know we would be visiting. The second and third day of the inspection were announced.

What we did: Prior to the inspection we checked information we already held about the service.

The provider had submitted a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We spoke with the local authority safeguarding and contracts teams and took the information they provided into account when planning this inspection.

During the inspection we spoke with the registered manager, clinical lead, a nurse, a care practitioner, two care staff, a domestic, an activities coordinator, six people, two visitors, and a GP.

We checked three care plans, three staff recruitment files and a variety of records relating to the quality and

safety of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- At our last inspection we found medicines had not always been managed safely. At this inspection we found improvements had been made.
- People told us they received their medicines correctly. One person told us, "I take medicines four or five times a day. They are very good at that. They encourage me to buzz when my leg is sore."
- Records for the administration of creams and lotions had been improved and were found to be fully completed and more detailed.
- There were clear procedures for the receipt, storage, administration and disposal of medicines.
- A check of controlled drugs found the stock level was correct. Controlled drugs are liable to misuse so are subject to more stringent controls.

Assessing risk, safety monitoring and management

- At our last inspection we found some doors to high risk areas were unlocked which posed a risk to people. At this inspection we found they were locked.
- Individual risks to people were assessed and monitored. Plans were in place to mitigate risks and were kept under review.
- Systems were in place to monitor the safety of the premises and equipment including checks on equipment used for the moving and handling of people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I am safe and very well treated."
- Staff had received training in the safeguarding of vulnerable adults and knew the procedures to follow.
- Staff told us they had never seen any poor practice and felt confident people received safe care.
- We spoke with a GP who told us they had no concerns about the service.

Staffing and recruitment

- There were suitable numbers of staff on duty during the inspection.
- Staff told us staffing had improved since being increased by the registered manager.
- Safe recruitment procedures were followed which helped protect people from abuse. There were checks on the suitability of staff to work with vulnerable people.

Preventing and controlling infection

- Policies and procedures were in place for the prevention and control of infection.
- Staff followed the correct procedures and used the correct equipment such as gloves and aprons. These were readily available.

- Staff were aware of the correct procedures to follow during an outbreak of infectious illness.

Learning lessons when things go wrong

- A record of accidents and incidents was kept and was analysed for patterns or trends.
- Where there was an increase in falls experienced by one person, action had been taken to investigate the potential cause and to try to prevent future falls.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The mealtime experience we observed was task orientated at times. We spoke with the registered manager who said this was unusual and they would address this with staff.
- People were supported to eat and maintain a balanced diet.
- People told us they enjoyed the food and were offered alternative choices. One person told us, "They are always trying to feed me up!"
- People's weights and fluid intake was monitored closely and support with dietary needs was sought from external professionals as required.

We recommend the quality of the mealtime experience is monitored by the registered manager.

Supporting people to live healthier lives, access healthcare services and support

- At our last inspection people were not always adequately supported with their oral health. At this inspection we found improvements had been made.
- People were supported with their oral health needs and prescription toothpastes were offered as directed. Where people had declined use of these, it was clearly recorded.
- People had access to a variety of health professionals including GPs, chiropody and speech and language therapists as required.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had submitted DoLS applications to the local authority for authorisation in line with legal requirements.

- A clear record was kept of DoLS awaiting authorisation, authorised and dates for renewal.
- Decisions made in people's best interests were clearly documented.
- Staff had been trained in, and had a good understanding of the Mental Capacity Act.

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

- Pre-admission assessments were carried out before people moved into the home to ensure the service could meet their needs.
- Care plans were in place to support people's physical, social and emotional needs. They were detailed and considered people's individual needs and choices.

Staff support: induction, training, skills and experience

- Staff received regular training considered mandatory by the provider. The competency of nursing staff was assessed and monitored.
- Staff received regular supervision and appraisals and told us they felt well supported. Regular supervision and appraisals help identify staff development and support needs.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other professionals to provide effective and timely care.
- The registered manager told us, "I communicate on a weekly basis with dietitians via 'In healthcare Portal', sharing information about individual people's diet intake and weight. This allows prompt action to be taken such as changes to prescribed supplements or dietary advice on how to improve or encourage the persons oral intake."

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

- The home was clean and well maintained. The provider had carried out an assessment of the environment using a best practice tool called 'Living in a fulfilling environment' (LIFE) dementia self-assessment.
- This showed that not all areas of the home were decorated in ways which promoted maximum independence for people living with dementia, and work had already begun to address this and a plan was in place to make further improvements.

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

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

- All of the people we spoke with told us staff were very kind and caring. One person told us, "They [staff] are my life now. It's not them and me, carer and staff. I know and respect their role but they're like family."
- Staff respected people's equality and diversity. We saw numerous examples of kind and compassionate care.

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

- People were able to express their views and were involved in decisions about their care. We observed staff offering people choices throughout the inspection.
- One person told us, "I think it's a wonderful place. They are very caring and they don't bother you. They left me [to lie in] this morning because I couldn't be bothered."
- Regular surveys were carried out so people could share their views.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they ensured people's privacy and dignity was respected at all times. One staff member said, "I always close curtains and doors, and use a towel or sheet for covering people during personal care so they don't feel exposed."
- People confirmed their privacy and dignity was promoted. One person said, "They always knock and close the bathroom door. They treat us with respect."
- We observed staff encouraging and prompting people, and regularly checking whether they needed help. One person told us staff helped them maintain their independence. They said, "I can't fault the staff they are wonderful because they know when I need a little push. They encourage me when I need it."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Person centred care plans were in place which meant people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care.
- Care plans were up to date and kept under review.
- New activities staff had been appointed and there were more opportunities for people to engage in activities. One person told us, "I have been doing a jigsaw. Three or four of us have been doing it for three or four days. It's a great big one!"
- Another person told us they had been helped to feel useful by supporting the registered manager with some jobs.
- Staff supported people to meet other people living in the home with similar interests, which had helped people to form friendships.
- People with specific communication needs were supported to communicate in the way they preferred. Easy read information was available about DoLS, abuse and neglect, human rights and 'compassion in practice.'

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and people knew how to make a complaint if they had to.
- People told us any concerns they had were addressed promptly. One person said, "I only had one complaint and I can't even remember what it was but it was sorted straight away."

End of life care and support

- End of life care plans were in place which included information about people's wishes where they were happy to share these.
- People who were approaching the end of their lives had appropriate care plans in place.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection we found effective systems were not always in place to monitor the quality and safety of the service. At this inspection we found these systems were now in place.
- Via checks about the quality of the service delivered, staff performance and care records, the registered manager was able to oversee that people got a good quality care service.
- Records of audits and checks were well ordered and easy to locate.
- The registered manager was supported by nurses, a care practitioner and care staff. The staff team were clear about their specific roles and responsibilities.
- The care practitioner role was new and there was a clear plan in place to support staff in this role.
- The registered manager was clear about their legal duty to notify CQC of certain incidents and events in line with CQC registration regulations.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- A new registered manager was in post since the last inspection. We received very positive feedback about the registered manager from people and staff.
- One person told us, "[Manager] is wonderful. I'm really impressed with her, she's honest. I like honesty; I ask and I get an answer."
- Staff told us the registered manager was friendly, approachable and visible, including to night staff.
- Several staff said they had noticed an improvement in the service since the new registered manager took over.
- The registered manager managed the service in a way that ensured people received person centred care, due to promoting and maintaining a culture of openness and transparency.

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

- The views of people, relatives and staff were regularly sought.
- Regular meetings were held with staff, people and relatives.
- The home used a national care home survey to obtain the views of people and their relatives. The results had not been published at the time of the inspection.

Continuous learning and improving care

- There were various audits and checks on the quality and safety of the service. Any concerns identified were acted upon.
- There was evidence of learning from incidents in the form of 'reflective practice' sessions where incidents or accidents were discussed to see if any lessons could be learned or improvements made.
- Staff meetings encouraged staff to maintain a focus on high quality care.

Working in partnership with others

- The service was in contact with the local community. There were regular church services and communion in the home, and contact had been made with 'Mind Active' a local community based activity provider to support the home with activities.