Mrs Aunjali Johar & Mr Navneet Singh Johar

Astral Lodge Residential Home

Inspection report

33-35 Ailsa Road
Westcliff On Sea
Essex
SS0 8BJ

Tel: 01702345409

Date of inspection visit:
16 October 2018

Date of publication:
06 November 2018

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

Astral Lodge Residential Home provides accommodation and personal care for up to 14 people some of whom may be living with dementia. At the time of our inspection 13 people were living at the service. The service was provided in two converted houses over two floors. There was access to the upper floors via a lift and stairs.

At the last inspection, the service was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People had sufficient amounts to eat and drink to ensure that their dietary and nutritional needs were met. The service worked well with other professionals to ensure that people's health needs were met. The environment was appropriately designed and adapted to meet people's needs.

Staff were well trained and attentive to people's needs. Staff could demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint should they need to. People were provided with the appropriate care and support at the end of their life.

The registered manager had a number of ways of gathering people's views, they held regular meetings with people and their relatives and used questionnaires to gain feedback. The registered manager carried out quality monitoring to help ensure the service was running effectively and to make continual improvements.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Astral Lodge Residential 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 was planned to check 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 the 16 October 2018 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with six people, three relatives, the registered manager, two care staff and the cook. We reviewed three care files, two staff recruitment files, audits and policies held at the service.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, "It is very safe, there is always people around." A relative told us, "We feel very reassured that they are living here and it is safe for them."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. The registered manager had completed training with the local authority so that they could deliver training on safeguarding to staff. We saw that safeguarding's had been raised appropriately and that the registered manager had worked with the local authority to investigate these to keep people safe.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The assessments covered preventing falls, moving and handling, nutrition and hydration and preventing pressure sores. Assessments were regularly reviewed and kept up to date for staff to follow. Staff were trained in first aid and told us if there was a medical emergency they would call the emergency services. Staff also received training on how to respond to fire alerts at the service and each person had a fire evacuation plan in place.

The provider had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

There were sufficient staff to meet people's needs. Since the registered manager has been in post they have recruited a number of new staff and felt they now had a stable workforce that worked well as a team. The registered manager used a dependency tool as a guide to calculate staffing needs at the service. Throughout the inspection we saw that there were staff available to spend time with people and to meet their needs. People and relatives, we spoke with told us that there was always staff available.

People were cared for in a safe environment. Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections. The registered manager employed a general maintenance person for the day to day up keep of the service. For more specialised work the provider had a contact with a maintenance firm. There was regular maintenance of equipment used and certificates were held, for example for electrical and water testing. The registered manager had effective systems in place to monitor accidents and incidents and to learn lessons when things went wrong to prevent them from happening again. Information was shared with staff at regular meetings and handovers.

Medicines were managed and administered safely. Only trained and competent staff administered medication which was stored safely in accordance with the manufacturers guidance. We observed a medication round and saw that the staff wore a tabard to instruct people not to disturb them during the round. We reviewed medication charts and saw that these were all completed correctly. Regular audits of

medication were completed and policies and procedures were up to date.

Good

Is the service effective?

Our findings

Staff were supported to complete training to develop their skills and help them perform their role. The registered manager held a training certificate so that they could facilitated some training personally to staff. The registered manager monitored staff training to ensure staff completed all the relevant courses required to equip staff with the skills they needed to perform their role. There was a mixture of face to face training and e-learning used at the service. In addition, the registered manager linked into training provided by the local authority. One member of staff told us how they had recently completed a virtual dementia course. They said, "It really made me think about how sensations can feel different for people with dementia, for example they may feel like they are walking on pins or may perceive a dark room or shadow as a hole." They went on to tell us how they had shared what they had learned with other staff.

New staff had been given a full induction to the service which included completing shadow shifts to get to know people and the routines of the service. Staff had regular staff meetings and supervision with the registered manager to discuss all aspects of the running of the service and any support or training needs they may have. Staff also had a yearly appraisal completed on their performance. Staff told us that they felt well supported by the registered manager.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 20015 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. We also saw assessments of people's capacity in care records had been made. This told us people's rights were being safeguarded.

People were very complimentary of the food. One person told us, "The food is very good." Everyone we spoke with agreed that all the meals were very tasty. People had a choice over what they wanted to eat, the cook told us that each morning they asked people what they would like to eat for lunch and prepared this for them. The lunch was the main meal and for supper people had a choice of sandwiches and cake. The cook told us that no one currently had special dietary requirements but they had previously supported a person with halal meals.

Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. Staff also monitored people's weight for signs of loss or gains and made referrals where appropriate to the GP for dietitian input.

People were supported to access healthcare. The registered manager had developed links with a local GP

practice to provide healthcare at the service and had a dedicated phone number they could call if they needed GP support. In addition, the service had good relationships with the district nurse and palliative care teams. People were supported to have all their healthcare needs met including attending hospital appointments and each person had a hospital passport in their notes. A hospital passport contains a full medical history and other relevant information that may help with a persons treatment when accessing healthcare.

The environment was appropriately designed and adapted to support people. People had their own rooms which were personalised to them. There was access to two large garden areas. The registered manager had an ongoing refurbishment plan in place to keep the service up dated.

Good

Is the service caring?

Our findings

People told us that they were happy living at the service. One person told us, "You won't beat it. I don't think there could be a better place." Another person said, "I get on with all the staff they are all good."

Staff knew people well including their preferences for care and their personal histories. Staff told us that they try to support people to maintain their independence as much as possible and assessed the level of support people needed all the time. We saw care plans were very detailed and contained biographies of people's life so far, as well as containing all the details of how they preferred to be supported. One member of staff told us, "We want to empower people so that they can keep their independence for as long as is possible for them." One person told us, "I like to spend time in my room and the staff support me with this." We noted staff were very mindful that if people did wish to stay in their room that they did not become lonely or isolated.

Throughout the inspection we saw staff and people interacted freely and had good relationships. We saw staff chatting with people and sharing laughter. A relative told us, "All the staff are really friendly." One person told us, "I like here, I don't want to go home, the staff look after you, everything is lovely." One person told us how they liked music and singing. We saw a member of staff playing the piano with this person sitting next to them whilst they both sung. Throughout we saw this member of staff engage in eye contact with the person whilst they played the music at a pace the person could sing along with. We saw how much joy this gave the person and staff member.

Staff treated people with dignity and respect. We saw that staff took time to talk with people and engaged with them in a respectful way. Staff were respectful of people's personal space and made sure people had privacy when needed. People were supported to maintain their religious beliefs and faith and when requested the registered manager arrange for faith leaders to come in to provide this support. People were supported and encouraged to maintain relationships with their friends and family. People told us that their family could visit at any time and that there were no restrictions.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People and their relatives were actively involved in their care planning. Before people were admitted to the service the registered manager met with them and their family or carers to do a full assessment of their needs to see if they could be met by the service. One relative said, "We looked around a couple of other homes but we liked this one straight away. We preferred that it was smaller and felt it would meet their needs better." Care plans were very detailed and regularly reviewed with people so that staff had the most up to date and relevant information. One person said, "Staff go through my care plan with me and arrange anything I want."

The service remained responsive to people's needs. The registered manager involved other health professionals as appropriate to ensure people had all the support they needed. For example, making sure people had the equipment they needed to support their care needs.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw from records that staff had assessed people communication needs and had recorded how these could be supported. For example, making sure people had regular optician appointments and had the glasses they needed. Where verbal communication had been identified as difficult the registered manager also used pictures to help people express their views. This showed the service was acting within the guidelines of accessible information for people.

Staff encouraged people to maintain their interests and links with the community. One person told us how their friends regularly took them out to a music venue they enjoyed. We saw people followed their own hobbies, one person told us how they enjoyed knitting and we saw them doing this. Another person told us how they enjoyed doing puzzles and quizzes. The registered manager told us that people generally did not like to take part in group activities and preferred one to one interactions. We saw staff sitting with one person manicuring their nails. People did tell us that they enjoyed the weekly entertainer that came in to sing with them.

The registered manager had a complaints process in place that was accessible and all complaints were dealt with effectively. People said if they had any concerns or complaints they would raise these with the registered manager. A relative told us any issues we have had have only been minor and they have been dealt with quickly.

People were supported at the end of their life. The registered manager spoke with people and relatives and were clear about what people wanted at the end of their life. Where people were actively receiving end of life care, the service worked with the GP and palliative care team to provide this.

Good

Is the service well-led?

Our findings

The service has 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.

Staff shared the providers vision and values for the service. One member of staff said, "We want people to be cared for, to be well looked after and have a better quality of life." Another member of staff said, "Our goal is to make a difference to people."

People benefited from a staff team that worked together and understood their roles and responsibilities. Staff told us that they were happy working at the service and that they felt they had a good team. One member of staff said, "We have a really good team and the manager is always available and supportive." Staff told us that they attended meetings and had a hand over every day to discuss people's care needs. In addition, for important information to be shared they used a handover sheet and communication book. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The registered manager gathered people's views on the service daily through their interactions with people. In addition, they held meetings with people to discuss the running of the service and to get their feedback. We saw from minutes of meetings they discussed the food, activities, any concerns people had or positive feedback. They also sent out questionnaires for people, relatives and other healthcare professionals to complete and gain feedback on the service being provided. This showed that the management listened to people's views and were able to respond accordingly to improve their experience at the service.

The registered manager had spent time making links with the community and health professionals to ensure people living at the service got the best outcomes available. For example, they had just started working with the local authority to provide three hospital step down beds. This meant people who were not quite ready to go home from hospital could have a short stay of convalescence at the service. During this time care packages could be arranged for them when they were ready to go home and they could continue with their rehabilitation whilst at the service.

The registered manager had quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people's care plans, accident and incidents, health and safety, and environment. They used the information to provide them with a good oversight if the service and to see where they could make changes or improve the experience for people living there.