

Lilian Faithfull Care Astell

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Astell is a care home providing accommodation to persons who require nursing or personal care, for up to 36 people. The service provides support to older people. At the time of our inspection there were 27 people using the service. People are accommodated in 1 adapted building, with a dining room, lounges and conservatory areas and access to a secure garden. Each person had a bathroom which contained en-suite facilities.

People's experience of using this service and what we found

People and their relatives told us they felt Astell was a safe and welcoming home. They told us staff knew them or their loved ones' well and understood their needs. People's relatives were involved in the planning of their loved one's care.

While staff were responsive to people's needs, action had not always been taken following incidents and accidents to review people's care needs to ensure they received care which promoted their health and wellbeing. The registered manager and provider did not always have detailed oversight to ensure where people's needs changed, they consistently received effective care and support.

The provider operated recognised systems to identify people's changing needs and assist them with managing their pain. However, these had not always been consistently used to help ensure people received care which maintained their wellbeing.

The registered manager and provider had identified improvements were required to ensure people received their medicines as prescribed. New staff had been recruited and new systems were being implemented to ensure risks to people were effectively managed and reduced.

Staff were not always recruited in accordance with relevant regulations and best practice guidance. There was no evidence that people had been impacted by this.

People enjoyed an active and engaging life at Astell. They enjoyed a range of activities and events which were tailored to their needs and preferences.

People's care plans contained detailed information about their life, and their wishes at the end of their life.

People were supported by a stable staffing and management team who understood and respected people's needs. Staff told us they had the skills, time and support they needed to meet people's needs. Staff spoke positively about changes to the staffing team.

People and their relatives views were sought and acted upon by the registered manager. Relatives spoke positively about the communication they received and their involvement with Astell.

The provider had infection control procedures in place to protect people and prevent the spread of infection. Staff used personal protective equipment (PPE) in accordance with government guidance. People's friends and family were able to visit the home without restrictions.

Staff supported people in the least restrictive way possible and in their best interests. Where people were living under Deprivation of Liberty Safeguards; staff understood the support they required.

The provider and registered manager had a continuous improvement plan for Astell. However, not all of the concerns we identified at this inspection had been identified by the registered manager and the provider.

People, their relatives and professionals spoke positively about the management of the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Rating at last inspection and update

The last rating for this service was Good (published 23 October 2019). At this inspection the rating changed to requires improvement

Why we inspected

This inspection was prompted by a review of the information we held about this service and the length of time since the last inspection. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Astell on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to recruitment, person centred care and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Astell

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two Inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Astell is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

There was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We considered the feedback from the local authority and professionals who work with the service. We used the information the provider sent us in December 2022 in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 6 people who lived at Astell. We spoke with 9 people's relatives about their experience of the care and support provided by the service.

We spoke with 11 staff including the registered manager, deputy manager, clinical lead, 1 care leader, 3 care assistants, 1 activity co-ordinator, 1 chef, 1 maintenance worker and 1 housekeeper. We also spoke with 2 representatives of the provider. One of these representatives was the nominated individual for the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 8 people's care records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the management team to validate evidence found. We sought and received feedback from 3 healthcare professionals involved with the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Learning lessons when things go wrong

- When accidents and incidents happened to people these did not always prompt a review of people's care needs to ensure the care planned and delivered to people remained effective and personalised to their specific needs.
- Effective systems were not always in place to ensure, the information recorded in people's care records, was reviewed and used to tailor people's care plans. One person's care record made reference to pain. There was no evidence this person's pain had been effectively assessed and staff were unaware of a current pain assessment. We discussed this with the registered manager and provider representative who took immediate action to ensure this person's needs were reviewed.
- The provider used national recognised tools to assess and monitor people's health needs. However, we identified for 7 people, assessments had not been completed, so far, in 2023.
- There were examples of where people's care plans were not reviewed sufficiently to ensure they continued to accurately reflect people's individual care needs. One person's skin care plan was no longer current as staff had taken effective action to meet the person's needs in this area.

People were at risk of not receiving care and treatment that was personalised to their specific needs, as effective learning and action had not always been taken in response to accidents and incidents and the information recorded in people's daily care records. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager explained an electronic care records systems was being implemented at Astell and both they and the provider's representative discussed with us the benefits this would have in ensuring people's care records remained, reflective of and personalised to, people's individual needs.
- The registered manager informed us they had recruited 2 nurses to senior positions, and they planned to introduce clinical governance meetings. This would ensure people's needs were reviewed and care and treatment would be planned and delivered to meet people's individual and specific needs.

Staffing and recruitment

- New staff were not always comprehensively vetted to determine their suitability to provide care to people in accordance with relevant regulations and best practice guidance. The required pre-employment checks had not always been fully undertaken. Reference checks from staffs' previous social care or health employers were not always sought to gather assurances about staff conduct.
- Interview records were in place to support the provider and manager's decisions to employ staff, however recruitment records did not always show that the previous employment histories of staff and their suitability

to work at the home had been explored. There were gaps in some staffs' employment histories without explanation.

We found no evidence that people had been harmed however, safe recruitment practices had not always been followed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection the provider took immediate action across all of their registered locations to ensure their recruitment policy and procedures were updated in accordance with relevant regulation requirements.
- Disclosure and Barring Service (DBS) checks were completed for all staff. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- On both days of the inspection we observed there were enough staff to meet people's needs. Staff had time to assist people with their wellbeing needs, including supporting them with daily activities that were important to them.
- Staff told us they had enough time to support people with their needs. Comments included, "I think we have enough staff, we pull together well as a team" and "There is enough staff, we get everything done."
- People and their relatives told us there were enough staff to meet their needs. Comments included; "When I visit there is plenty of staff" and "[People] are well looked after it's a huge relief that they are in the home, they are looked after 24/7 with plenty of well qualified staff that know what they are doing and know how to treat people."

Using medicines safely

- The registered manager and provider had identified concerns in relation to the safe administration of people's prescribed medicines. They had recruited trained staff and were implementing new systems to ensure the risk to people was reduced.
- Staff carried out weekly checks to ensure people were receiving their medicines as prescribed, by checking people's medicine stocks. We observed staff carrying out this role, identifying and reporting any discrepancies.
- Clear action was being taken by staff to ensure people received their medicines as prescribed, however it was difficult for the registered manager to reassure themselves as accurate records of stock had not always been maintained.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. At the time of our inspection staff and visitors were still required to wear face masks. This decision had been communicated to people's relatives and was respected.
- We were assured that the provider was accessing testing for people using the service and staff. The home was still carrying out testing even when people had no symptoms of infection, despite this having been paused by the government. The service had made this decision and had procured test kits to support this.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People and their families spoke positively about their experience of visiting and received communication on decisions the provider had made.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the home was safe. Comments included; "No concerns over safety" and "I know they are safe and well looked after the home is always clean and tidy and has a very homely atmosphere".
- The registered manager, deputy manager and representatives of the provider were visible and regularly worked alongside staff and met people's visitors. This enabled them to respond to any concerns and to monitor the care and support people received.
- Staff had read the provider's whistleblowing policy and procedures and felt able to report any concerns about poor practice or inappropriate staff behaviour. One member of staff told us; "I haven't seen anything that concerns me, I would inform the manager if I did."

Mental Capacity Act

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Where the service had applied to deprive someone of their liberty, they ensured the legal authority was updated of any changes, including the use of sensor equipment.

Assessing risk, safety monitoring and management

- Staff understood people's individual care risks and were able to discuss the support they required. Where people required support to maintain and protect their skin, staff followed clear action to promote their health and wellbeing. Records were kept of the support they required and if additional support was required from district nurses.
- Staff understood people's dietary needs. Staff told us, and people's records confirmed where people required textured diets or thickened fluid to protect them from the risk of aspirating. Care and catering staff had clear information on people's needs and provided a diet in accordance with these needs.
- People were protected from the risk of their environment. Appropriate checks had been made to ensure the environment was safe. The registered manager had systems in place to improve and maintain records in relation to environmental risks.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained detailed information on their life histories and preferences. People and their relatives had been supported to express their views regarding their care at Astell. One person told us; "I know I have got a good home living here."
- Care staff understood people's personal choices. Staff spoke positively about people and how they anticipated their needs and preferences. One member of staff told us; "I do get to know the residents quite well- it is so lovely here."
- People were supported with day to day choices and decisions. This included where they wanted to spend their time, what food and drink they wished to enjoy. One person told us; "We get a glass of sherry and some residents drink a glass of wine every day. I can have a glass of whisky in the evening if I want."
- Staff were responsive to people's changing needs. Prior to the inspection one person had become unwell, staff had acted quickly, working alongside healthcare professionals to promote the person's health and wellbeing. The person was recovering, and staff were monitoring their care needs to ensure they received appropriate support. Healthcare professionals spoke positively of staff and how they worked with them to ensure people's health and wellbeing was maintained.
- People had access to additional services, including physiotherapist support. This support was planned to help maintain people's independence. One person told us they were grateful for this support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Each person's communication needs had been recorded as part of their care plan. This included the support the person needed to communicate and make choices. Staff spoke positively about how they engaged with people and supported them to communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported with a range of activities provided by activity and care staff including external visitors. On the first day of our inspection people were enjoying activities being provided by an external entertainer. Care staff, where possible, supported people with activities, including movement, music and

ball games.

- Staff arranged activities and events on special days, for example, staff were supporting people to celebrate St David's day. Staff understood people's interest and hobbies and talked about how they supported people with activities which they enjoyed. One member of staff explained the music preferences and interests of one person and how they used this to promote the person's wellbeing.
- People were supported to access the local community with care staff. The home had a minibus and was starting to support people with trips out and excursions. One person told us; "I have been out on trips too, to the garden centre for coffee."
- People were supported to maintain their personal relationships. This included keeping in touch with family during the pandemic.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint to the service and felt their complaints would be listened to. One relative told us; "The staff listen if I have any concerns, I trust they would inform me and keep me updated."
- The registered manager acted on complaints and concerns in a timely manner. They kept a record of all concerns and complaints they had received and the action they had taken to respond to these. Feedback, including complaints and concerns were used to improve the quality of the service. One complaint had been made around the equipment in a person's room, effective action was taken to remedy this.

End of life care and support

- People were cared for at the end of their life through the service working in partnership with health professionals to ensure people were comfortable at the end of the life. Where relevant medicines had been prescribed to ensure people remained free of pain and distress at the end of their life.
- People's care plans contained detailed information about their end of life preferences and wishes.
- Staff spoke positively about end of life care and how they ensured people received the care and support that was important to them, including being visited by their loved ones.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's audits and management systems had not identified concerns we had found at this inspection in relation to staff recruitment, incident and accident reviews, people's risk assessments and care plans.
- Appropriate learning had not always been taken from incident and accident audits. For example, where people had incidents or accidents, the registered manager did not have an effective system to identify what action had been taken following incidents to ensure people received care which was tailored to their needs.
- The registered manager did not have effective clinical governance systems in place to ensure decisions made by staff, when people's needs changed, were effective and appropriate. While no one had been impacted by this concern, there was potential for people to be placed at risk as decisions had not always been clearly ratified and documented.
- Some care planning tools used by the provider had not always been consistently utilised. Some assessments we found at this inspection were not always current or reflective of people's needs. The registered manager took immediate action to address these concerns.

The provider had not always operated effective systems to monitor, assess and improve the service they provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider discussed actions they were taking and planned to take to drive improvements at Astell. They had recruited two nurses to help provide clinical support to care at Astell. They had identified a need for this support based on the changing needs of people. The registered manager planned to implement clinical governance meetings at Astell to ensure there was clear oversight in relation to people's changing needs and the actions required to identify and reduce risks.
- The registered manager and provider were open and transparent when discussing actions, they were taking to improve medicine administration processes at Astell. A nurse who had been recruited was carrying out audits and taking action to help ensure systems were effective.
- The provider sought feedback from external professionals who carried out external audits. A 'mock' inspection had been carried out by external professionals in June 2022 and the registered manager and provider used this process to help inform changes they aimed to make at Astell.
- The registered manager and provider operated a continuous improvement plan for Astell. This documented improvement actions which had been identified through audits. Where an action had been

identified, this was allocated to a key member of staff with a clear timeframe for completion. Where actions had been completed or additional actions were required these were clearly documented.

- Each month the registered manager completed a report for the director of care. They also attended management meetings with other registered managers employed by the provider. These reports and meetings were used to communicate any changes in the home and any actions required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality

- Management were visible in the service and approachable. We observed the deputy manager, registered manager, quality lead and interim CEO working alongside care staff and engaging with people and their relatives. People told us they knew who the registered manager was and that they see them around the home. One person told us; "I saw him yesterday evening. I think the place is well run." One staff member told us; "They help, you do see them around, getting involved."
- The registered manager was aware of current guidance such as right support, right care, right culture. One person living at Astell lived with a learning disability. The home engaged with relevant healthcare professionals to ensure the person received the right support. Staff spoke positively about supporting the person to enjoy holidays and have a fulfilling and engaging life.
- Staff told us they felt able to raise concerns with management without fear of what might happen as a result. The registered manager held staff meetings as well as daily meetings for staff to discuss any issues, people's needs and any concerns they may had. One member of staff said; "communication is good."
- People, their relatives and stakeholders' views were sought. The provider and registered manager engaged with a family and friends forum for Astell. These meetings were carried out online and were used as an opportunity to communicate changes to family members and listen to their views. Information around new staff, reinstatement of key workers to improve communication and people's views had been discussed. Newsletters were also produced by staff and shared with people and their relatives.
- Relatives discussed with us the change in management which occurred in 2022 as well as their views on communication. They discussed actions the registered manager had taken by reinstating the key worker scheme to improve communication. One relative told us; "I feel the manager has introduced some good changes, introduction of Key Workers and the appointment of a member of staff responsible for answering calls. I phoned on a Saturday morning asking a question and they got straight back to me with the answer."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their responsibilities to be open, honest and to apologise if things went wrong. Records showed relatives were contacted appropriately to inform them of incidents or near misses affecting their family member. Where learning had been taken, following incidents, this had been shared with people's relatives and their views sought.
- The registered manager and representatives of the provider were open and transparent during our inspection. They were focused on providing effective care, tailored to people's needs and took immediate actions to address the shortfalls we had identified.
- The registered manager made sure CQC received notifications about important events so we could monitor that appropriate action had been taken.

Working in partnership with others

- The service worked closely with people's GPs and other healthcare professionals. Staff spoke positively about the support they received from a GP and how this enabled them to respond to people's changing needs.

- Feedback we received from healthcare professionals was positive. Professionals praised the responsiveness of staff and felt people were looked after well.
- The service worked with local authority commissioners to facilitate access to care when needed. Commissioners provided positive feedback of their experiences with Astell's management and staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were at risk of not always receiving care and support personalised to their needs, as effective learning and action had not always taken in response to incidents and daily care records. Regulation 9
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always operate effective systems to monitor, assess and improve the quality of service they provided. Regulation 17.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe staff recruitment practices were not in place to reduce the risk of unsuitable staff from being employed. Regulation 19.