

Astor Hall Limited

# Astor Hall

## Inspection report

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15 March 2017

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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

The inspection took place on 14 and 15 March 2017 and was unannounced.

We last inspected the service on the 19 and 20 January 2016. We rated the service as Requires Improvement as we found the service was not always safe, effective and well-led. Systems were not always in place to ensure the safe running and quality of the service. Records of people's care were not always in place or accurate in respect of people's capacity to consent, risks they faced, their weights and advice from health professionals. Audits were not routinely taking place and when they did, action was not taken to put things right. The environment was not assessed for risks. Systems were not in place to keep people safe in event of a fire. We found all these issues had been addressed during this inspection.

Astor Hall provides residential care to up to 26 younger and older adults. Nursing care is provided by the community nursing team. People living at the service have a range of health and support needs. There were 22 people registered to live at the service but two were in hospital.

A registered manager was employed to manage the service. 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 told us they were safe and happy living at Astor Hall and were looked after by staff who were kind and treated them with respect, compassion and understanding. The provider, registered manager and staff told us they had worked hard since the last inspection and were continuing to strive to ensure people had a high level of care whilst living at the service. All staff expressed a commitment to values of providing good care and to continue to improve the service.

People felt in control of their care. People's medicines were administered safely and they had their nutritional and health needs met. People could see health professionals as required. People had risk assessments in place so they could live safely at the service. These were clearly linked to people's care plans and staff training to ensure care met people's individual needs. People's care plans were written with them, were person centred and reflected how people wanted their care delivered. People's end of life needs were planned with them. People were supported to end their life with dignity and free of pain.

Staff knew how to keep people safe from harm and abuse. Staff were recruited safely and underwent training to ensure they were able to carry out their role effectively. Staff were trained to meet people's specific needs. Staff promoted people's rights to be involved in planning and consenting to their care. Where people were not able to consent to their care, staff followed the principles of the Mental Capacity Act 2005. This meant people's human rights were upheld. Staff had maintained safe infection control practices.

Activities were provided to keep people physically and cognitively stimulated. People's faith and cultural

needs were met.

There were clear systems of governance and leadership in place. The provider and registered manager ensured there were systems in place to measure the quality of the service. People, relatives and staff were involved in giving feedback on the service. Everyone felt they were listened to and any contribution they made was taken seriously. Regular audits made sure aspects of the service were running well. Where issues were noted, action was taken to put them right.

## 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.

People told us they felt safe living at the service.

There were sufficient staff on duty to meet people's needs safely.  
Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

People had risk assessments in place to mitigate risks associated with living at the service.

### Is the service effective?

Good 

The service was effective.

People were looked after/cared for by staff who were trained to meet their needs.

People were assessed in line with the Mental Capacity Act 2005 as required. Staff always asked for people's consent and respected their response.

People's nutritional and hydration needs were met.

People had their health needs met

### Is the service caring?

Good 

The service remained caring.

People were looked after by staff who treated them with kindness and respect. People and visitors spoke highly of staff. Staff spoke about the people they were caring for with fondness.

People felt in control of their care and staff listened to them.

People said staff protected their dignity.

Staff sought people's wishes in advance and planned their end of

life with them.

### Is the service responsive?

Good ●

The service remained responsive.

People had care plans in place to reflect their current needs. Staff responded to people as individuals and their care was personalised.

Activities were provided to keep people physically, cognitively and socially active. People's religious needs were met. People could go out into the community as they desired.

People's concerns were picked up early and reviewed to resolve the issues involved.

### Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff said the service was well-led.

There was clear evidence of the provider ensuring the quality of the service. The registered manager had audits in place to ensure the quality and safety of the service.

People and staff felt the registered manager and provider was approachable. The registered manager had developed a culture which was open and inclusive. People and staff said they could suggest new ideas.

People were kept up to date on developments in the service and their opinion was requested.

There were contracts in place to ensure the equipment was maintained.

# Astor Hall

## **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.

The inspection took place on the 14 and 15 March 2017 and was unannounced

One inspector completed this inspection.

Prior to the inspection, we reviewed our records which included the previous inspection report, the provider's action plan to improve the service and notifications we had received. Notifications are events that registered people are required to tell us about.

During the inspection we spoke with seven people and two family members. We reviewed the care records of four people and checked they were being provided with the care as planned. We reviewed people's medicine administration records and how the service was managing medicines. We spoke with people at lunch on the first day and observed how staff interacted with people.

We reviewed four staff personnel files, staff training records and how the registered manager recorded and tracked staff supervision and appraisals. We talked with eight staff and observed a staff handover session.

We reviewed records of how the registered manager and provider were ensuring the quality of the service including a range of audits, minutes from various meetings, comments and complaints and action plans.

# Is the service safe?

## Our findings

People felt safe living at Astor Hall. People felt comfortable speaking with staff and told us staff would address any concerns they had about their safety. Relatives also felt it was a safe place for their family member to live.

One person said they felt safe with staff at all times and especially when they were being transferred. They stated, "If I feel I am going to fall and say so to staff they get me to sit down safely." They added, "If I ring my call bell staff come quickly" explaining this gave extra reassurance to their sense of being safe. Another person said, "I can't moan about the staff at all; I feel I can talk to any of them if I had something that was a concern."

When we inspected the service in January 2016, there was no risk assessment of infection control systems and no regular audit. During this inspection, we found risk assessments and audits of infection control were now in place. Staff had their practice regarding infection control assessed at regular intervals. This included observing their handwashing. People were encouraged to support staff maintain an environment that was clean and safe.

When we inspected the service in January 2016, we found there was no whole home falls risk assessment in place and no evidence lessons were being learnt to keep people safe from future falls. Plans were not in place to adequately support people to evacuate in the event of a fire. Also, people were not having individual risks drawn up into a risk assessment and reviewed. On this inspection we found these issues were resolved. Risk assessments were in place to support people to live safely at the service. People had risk assessments completed which were up to date. Where possible, people were involved in identifying their own risk and in reviewing their own risk assessments. Staff told us how they took time to get to know people to mitigate the risks people faced. All risk assessments were clearly linked to people's care plans and the registered manager's review of staffing and staff training.

Personal Evacuation Plans (PEEPs) were in place and the provider had a clear contingency plan in place to ensure people were kept safe in the event of a fire or other emergency. Risk assessments were in place to ensure people were safe when moving around the inside and outside of the building.

People were looked after by staff who understood how to identify abuse and what action to take if they had any concerns. Staff said they would listen to people or notice if people's physical presentation or emotions changed and that this may be a sign something was wrong. Staff would pass on concerns to the registered manager. All staff felt action would be taken in respect of their concerns. Staff said they would take their concerns to external agencies, such as CQC, if they felt concerns were not being addressed.

People told us there were enough staff. The registered manager had systems which were flexible to ensure staffing levels were maintained at a safe level in line with people's needs. Staff told us there were enough staff for them to meet people's needs safely.

Staff were recruited safely. The registered manager ensured new staff had the necessary checks in place to work with vulnerable people before they started in their role. All prospective staff completed an application and interview. Staff told us recruitment of new staff was thorough. In this process, prospective staff's attitude and values were assessed alongside any previous experience. People living at the service were asked their view of prospective and new staff to ensure they felt comfortable with them. New staff underwent a probationary period to ensure they continued to be suitable to carry out their role. Staff and people fed back on the staff member's progress before their employment was confirmed.

People's medicines were administered safely. Everyone we spoke with told us their medicines were administered on time and as they would like. Medicines were managed, stored, given to people as prescribed and disposed of safely. Medicine storage rooms and fridge temperatures were monitored daily and a record kept to ensure the temperature was in the correct range. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MAR) were all in place and had been correctly completed. Clear direction was given to staff on the precise area prescribed creams should be placed and how often. Staff kept a clear record to show creams were administered as prescribed.



# Is the service effective?

## Our findings

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

When we inspected the service in January 2016, we found people's records did not detail assessments of their capacity and when staff were acting in their best interests. We found this had been addressed on this inspection.

The registered manager understood their responsibilities under the MCA. They had attended training. The 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. Records demonstrated MCA assessments were taking place as required. People who lacked capacity were encouraged to have a say in their care through an independent advocate. Staff ensured their care was discussed with a range of professionals and the family where appropriate to ensure the decisions were made in the person's best interest. Staff were given clear guidance in the care plans about when they were acting in people's best interest.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS on behalf of people however, these were awaiting review by the local authority designated officer.

People told us staff always asked for their consent before commencing any care tasks. We observed staff always asked for people's consent and gave them time to respond at their own pace. This included administering medicines and personal care. Staff offered to come back later if the person did not want the care at the time.

When we inspected the service in January 2016 we found staff were not clearly recording how they were meeting people's nutritional and health needs. People's recorded weights were also not accurate. We found these issues had been resolved on this inspection. New systems had been brought into ensure these records were accurate.

People had their needs for food and drink met in a personalised way. Staff looked for creative ways to ensure people had enough to eat and drink. In addition to set meal times and drinks rounds, people were encouraged to eat where and when they would like. People could contribute ideas to the menu and people's likes and dislike were sought from them or by staff getting to know people. Staff went out of their way to buy special food people liked. People's special dietary needs were catered for. One person told us staff were helping them to identify healthy eating and to maintain a level of independence by going shopping for some of their meals.

People's food and fluid intake was carefully recorded and monitored. Any concerns were acted on immediately. For example, people who were losing weight or were observed by staff to struggle to eat certain foods were referred for assessments with their consent. Guidance given was then followed to support the individual person.

People had their healthcare needs met. People said they could see their GP and other healthcare staff as required. People added that this was always achieved without any delay. Records detailed people saw their GP, specialist nurses, opticians and dentists as necessary. People also had regular medicine and health assessments with their GP. Any advice from professionals was clearly documented and linked to their care plan to ensure continuity of care and treatment.

Staff told us they felt trained to carry out their role effectively. The registered manager had systems in place to ensure all staff were trained in the areas identified by the provider as mandatory subjects. This included first aid; fire safety; manual handling; safeguarding vulnerable adults; infection control and food safety. Staff were trained in areas to meet specific needs of people living at the service. For example, training in supporting people with dementia and catheter care. Training had been reviewed for all staff to ensure they were having the training essential to their role. For example, all activity coordinators had training in meeting the needs of people living with dementia. Staff were also being supported to gain qualifications in health and social care.

Staff had regular supervision, appraisals and checks of their competency to ensure they continued to be effective in their role. Additional supervision was offered for any staff who required it and any staff performance concerns were reviewed by the registered manager.

New staff underwent an induction when they started to work at the service. New staff shadowed other experienced staff. While they were completing this, they were extra to the staff on the rota so they had time to learn their role fully. Their progress was reviewed and any support and advice offered as required. The service had introduced the Care Certificate. The Care Certificate has been introduced to train all staff new to care to nationally agreed level.

As on the last inspection, the service continued to undergo renovation. Progress had been made on this and there were clear plans of what was to be achieved and when. The provider was putting in a shop and internet café area for people at the request of people living at the service.

## Is the service caring?

### Our findings

The atmosphere in the service was calm and people were observed to be happy in the company of staff. People told us they were happy with the atmosphere at the home, which they found to be open and friendly. People were encouraged to build relationships each other and people were observed chatting easily with each other. We observed staff support people throughout our time at the service with kindness, respect and in the person's own time.

People told us they were well cared for by staff who treated them kindly, with compassion and with respect. One person told us, "Staff are fine; no problems. They are always polite and I feel I can talk to them." Another person said, "Everyone is treated well; we are treated the same. Staff want us to be happy." Other comments included, "The staff are lovely, kind and considerate. They respect how I feel and give me privacy"; "The staff are brilliant; staff are very good. Can't fault the staff. The staff respect my independence." A person who moved in the night before the inspection said, "It is alright here; very friendly staff" adding how they staff had checked on them often to ensure they were alright".

People were observed to be comfortable in the company of staff with appropriate humour heard between staff and people. People told us how important it was that they were friendly to each other.

Visitors were seen coming and going throughout our time at the service. They were always greeted warmly by staff and by name. They were then updated on their family member's condition where appropriate. Visitors confirmed they were always welcomed and given refreshments regardless of the time of day.

A family member wrote in their 2017 questionnaire response, "I was a bit worried when dad had to go into a care home. But am very pleased with the care and attention he is given; he's happy and well cared for. What more can I ask?"

All the staff talked about the people they were looking after with passion and caring. Staff described a strong ethos of care led by the registered manager. One staff member said, "We do really care here; people's needs come first in their house. They get what they want as long as we can deliver it." Another staff member said, "I love it here; it's a happy home with lots of laughter. A positive place to work. Lovely residents with lovely characters." All the staff said they would pick Astor Hall for their loved ones if needed. One staff also added, "The care I give is modelled on what I would want for my nan."

People were in control of every aspect of their care and staff listened to them. People told us staff would take time to try and resolve any issues they had. People said staff would discuss options available and included them in the decision making process. People felt they were encouraged to remain as independent for as long as they possibly could and staff would make every effort to provide the necessary support or equipment required to maintain this. One person said, "The staff are good; they are there when you need them and want them to be. They don't interfere if they don't have to. I won't have anything bad said about them."

People told us staff protected their dignity at all times. For example, staff were discreet when delivering personal care and curtains were always drawn and doors shut. We observed offers of care in public areas were offered unobtrusively. One person said, how the staff were always discreet in taking them to the toilet adding, "They leave me alone and I call for them to come back; they always answer the call bell quickly."

People's end of life was planned with them in advance. People were encouraged to plan how and where they would like to end their life. Details were recorded about who they wanted to be with them. People were supported at their end of life to maintain their dignity and be pain free.

A family wrote to the service following the passing of their loved one saying, "We would like to thank you for all your help in looking after dad. It was so appreciated to know dad was well cared for by you all. You guys always made sure dad was as comfortable as possible."

## Is the service responsive?

### Our findings

Prior to living at Astor Hall people's needs were carefully assessed to ensure the service could meet their needs. The pre admission questionnaire was used to put together a short care plan to ensure staff had the necessary details available to them to provide appropriate care as the person desired. The pre assessment process checked the service was appropriate for that person and ensured people coming to the service would fit in with people already living at the service.

People received consistent, personalised care, treatment and support. Everyone's care plans involved an overall assessment of people's needs that were refined into specific care plans for specific situations as they were identified. Staff confirmed the care plans gave them the information they needed to meet people's needs. Staff handovers took place between shifts where staff stated they were given up to date details of how people were doing. Staff who had been off work for a few days were updated carefully to ensure they were able to understand people's current needs and deliver care appropriately.

How people wanted their care delivered was clearly written in people's care plans. A person who had moved in just before the inspection told us staff had spent time with them making sure they had recorded all their immediate needs, likes dislikes and allergies. Also, they had made sure they had their meals provided and needs responded too. They felt this had been communicated to the other staff and were reassured by this.

Records showed staff responded to a range of needs as they arose. For example, staff carefully planned and supported people to maintain their continence and tissue integrity. People said staff would act promptly if they were poorly or had a concern. Staff involved them in the decision making process about how they wanted support or their needs met. All relatives said they were kept up to date and staff would call if there was an issue they needed to know about.

People were supported to maintain their links and develop new ones with the local community according to their wishes. People were observed going out in pre booked taxis that were timed to meet their needs. Staff were provided to support this if needed; or people could book their own support through external agencies.

People were supported to maintain their faith and cultural identity. Staff discussed people's faith and cultural needs with them and every effort was made to ensure this was met.

People were provided with a range of opportunities to remain cognitively, physically and socially stimulated. There was a designated activities co-ordinator employed to provide a programme of events at the home aimed at supporting people to remain active. Planned activities were provided daily by staff and by entertainment coming into the home. People were given a list of the activities in advance. There were also regular trips out and about. People told us they could join in or not as they wished. There was an activity champion who volunteered to help support the activity co-ordinator. They stated it was a struggle to get people involved in activities. We spoke with the registered manager about recording when people had taken part in or refused activities so that this was available to review and improve what was on offer. Currently this was written in a person's daily records which were regularly archived. Staff and family could not then use

this to aid conversations and care plan auditing could not then pick up on any issues. The registered manager put a form in to give them a clear overview of what activities people enjoyed and which were regularly refused.

People's concerns and complaints were responded to and resolved to their satisfaction. The service had a policy and procedure in place for dealing with any concerns or complaints. There was an easy read version of the policy for people who required one. Complaints were investigated and logged. Actions were communicated and the complaint closed when the complainant was happy with the outcome. One person said, "I have not got any concerns at all."

## Is the service well-led?

### Our findings

When we inspected the service in January 2016 we found a number of concerns in respect of its leadership and governance. Systems were not in place to always ensure the safe running and quality of the service. Where issues had been identified, there were no plans in place to review and resolve them. We found these issues had been resolved on this inspection.

Astor Hall is owned and run by Astor Hall Ltd. This is the company's only service however, the directors run two further care services in the Plymouth area. There was a nominated individual (NI) in place. The NI is someone appointed to supervise the management of the service. The NI attended the service during the inspection. Another director of the company who manages the finances, also attended. There was a registered manager appointed to manage the service locally. They were supported by a deputy manager and administrator. Everyone we spoke with could identify who the registered manager and deputy manager were by name.

There was a senior management team (SMT) to oversee the governance and leadership of the service. The SMT included the registered manager, deputy manager, administrator and a director of Astor Hall Ltd. It was clear from records held within the service that members of the SMT took an active role in auditing and assessing the service to ensure Astor Hall maintained a quality service. Since the last inspection, the SMT had reviewed each of their roles and had regular meetings to ensure oversight of the management of the service. Action plans were created and reviewed.

One person said of the registered manager, "They are a good manager; she will sort things out if you can't do it yourself". They added both the registered manager and deputy manager are good role models for the staff saying, "They are both good; they won't put up with any poor care." Another person said, the registered manager was "Very good, very nice and always pleasant".

There were clear lines of responsibility and accountability within the management structure of the service. The registered manager demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff. The registered manager took an active role within the running of the home and had good knowledge of the people and the staff. They had delegated more tasks to other staff since the last inspection and had administration time when they were able to prioritise the other tasks of management.

People and visitors spoke positively about the registered manager and felt comfortable approaching them. They felt any issues would be heard and acted on. People were involved in contributing ideas on how the service could be run. There were regular meetings with people and their families to keep them up to date and to listen to their ideas. For example, a Wi-Fi area and shop were being created and people were being asked about the design and paint colours and were being kept up to date with the progress. The menu was also discussed often. Also, a "What's new" noticeboard had been created to update people and their visitors and relatives what was happening. People and their families were asked to complete questionnaires but were also asked their opinion informally. People commented that their ideas were sought and put into

action.

Feedback from a family member via the last survey in 2017 stated, "Team work at Astor Hall is excellent, if it was not put in place by management, it would not work".

Staff confirmed they were able to raise concerns and agreed these were dealt with immediately. Staff had a good understanding of their roles and responsibilities and said they were well supported by the registered manager. Senior care staff and the deputy manager had all been given lead roles for which they attended dedicated training and linked with local forums to keep up to date. Staff told us the registered manager worked alongside them. Staff said there was good communication within the staff team and they all worked well together. Staff had regular meetings but felt they could speak up as an individual if needed.

Staff told us since the last inspection, "I can really see the difference; it's much better. We are lucky to have a manager who wants to make a difference; wants things to improve." Another member of staff said, "I feel a valued member of staff; as a person and professional" and another, "The communication is so open, so you can approach [the registered manager and deputy manager] to ask for support and advice " and, "We get lots of praise when we handle events well; any learning is passed on to us."

The registered manager and provider had a number of audits in place to ensure the quality of the service. This included an infection control audit, audit of medicines, care plan audit and audit of falls. These were completed at regular intervals and action was always seen to be taken as required. The registered manager advised learning which needed to be applied to the service as a whole was then reviewed.

The registered manager and NI had introduced a policy in respect of the Duty of Candour (DoC) and understood their responsibilities. The DoC places a legal obligation on registered people to act in an open and transparent way in relation to care and treatment and to apologise when things go wrong. There was a whistleblowing procedure in place and staff understood their responsibilities to raise concerns about poor conduct. Staff told us they felt confident concerns raised with the registered manager would be addressed appropriately.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.

The registered manager and NI had systems in place to ensure the building and equipment were safely maintained. The utilities were checked regularly to ensure they were safe. Essential checks such as that for legionnaires and of fire safety equipment took place.