

CLS Care Services Limited







Astbury Lodge

Inspection report

Randle Meadow
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Date of inspection visit: 23 July 2014
Date of publication: 22/01/2015

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	

Overall summary

The inspection was unannounced and took place on the 23 July 2014.

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The last inspection took place on the 27 September 2013 when it was found to be meeting all the regulatory requirements looked at and which applied to this kind of home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

Astbury Lodge Residential Care Home is a two-storey service that provides care for up to 41 older people including two 10 bedded households for people with dementia. The home is close to the local shops and other community facilities. On the day of our visit there were 41 people living in the home.

All the people we spoke to told us that they felt safe at Astbury Lodge Care Home. Comments included; “Very good here” and “It is fine”. Relatives that we spoke with told us they felt the service was safe and they had no concerns. Comments included; “We feel that [our relative] is safe”. The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People told us they were happy with the care and support they received and felt their needs were being met.

The relationships we saw were warm, respectful, dignified and with plenty of smiles and laughter. Everyone in the service looked relaxed and comfortable with the staff.

We saw that the on-going review of the risk assessments and care plans led to referrals to other services such as tissue viability and hospital visits in order to ensure people received the most appropriate care.

Staff members we spoke with said that the registered manager was very approachable. Throughout the inspection, we observed staff interacting with each other in a professional manner. The service had a robust quality assurance system in place with various checks and audit tools to show consistent good practices within the service.

Summary of findings

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 safe.

All the people we spoke to told us that they felt safe at Astbury Lodge Care Home. Comments included; “Very good here” and “It is fine”. Relatives that we spoke with told us they felt the service was safe and they had no concerns. Comments included; “We feel that [our relative] is safe”.

The provider had effective systems to manage risks without restricting people’s activities. Risk assessments were detailed and kept up to date to ensure people were protected from the risk of harm.

Staff knew how to recognise and respond to abuse. We found the safeguarding procedures that were in place were robust and staff understood how to safeguard people they supported. People living at the service felt safe and had no complaints. The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Good



Is the service effective?

The service was effective.

People had their needs assessed and staff understood what people’s care needs were. People living at the service told us they were involved in decisions about their care and support in choosing what they wanted to do during their stay. People told us they were happy with the care and support they received and felt their needs were being met.

We looked at a total of six care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time.

Good



Is the service caring?

The service was caring.

We asked people about the home and the staff members working there. Those people who commented confirmed that they had choices with regard to daily living activities and that they could choose what to do, where to spend their time and who with. They told us that staff members always treated them with dignity and respect.

We observed that staff members responded to any call bells very quickly which meant people needing assistance received this as promptly as possible.

The staff members we spoke to could show that they had a good understanding of the people they were supporting and they were able to meet their various needs. We saw that they were interacting well with people in order to ensure that they received the care and support they needed. The relationships we saw were warm, respectful, dignified and with plenty of smiles and laughter. Everyone in the service looked relaxed and comfortable with the staff.

Good



Summary of findings

Is the service responsive?

The service was responsive.

We saw that the on-going review of the risk assessments and care plans led to referrals to other services such as tissue viability and hospital visits in order to ensure people received the most appropriate care.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy.

Good



Is the service well-led?

The service was well led.

There was a registered manager in place.

Staff members we spoke with said that the registered manager was very approachable. Throughout the inspection, we observed staff interacting with each other in a professional manner.

The service had a robust quality assurance system in place with various checks and audit tools to show consistent good practices within the service.

Good



Astbury Lodge

Detailed findings

Background to this inspection

We carried out an unannounced inspection on the 23 July 2014.

The inspection team was made up of an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service in this case the care of older people.

Before our inspection the home provided us with a provider information return [PIR] which allowed us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We contacted the local authority commissioning team and they provided us with information about their recent contact with the home. They told us they had no current concerns about the home. We also reviewed information from the local Healthwatch organisation. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England

During our visit we spent time in all areas of the home, including the lounge and the dining areas; this enabled us to observe how people's care and support was provided.

During our inspection we saw how the people who lived in the home were provided with care. We spoke with 15 people who used the service and three visitors. We spoke with the home manager and a further 12 staff members.

We looked around the home and grounds as well as checking records. We looked at a total of six care plans for the people living in the home and used these to track the way that these plans were put into practice. We looked at other documents including policies and procedures and audit materials.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

All the people we spoke to told us that they felt safe at Astbury Lodge Residential Care Home. Comments included; “I feel safe here” and “very safe”.

The three visitors that we spoke with told us they felt the service was safe and they had no concerns. Comments included; “We feel that [our relative] is safe”.

Our observations during the inspection were of a clean, fresh smelling environment which was safe without appearing restrictive.

We saw that the service had an adult protection procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm. We saw that the home had a copy of the local authority's policy and procedures for identifying, reporting and managing safeguarding incidents. The registered manager was aware of the relevant process to follow. Homes such as Astbury Lodge residential care home are required to notify the Care Quality Commission and the local authority of any safeguarding incidents that arise. We checked our records and saw that they had done this appropriately when required.

Staff members confirmed, and we saw from records that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with had a good understanding of the process they would follow if a safeguarding incident occurred and they were aware of their responsibilities when caring for vulnerable adults. They were also familiar with the term ‘whistle blowing’ and each said that they would report any concerns regarding poor practice to senior staff. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right.

This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse.

Policies and procedures had been developed by the provider to guide staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act 2005 (MCA) and

Deprivation of Liberty Safeguards (DoLS). This was introduced to help ensure that people’s rights are protected in a way that does not inappropriately restrict their freedom.

The registered manager informed us that if a mental capacity assessment was considered necessary the provider would make a referral to the person’s GP who would then undertake the assessment. If applicable a DoLS application would then be completed. They explained that there was a DoLS authorisation in place for one person who also had an advocate from Age UK supporting them. In addition to this the registered manager also explained that they had just submitted DoLS applications for all of the people living within the dementia care units. These applications had been submitted to the local social services department who were responsible for agreeing to any DoLS imposed and for ensuring they were kept under review.

We saw that risks to people's health and wellbeing had been identified for areas such as falls, nutrition and pressure ulcers and measures were in place to manage these so the people who lived at the home were safeguarded from unnecessary hazards. These were being reviewed regularly. We could see that the home’s staff members were working closely with people and, where appropriate, their representatives. Relevant risk assessments were kept within the care plan folder.

The staffing rotas we looked at and our observations of the staff members carrying out their duties during the visit demonstrated that there were sufficient numbers of staff on duty across the three units to meet the needs of the people living at the home on the day of our inspection.

There were six senior and care staff members and the activities co-ordinator on duty during our inspection. In addition, there were separate ancillary staff including kitchen, cleaning and laundry staff. The registered manager was in addition to these numbers. We checked the rotas for the home and saw that this pattern of staffing was consistent throughout the week. Staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of issues and could provide appropriate care.

We looked at the files for the two most recently appointed staff members to check that effective recruitment

Is the service safe?

procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed with the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from these files that the home required potential employees to complete an application form from which their employment history

could be checked. References had been taken up in order to help verify this. Each file held a photograph of the employee as well as suitable proof of identity. There was also confirmation that the employee had completed a suitable induction programme. The manager explained that the recruitment process was managed by the company's head office who ensured that all relevant documentation was in place.

Is the service effective?

Our findings

We asked staff members about training and they all confirmed that they were receiving regular training and that it was up to date. We checked a sample of training records and saw that staff had undertaken a range of training relevant to their role. This included dementia training, moving and handling, administration of medicines and food hygiene. The provider had four locality trainers who were responsible for delivering some of the training required. Other courses such as safeguarding were delivered using the provider's 'e' learning training system. Training records were regularly monitored using the auditing systems in place in order to ensure they were kept up to date.

All of the staff members that we spoke with said that they felt that their training needs were more than met by the management. The registered manager told us that they would sanction additional training if it was going to be of some future benefit.

The staff members we spoke with told us that they received support, induction, supervision and appraisal. We checked records and they confirmed that supervision sessions had been recorded for each member of staff and they were being held on a regular basis. These would usually take place every four to six weeks. Supervisions are regular meetings between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

There was a rotating menu which provided a good variety of food to the people using the service. The catering staff member we spoke with explained that choices were available and special diets such as gluten free and diabetic meals were provided if needed. The chef explained that

they met anyone moving in to the home to discuss likes and dislikes and that the senior staff told them if someone had any specific dietary needs. Everyone we asked said that they liked the food they were being offered at mealtimes.

We saw that the home monitored people's weights as part of the overall planning process on a monthly basis and used the Malnutrition Universal Screening Tool (MUST) to identify whether people were at nutritional risk. This was done to ensure that people were not losing or gaining weight inappropriately. We could see from the care plans we looked at that if a specialist's help was needed, such as, a speech and language therapist (SALT) or a dietician then they would be requested.

We saw staff offer people drinks and saw that they were alert to individual people's preferences and choices in this respect.

We looked at a total of six care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. All of the plans we looked at were well maintained and were up to date. Visits from other health care professionals, such as GPs and district nurses were recorded so staff members would know when these visits had taken place and why. The plans were reviewed regularly so staff knew what changes, if any, had been made.

The home had been awarded a five star hygiene rating by officers from the local authority's environmental health services who are responsible for rating catering facilities in homes such as Astbury Lodge; this is the highest rating available. We saw that the kitchen area was clean, tidy and well organised.

Is the service caring?

Our findings

We asked service users and visitors about the home and the staff members working there. Everyone who commented spoke positively about the staff members supporting them. Comments included; “very good here” and “it is fine”.

Those people who commented confirmed that they had choices with regard to daily living activities and that they could choose what to do, where to spend their time and who with. They told us that staff members always treated them with dignity and respect.

We reviewed a copy of the most recent Healthwatch visit that was undertaken in January 2014; this was a positive report that echoed many of our findings, it stated that the overall impression was of, ‘a very friendly, welcoming and happy place, both for residents and staff’.

We saw that the people living at the service looked clean and well presented and were dressed appropriately for the weather on the day.

Throughout the home we saw that staff members were interacting well with people in order to ensure that they received the care and support they needed. We observed that they took time to ensure that they were fully engaged with the individual and checked that they had understood before carrying out personal care or other tasks with the people using the service. They explained what they needed or intended to do and asked if that was alright rather than assume consent. The staff members we spoke to could show that they had a good understanding of the people they were supporting and the relationships we saw were warm, respectful, dignified with plenty of smiles and laughter. Everyone in the service looked relaxed and

comfortable with the staff and vice versa. Staff members also spoke to people informally and acknowledged them with a smile as they passed through the home and went about their daily tasks.

We observed that staff members responded to any call bells very quickly which meant people needing assistance received this as promptly as possible.

We saw that the staff were very familiar with the likes and preferences of the people who lived in the home and were able to observe people being encouraged to maintain life skills, for example on one of the units for people living with dementia one person obviously enjoyed tidying up and cleaning the kitchen within the unit. Staff members, whilst keeping a discreet eye on this person’s safety, made no attempt to interfere or stop her from doing what she wanted to do.

We were able to see some bedrooms during our visit, both during the tour of the building at the beginning of the inspection and during conversations with people in their own rooms. Those we saw were homely, personalised and comfortable. The units for people living with dementia although more secure so as to protect the people living there from harm were comfortable and homely. They had additional facilities such as their own kitchens so people could maintain as much independence as possible within a safe environment.

The provider had developed a service user guide for people moving into the home. This gave people detailed information on such topics as daily life and social contact, involvement and information, care and treatment and how to make a complaint as well as practical information such as catering and hairdressing arrangements.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

Is the service responsive?

Our findings

Everyone in the home at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. This had been done wherever the person was; this included their own home and other care settings such as respite centres or hospital. As part of the assessment process the provider asked the person's family, social worker or other professionals who may be involved to add to the assessment if it was necessary at the time. We looked at the pre-admission paperwork that had been completed for people currently living in the home and could see that the assessments had been completed.

The six care files we looked at contained the relevant information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example, food the person enjoyed, preferred social activities and social contacts, people who mattered to them and dates that were important to people. We saw that the provider tried to obtain consent to care from the person themselves; if this was not possible because they had been assessed as not having capacity then they would ask the person's family or representative regarding the person's best interests.

We saw that the on-going review of the risk assessments and care plans led to referrals to other services such as tissue viability and hospital clinics in order to ensure people received the most appropriate care. We saw evidence of correspondence within the care plans which confirmed this.

The home employed an activities co-ordinator. They explained that their job was to help plan and organise

social and other events for people, either on an individual basis or in groups. The people using the service were asked what kinds of things they liked to do during the assessment and care planning processes. We saw the events and activities that had been organised on display around the home; forthcoming events included a summer fayre which was due to be held a few days after our inspection visit. The co-ordinator also told us that meetings for the people living in the home were arranged regularly and the last one had been held approximately six weeks ago. We did not see the minutes regarding this. This gave people living in the home the opportunity to suggest and be involved in any activities organised. One ongoing issue that had been discussed was the planned changes to the garden areas which were due to be improved by a local company as part of its charitable work in the local community.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. People were made aware of the process to follow in the service user guide that was given to them when they moved in to the home. Information regarding the process was also in the entrance area. The people we spoke with during the inspection told us they knew how to complain but had not had the need to do so. The manager explained that any minor issues were dealt with as they occurred but if a serious complaint was received the provider's head office would deal with it. The manager was not aware of any recent complaints having been made but was able to confirm that the last recorded complaint dealt with by head office in October 2013 had been closed.

Is the service well-led?

Our findings

Staff members we spoke with were positive about how the home was being managed and throughout the inspection we observed them interacting with each other in a professional manner. All of the staff members we spoke with were positive about the service and the quality of the care being provided, for example staying after their shift had ended, to complete something.

The manager told us that information about the quality of the service provided was gathered on an on-going basis by asking the people who lived in the service and their representatives what they thought about the home and to tell staff members or the manager to let them know if there were any problems. The registered manager 'walked the floor' regularly in order to check that the home was running smoothly and that people were being cared for properly. In addition to this residents' and families' meetings were held periodically, the last being held on the 30 April 2014.

The provider had a quality assurance system available to monitor the quality of care being provided in its homes.

The most recent survey of the home had been completed in September and October 2013. We looked at a copy and could see that it covered a variety of areas including, staff and care, home comforts, choice and having a say and quality of life. This was an on-going process.

The company had a corporate monitoring system called 'Driving success in our homes' throughout its homes [staff members referred to this as the 'Steering Wheel']. This required managers to report on a variety of areas; these were grouped into four titles, people, customers, finance and operations. These titles were then sub-divided into more specific topics such as whether audits were up to date and the current training position for staff. This system allowed the provider to monitor each home's performance and address any shortfalls quickly.

As part of the system referred to above we could see that the registered manager was carrying out monthly audits on, for example, the care plans, falls, medication and mealtimes. He did confirm that if there were any issues identified following an audit, for example if a care plan required updating then these would then be dealt with. This was monitored by the company's head office.

The provider undertook periodic monitoring, for example the completion of a health and safety audit quarterly. This helped to ensure any issues in this area were identified and addressed in a timely manner.

In addition to the auditing process the home manager also carried out a dependency assessment for each person living in the home on a monthly basis. The purpose of this was to enable the manager to review the staffing levels to ensure they continued to meet peoples' needs. Whilst we did not observe any concerns with staffing numbers during the inspection one person did say to us; "I think that there should be more staff at busy times".

Regular staff meetings, including additional ones for staff working in the two units for people living with dementia were being held. These enabled managers and staff to share information and / or raise concerns. Staff members we spoke with said that the registered manager was very approachable. Throughout the inspection, we observed staff interacting with each other in a professional manner.

Senior managers from the company also undertook quality monitoring visits on both an announced and unannounced basis and spoke to the people living there on a regular basis. We looked at the records completed which confirmed these were taking place regularly.

There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately. We asked staff members how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns. They all felt confident they could raise any issues and discuss them openly within the staff team and with the registered manager.

We found that information about the home was provided in the entrance hall and that this included the latest Care Quality Commission Inspection Report together with a service user guide.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire West's Council contract monitoring team. This was an external monitoring process to ensure the service meets its contractual obligations to the council.