

Heritage Manor Limited

Astley Hall Nursing Home

Inspection report

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Astley
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Tel: 01299827020

Date of inspection visit:
15 May 2018

Date of publication:
19 June 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

This inspection took place 15 May 2018 and was unannounced, which means they did not know we were coming. At our last inspection we rated the service 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 on-going 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.

Astley Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Astley Hall accommodates 45 people across three separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia.

There was a registered manager in place at the time of our inspection. 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.

People continued to tell us they felt safe with the care they received from the staff who supported them. Staff demonstrated good knowledge in how they were to protect people from harm, they recognised the signs of abuse and knew how to report this. The registered manager had identified potential risks to people and had put plans in place to support staff. This was to reduce the risk to people without taking away people's right to make decisions about their care. There were enough staff to support people's care needs. People were supported with their medicines in a safe way. Staff understood the importance of reducing the risk of infection to keep people safe.

People's care continued to be assessed and reviewed with external healthcare professionals involved from the start. People were supported to have a healthy balanced diet. Where people required additional support with their eating and drinking staff knew who required this support. 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 support this practice. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people.

People's views and the decisions they had made about their care were respected by staff who supported them. People and relatives felt the staff team were kind and friendly and treated them with respect.

People received personalised care which met their needs in a timely way. People's individual hobbies and interests were encouraged and celebrated by staff. People had access to information about how they could complain about the service. Where the registered manager had received complaints, these had been

responded to, with a satisfactory outcome and learning shared.

People told us they had the opportunity to raise their suggestions and ideas about how the service was run. People felt they could speak with the registered manager when they wanted to and they would listen to them. Staff said they felt supported by the registered manager and provider to carry out their roles and responsibilities effectively, through training and daily contact. Staff felt involved in the service and said they felt able to share their ideas about the way in which the service was run. People, relatives and staff felt the registered manager was approachable and listened to them. We found checks the registered manager and the provider completed on the service focused upon the experiences of people.

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 remained Good.	Good ●
Is the service effective? The service remained Good.	Good ●
Is the service caring? The service remained Good.	Good ●
Is the service responsive? The service remained Good.	Good ●
Is the service well-led? The service remained Good.	Good ●

Astley Hall Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 site visit took place on 15 May 2018 was unannounced and took one day to complete. This inspection included speaking with people, relatives and staff. We reviewed care records and policies and procedures. The inspection team consisted of one inspector a specialist advisor who is an Advanced Practitioner Nurse and one expert by experience who had experience of care home services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the Local Authority and the Clinical Commissioning Group to understand if they had any relevant information to share with us.

Due to technical problems on our part, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We spoke with 13 people who used the service and 10 relatives who supported their family member with the management of their care. 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. We also spoke with one agency care worker, one carer, two senior carers, the activities co-coordinator, a nurse, a clinical lead nurse and the registered manager. We looked at aspects of four people's care records and medication records. We also looked at staffing rotas, complaints, three staff recruitment records including the checks for the nurse registration, incidents and accidents and checks of records completed by the registered manager and provider.

Is the service safe?

Our findings

When inspected the service in September 2015 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People told us they felt safe with the staff who supported them. One person told us, "I feel safe as the carers do keep popping up to check on me." A relative told us, "There have never been any problems as far as we are aware. We have never seen any evidence of falls such as bruising and we would tell the manager or staff if we did have any concerns."

Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns. All staff we spoke with felt confident the registered manager would take action if they did raise any concerns. The registered manager worked with external agencies to ensure people were being kept safe from harm when concerns had been identified.

All people we spoke with told us the staff supported them in a way which kept them safe and maintained their independence. One person told us how they felt unsure they had done the right thing when they first came to live in the home but now felt as though, "A great weight has been lifted off my shoulders." and that, "All my worries have been taken away.. A relative we spoke with told us the staff would not always know they were visiting and would always find their family member clean and comfortable.

Staff were able to explain to us about potential risks for people they supported. We saw there were clear plans of how each person was to be cared for and how they were to be supported. For example, where some people had pressures sores care staff knew who needed regular turns to help their skin heal. A relative told us, "[Person's name] has a pressure sore and the staff are regularly coming to move them and keep an eye on the sore. Being on the air mattress helps too." The nurses we spoke with knew who needed dressings and where necessary specialist nurses would visit people to ensure they were receiving the right treatment to heal their damaged skin.

People who lived in the home and relatives told us they were supported by a staff team who knew them well. We spoke with one person who was cared for in bed, they told us that if they needed anything they would use their call bell and staff would respond promptly. We saw staff were busy, but responded to people's requests.

Staff told us they were busy, but worked together as a team so the shifts ran smoothly. Care staff told us they had clear guidance about what support they were offering to people and that communication with the nurse was good. We saw that while care staff spent time with people, there were dedicated activity coordinators who ensured there were a mix of different activities taking place for people. Nursing staff felt there were enough nurses on duty to meet people's needs and keep them safe.

The registered manager knew the people who used the service, their support needs and skill mix of their staff. We found that there was a good skill mix of staff on duty at the time of our inspection. Where there were staff absences, these shifts were covered by agency staff. The agency staff we spoke with had worked in

the home previously and knew people, the staff and the routine of the home to enable them to work safely with people. Where there were newer agency staff, they worked alongside experienced staff, so they were not working alone with people they did not know fully.

We looked at three staff's recruitment records and saw checks were completed by the registered manager to ensure they were suitable to deliver care and support before they started work.

All people and relatives we spoke with felt their medicines were managed in a safe way. People told us they got their medicines on time and where they had requested medicine that was only when required, for example, for pain relief, people told us they got this promptly. A relative told us staff had quickly identified when their family member had an infection and told us staff, "Were on top of it really quickly and got my relative on medication really quickly."

Care staff assisted some people with prescribed creams and people told us this was done in the right way. Care staff had clear guidance on where and how to apply the creams. Staff told us they received medicine training and their practices were checked on a regular basis. Nursing staff had a good understanding about the medicines they gave people and the possible side effects. The storage, checks and stock control of medicines was managed in a safe way.

We asked people about the cleanliness of the home. One person told us, "My room is cleaned every day and once a month my carpet is cleaned." They continued to say, "I am impressed with the laundry arrangements as the clean washing comes back almost the same day."

People and relatives told us staff used gloves, aprons and washed their hands when required. People did not raise any concerns to us about the way staff ensured they protected them from risk of infection. Staff told us they had received training in food hygiene and infection control, they confirmed they had access to equipment that protected them and people they supported. The registered manager told us they carried out spot checks of their staff to ensure they were following best practice in regards to preventing infections.

The people we spoke with had not been involved in an accident, but felt confident that staff would support them if this did happen. A relative told us how their family member was prone to falling due to their dementia. They talked to us about the measures staff had put in place to protect the person and said, "[Person's name] tries to climb out of bed, so padding has been put around their bed."

Staff knew who was at risk of falls and explained to us how they protected people as much as possible. The registered manager showed us the process for monitoring accidents and incidents; this information was used to improve the care for people either on an individual level or learning for staff, such as fall prevention techniques.

Is the service effective?

Our findings

When inspected in September 2015 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People told us they were involved in assessments of their care which covered different topics such as their interests and hobbies. One person explained how they had shared information about their history and staff continued to show an interest in this. A relative told us that staff knew their family member well. We saw assessments were completed before people began receiving care to ensure the staff were equipped to meet their needs. Where people had moved into the home with specific care needs, such as dementia, or a physical health problem, we saw these were assessed on admission to ensure the right external healthcare teams were notified for on-going support. For example, where a person has a diagnoses of dementia they are reviewed by the mental health team.

People told us staff understood their care needs and how to support them in the right way. One person said staff knew how to support them and they were confident in the staff's knowledge and abilities. A relative told us their family member's medical condition had not been well managed, prior to moving to the home. They said, "So by the time [the person] got here it was quite a problem. This home managed to resolve the problem very quickly and do monitor the situation."

Staff were confident in the care and support they provided. They told us they had received training that was appropriate for the people they cared for, such as safely moving and handling for people who require assistance with their mobility. Staff had received further training and specialised in different areas, for example, one nurse we spoke with had completed tissue viability training. They said, "This knowledge is useful in caring for people's wounds." Staff told us they had attended a five day dementia training course which provided them with invaluable information they needed to support people living with dementia.

Staff told us they all worked as a team and had handover of information at each shift. The nursing staff told us they would meet before and near the end of their shift to ensure all planned tasks had been completed. The staffing rotas worked on a fixed team system, so staff always knew what shifts they were working on any given week. Staff said this was beneficial as they worked with the same team of staff, and knew how they worked together to get the best outcome for people. Nurses told us that the computer system they used would also alert them if there were any incomplete actions on their list. The nurse felt this was a good system, as they, "Could not forget anything."

People were complimentary about the food that was available. People told us they had enjoyed their lunch time meal, we saw people were offered more food or alternatives if they wished. One person told us staff always gave them a choice of different foods. A relative explained their family was on a specialised diet and staff supported the person to have this. They told us, "[Person's name] is care in bed and so is reliant on staff for drinks and food and we have not heard them complain about being hungry or thirsty. [They] are still able to decide whether they want to have any food or not and is capable of telling the staff that [they] do not want anything and refuses any options."

Staff knew which people needed support to eat their meals, confirming they had enough time to assist people. Where staff had identified a person's weight as low, measures were in place to ensure the person's weight was stabilised and/or increased. We saw the nurse gave one person a special drink, similar to a milkshake, to help the person increase their calorie intake. We observed people had drinks to hand, and where required, staff assisted people to drink enough to keep them healthy. Where people were at risk of dehydration, their fluid intake was monitored to ensure they were having enough fluid.

People confirmed they were supported to see their doctor if they became unwell. A nurse explained the doctor came once a month to visit people to discuss any concerns they may have. They told us the Advanced Practitioner Nurse was more accessible for immediate problems as they arose. People told us they also had visits from chiropodists, opticians and audiology and these appointments were kept. One person said they had recently visited the dentist. Staff received support from external agencies for the people who lived in the home. This joined up working benefitted people and their long term health.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

People told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them in how they wanted to be supported. Where people lacked capacity to make decisions about aspects of their personal care relatives and external healthcare professionals were involved so that the care provided reflected what was in the person's best interests.

Staff said they assumed people had the capacity to make their own decisions and would always seek consent from the person first. They told us that should the person decline, they would respect their choice. Staff were aware who may have a restriction in place and how this affected their care. The registered manager had recognised where they may be restricting some people's liberty and had made applications for approval to restrict the freedom of people who used the service, and we saw these had been granted.

Astley Hall is a large country manor house, which has been adapted into a nursing home over three units, one of which is a specialist dementia unit. Most people had their own private bedrooms and some people shared a bedroom with one other person. Relatives and staff told us those people who shared a bedroom had discussed this first prior to sharing a room.

The provider had equipped the home with specialist baths and showers which were appropriate to support people's individual nursing care needs. People were cared for on specialist profiling beds and staff had access to enough hoists, slings and wheel chairs to enable them to support people in the right way. People had access to communal areas and could move around freely and independently. People had access to a garden area where there were ramps to promote wheelchair access. One person who enjoyed gardening told us they were able to access this at any time of the year. The provider's health and safety officer

completed checks of the building and the equipment to ensure they met the right standards and identify any areas that may require further adaptation.

Is the service caring?

Our findings

When inspected in September 2015 this key question was rated as Good. We found the service continued to be rated as -Good at this inspection.

People were complimentary about the service they received. One person said, "I have no complaints about the staff." While another person told us staff were, "Friendly and kind." A relative told us about their family member and said, "It's like they have cured her. [Person's name] is always calm, relaxed and happy. It is wonderful to see them so happy." They continued to say, "I never see a grumpy face, the staff are happy and that means that the people are happy. I'm so happy we found this place I could cry." Another relative commented, "If a home closer to me came up I would not move my relative there as they are happy here".

We heard staff have conversations with people in a natural way, where they spoke about current affairs and topics which interested the person they were speaking with. Staff were complimentary to people and supported their emotional needs. For example, we saw one person become distressed when staff advised they were going to use the hoist to assist them into the wheelchair. We saw how the staff took their time and explain what was happening. We saw the person became calmer and thanked the staff. Staff told us they had experienced being hoisted as part of their training, which gave them insight into how it might feel to the people they supported.

Staff spoke about people with compassion and shared their knowledge of what they knew about people. Staff told us that with this understanding they could provide the right care which reflected each person's preferences. For example, a staff member spoke about one person who enjoyed the garden, and while the staff member had been concerned about the person's welfare going into the garden during the snowy winter months, they understood how important this was to the person's wellbeing. One relative told us, "I am very impressed with the home, the staff are always friendly and smiling and they take time to sit and talk with [person's name]."

People told us that their relatives were welcome to visit at any time and people appreciated this. One visitor told us, "There is no restriction on what time we can come and visit and the staff treat us very well."

People felt they were treated with dignity and respect. One person told us the staff, "Treat me with respect and dignity." Other people highly praised the staff and told us staff worked hard to meet their needs. Relatives told us their family members were treated well by staff and the people's privacy was maintained. A relative told us they, "Could not fault any of the staff", who were, "very nice and caring." Throughout the inspection we found the atmosphere to be calm and relaxed. We saw staff were respectful to people and ensured people's dignity was maintained at all times, for example, when staff hoisted people, to when staff supported people after their meals so that their clothes were clean.

Is the service responsive?

Our findings

When inspected in September 2015 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People told us they had been involved in planning their care from the beginning and that their needs continued to be met. Relatives who were involved in their family members care told us that where appropriate they were included and felt listened to. One relative told us how their family member had dementia and described the different techniques staff tried to help the person to settle into the home. The relative told us the person was responding positively and that they had begun to settle at night time and were doing well.

We discussed with staff aspects of one person's care around their pain management. Staff explained to us how they supported the person with managing their pain levels, and how this needed to be timely to reduce the person's anxieties around this. What staff had told us reflected what was written and agreed with the person in their care plans. We spoke with the person to understand if what we had read and what staff had told us happened for the person. The person confirmed their pain levels were well managed and the staff helped them when they needed this. This shows that staff listened to people's views on how their care should be managed and responded to this in a timely way.

Staff told us they were kept up to date with people's changing needs and told us the communication within the team was good. Staff told us that if they had identified a person's care needs or support had changed the senior care staff or nurse were quick to respond to change.

People were supported to maintain their hobbies and interests. One person we met told us they enjoyed reading and listening to music and that they had books and music tapes in their room. One person was supported by staff to continue practicing their faith. Staff told us how they supported the person to continue to meet with those people who were important to them prior to them coming into the home. A third person told us how they enjoyed gardening. Staff had bought plants and bulbs for the person so the person could plant them into the garden. The registered manager told us how they were getting a greenhouse for the garden for people to use. People spoke of how staff celebrated seasonal events, with the most recent event being Easter. People reminisced about past events, such as birthdays and Christmas and told us how much they appreciated the work staff had put in to make them special events. People were planning with staff how they were going to celebrate the Royal Wedding and people told us they had wanted a barbeque.

Peoples hobbies and interests were celebrated by the staff and people told us of a recent "Oscar Award" event where people were awarded trophies. One person proudly told us how they had won an award for the work they had done in the garden and had a trophy in their room.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. People and relatives told us they knew how to raise a complaint if they needed to. One relative said, "If we have any concerns we are confident that we will tell the staff or manager." We looked at the

provider's complaints records and saw that the registered manager had kept clear records about how they responded and taken actions to reduce the likelihood of a concern from happening again. We saw the registered manager would send an apology to the person who complained and explain the action they had taken to address their concern. Where appropriate staff confirmed concerns were shared with them so that lessons could be learnt.

Staff told us they had received end of life care training which had helped them to support those people who were at end stage of life. Staff told us they had information which was accessible to them to enable them to support people with their agreed decisions about their end of life care. Staff explained how they worked with the hospice staff to ensure people had a dignified and comfortable death. Staff spoke in a compassionate way about people they had supported and expressed how they were happy to enable people to stay in their home, to meet and support the person's wishes.

Is the service well-led?

Our findings

When inspected in September 2015 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People and their relatives felt enabled to make decisions in how the service was run. People told us there were resident meetings that were held regularly where they could discuss topics that were important to them. We read some of the past meeting minutes and saw that people had been positive about the quality of the food and were planning their future events. People we spoke with told us they felt included and that the staff and registered manager listened and responded to them. One person told us how they, "Enjoyed living at Astley Hall and I am already making new friends."

Relatives felt the service was well run. One relative expressed how happy they were with the service and the support offered to their family member and said, "It comes from the top. If you didn't have good leadership it wouldn't be like this." They continued to say, "I don't see [the registered managers name] much, but that is because I have not needed to."

Staff said they all worked as a team. They felt the registered manager was supportive and communicated well with them. They told us they had regular team meetings which were useful, but also had daily communication with a senior staff member. Staff felt listened too and were asked their opinions about the way the service was run. Staff told us that recently the provider had visited and discussed any concerns they may have. A staff member told us they had used this opportunity to ask for some more mattresses and confirmed that within a couple of days new mattresses had arrived. Staff told us they enjoyed working in the home and felt valued. One staff member said, "It is a privilege to work in such a lovely place. I feel that the residents are like family."

Staff told us the registered manager knew people's needs very well as they received daily reports from the nursing staff. The registered manager told us that this information meant they could ensure the people were receiving the right care and treatment. Staff told us the registered manager was very approachable and supportive.

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. The registered manager told us communication with people, their relatives and staff was key to ensuring the service was delivering good quality care. They also visited people so they would ask if they were happy with their support. They said this gave them an opportunity to see how their staff interacted and supported people. They showed us other checks that they had in place, such as spot checks of care records and spot checks of staff performance to ensure that appropriate and timely actions were being taken.

The provider had systems in place to further check the running of the service. The registered manager had support of health and safety, to ensure the service, building and maintenance was safe and in good working order. The provider had external auditors to review the service and identify potential areas for improvement. The registered manager told us that a recent external auditor had been and had identified

that further work around mental capacity assessments were required. We saw that they had responded to this through conversations with the staff and checking of people's records.

The registered manager told us they worked with the provider's manager's from their other services to share information and keep up to date with new changes. They told us and staff confirmed that any changes or updates were shared with their staff group.

The registered manager understood the requirements of their registration. They submitted statutory notifications to us where this was required. The previous rating was displayed in the reception area for people and visitors to view.