

Heritage Manor Limited

# Astley Hall Nursing Home

## Inspection report

Astley Hall, Astley,  
Stourport on Severn  
DY13 0RW  
Tel: 00 000 000  
Website: [www.example.com](http://www.example.com)

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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 

### Overall summary

The inspection took place on 18 and 22 September 2015 and was unannounced.

The home provides accommodation for a maximum of 45 people requiring personal or personal care. There were 37 people living at the home when we visited. A registered manager was in post when we inspected 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 and associated Regulations about how the service is run.

People felt safe with the staff that cared for them and reassured by their presence. Staff had received training and understood how to keep people safe. Care staff and the registered manager understood their roles and responsibilities in ensuring people were kept safe.

# Summary of findings

People were positive about care staff and felt staff were around to support if they needed their help. People felt assured that if they called for help, a staff member would respond. The backgrounds of staff at the service were checked to be certain it was safe for staff to work there.

Staff understood people's health and the risks to their health. They understood what was needed to maintain people's health needs.

Staff understood people's medicines and how people preferred to take their medicines. Staff ensured people received the medicines as they were prescribed. Regular checks were made so that the registered manager could be certain that people received their medicines correctly.

Staff understood how to care for people. Staff received regular supervision and support and felt able to discuss issues they were unsure about with the registered manager.

The registered manager understood their obligations under the law and ensured people were able to consent to care and treatment. When people were not able to make a decision for themselves, appropriate action was taken.

People enjoyed the choices of food they were offered and actively took part in planning and deciding what was included on the menu. People's diet reflected their health needs and if people required special meals or support, these were offered.

People saw a variety of health care professionals that complimented the care they received at the service. People were able to see professionals about their teeth, hearing aids as well as any other medical needs they had.

People liked the staff that cared for them and staff in turn understood people's needs. People responded positively to staff that engaged with them in a warm and affectionate manner.

People were treated with dignity and care and staff took pride in understanding what delivering care with dignity meant. Staff also supported families come to terms with changes in their family member's health.

Family members visited whenever they chose and did not feel restricted from visiting in any way.

People discussed their care needs with staff to ensure they received the care they wanted. Staff encouraged people to maintain their interests.

People understood they could talk to staff about any issues or concerns they had. People and their relatives were also aware of the complaints process and knew what to do should they want to make a complaint.

People and their families liked the registered manager and felt able to approach and discuss any issues they had. Staff also described an easy and open relationship where they could raise issues they were unsure of.

The provider made regular checks on how the registered manager ran the service. The registered manager understood the providers expectations and provided regular updates outlining what had been delivered and how quality was being measured.

# 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.

People felt comfortable around staff and staff in turn knew how to keep people safe. Staff understood how to recognise and report abuse. People received their medicines from staff that understood their health needs.

Good



### Is the service effective?

The service was effective.

People were cared for by staff that were supervised regularly and received updated training. The registered manager acted within the law to ensure people received the appropriate care. People were encouraged to influence the menu and choose healthy meals.

Good



### Is the service caring?

The service was caring.

People liked the staff that cared for them. People were involved in making decisions about their care. Staff understood how to care for people with dignity and extended their support to people's families.

Good



### Is the service responsive?

The service was responsive.

People's care needs were understood by care staff who helped deliver the care they wanted. People felt able to discuss their care needs and suggest the amendments they wanted.

Good



### Is the service well-led?

The service was well led.

People liked the registered manager and families felt able to approach her. Staff felt reassured by the support and guidance they were offered. The provider also supported the registered manager to review standards of care at the service.

Good



# Astley Hall Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 and 22 September 2015 and was unannounced. There was one inspector in the team together with an expert by experience in Dementia care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. As part of the inspection we also spoke to seven people living at the service and five relatives. We also spoke with three staff, the activities coordinator, the deputy manager and the registered manager.

We reviewed three care records, the complaints folder, communication books, one staff file, one training file and audits of the service.

# Is the service safe?

## Our findings

People at the service told us they felt safe and were happy to see staff they were familiar with. One person told us, “Oh yes. There’s always somebody about if you need them.” People were pleased to see staff and felt reassured by their presence. One person when seeing that a staff member had returned from leave said, “I am so pleased to see you.” When we asked one relative whether their family member was safe, we were told, “Absolutely.”

People were cared for by staff who understood how to keep people safe. Staff described to us what abuse meant and who this should be reported to. Staff described to us training they had received on the subject. Staff members who had recently joined the team also confirmed that they had received safeguarding training and their understanding of safeguarding adults. Notifications we reviewed as part for the inspection also confirmed that the registered manager understood their responsibilities with respect to keeping adults safe.

People were supported by staff that were always around and within close proximity should people require help. One person told us, “There always seem to be enough staff on duty and when I ring the bell I do not have to wait long for staff to come”. People that liked to remain in their rooms were also regularly checked on by staff that would pop in to check on them. One person told us, “From the cleaner to the DIY man, they all wave and chat.”

We also saw people had access to call bells and in the event that call bells were rung, these were answered promptly. One person told us, “There’s always someone there if I call the buzzer, even at night.” The registered manager described how staffing was dependent on people’s needs and recruitment was running at a surplus to ensure there were always enough staff. Two staff we spoke with also confirmed that they had no concerns about staffing levels and one told us there was “enough staff.”

People’s health and risks to their health were understood by staff who knew how to keep people safe. For example, some people were at risk of their skin breaking down. Staff were careful to ensure people sat in the right chairs with the support they required, such as specialist cushions. We also saw examples where people lived with diabetes and staff ensured they received the correct drinks so that their blood sugar levels could remain stable.

People at the service that required help to move around the building were supported. Staff ensured people had walking aids were needed but allowed people space to maintain their own independence. Where people used electric wheelchairs, staff ensured people’s path was clear and free from obstructions.

People were cared for by staff that had had the necessary checks to ensure it was safe for them to work with people. We reviewed two staff files which confirmed staff had completed the necessary DBS (Disclosure Barring Service) checks and that references had been sought. Two staff we spoke to also confirmed the registered manager had undertaken background checks before they were allowed to work with people at the service.

People told us they were supported to take their medicines. One person told us, “They explain my tablets to me.” We saw staff explain medicines to people before offering them and ensured it was taken safely. Staff understood how people preferred to take their medicines. For example, one person liked their tablets taken with milk, whilst others preferred squash. Staff had a good understanding of people’s medicines and when they needed to be taken. People’s medicines were regularly reviewed by the registered manager to ensure people received the right medicine and at the correct times. We saw that the registered manager reviewed people’s medication monthly and feedback was given to the nursing staff if anything needed improving.

# Is the service effective?

## Our findings

People told us they thought staff understood how to care for them. People described difficulties they had experienced and how staff had helped them. One person told us they had had an infection and staff had “sorted it out”.

Staff told us about how their training was updated to ensure they could support the people they cared for. Staff told us they could access training and could ask for further training if they required it. The registered manager, together with the provider’s training manager monitored staff training to ensure that all staff training was kept up to date. Staff described how the training they had received had influenced the care they gave people. For example, one staff member told us about how they understood caring for someone living with diabetes. They were able to identify risks to people as well the measures needed to help the person recover should they fall ill.

Staff told us they had regular supervision meetings which enabled them to discuss issues, such as leave requirements or aspects of the job they were unsure about. Staff described being able to comfortably raise issues they needed to discuss. For example, one staff member discussed a change in work pattern and found the registered manager supportive.

People told us about how they were involved in decisions about their care. People described to us how staff explained things to them. Staff we spoke with understood decisions could be made in people’s best interests and that some decisions required an authorisation, called a Deprivation of Liberty (DoLs). DoLs are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

Where people required support to make decisions the registered manager took steps to ensure that their best interests were considered and involved family members to make those decisions. People who did not have families were given support from an Independent Mental Health Advocate (IMCA) and this was facilitated by the manager and staff. An IMCA is appointed when a vulnerable person who lacks mental capacity needs to make decisions relating to their care and/or welfare.

People liked the food they were offered. One person told us, the food was “really nice”. Another person told it was “lovely.” People were offered choices at mealtimes. People were offered a selection of food to pick from. People had been involved in the selection of the menu and had indicated what items they would like added. Resident’s meetings had been used to encourage ideas from people. Theme days including Italian, Indian and fish and chips were all included in the menu for residents. Staff understood which people required alternative diets and which did not. For example, some people required softened food and some people were on calorie controlled diets in order to reduce their weight. People who required additional support received this. We also saw people being offered a choice of drinks throughout the day.

People were able to gain the support and the care they needed from a variety of other health care professionals. During our inspection we saw people being supported by staff to attend hospital appointments. People also told us they attended appointments with doctors, dentists as well as audiology. Staff also recognised when people were not themselves, for example, a staff member raised a concern with the nurse on duty about a person she had become concerned about and asked the nurse to “Keep an eye” on the person.

# Is the service caring?

## Our findings

People we spoke with were positive about the staff that cared for them. One person said about the staff, “They’re wonderful. They’re so kind. ...they’re all very friendly”. A relative we spoke with also told us, “I can’t praise them enough. ...they feel like his family”. Staff spoke about people with affection and could recognise people’s personalities. Staff could describe people’s likes and dislikes. One staff member told us about how a person liked their tea with sweetener because they lived with diabetes. One relative described how they felt staff had cared for their family member who was reaching the end of their life and felt “They gave him an extra year of life.” One relative told us about their family member whose health had deteriorated and now had limited vision. Staff supported the person to access the garden because the person enjoyed the sun.

We saw lots of examples of positive engagement between people and staff throughout the inspection. People were keen to engage in light hearted chatter and jokes with staff. For example, one staff member was heard joking with a person about who would be better at line dancing. Staff knew the people they were caring for and knew what was needed to make people comfortable. We saw one person had come into the communal areas having forgotten their hearing aid. Staff were quick to respond and offered to fetch it which the person declined. People were seen talking to staff about their interests, for example one person liked to read and staff were seen discussing different books with the person. People were seen being supported to move using specialist moving equipment. Staff were careful to keep people involved in the process and explain what was happening to them as they were being moved. One person was told, “You’re doing well. Well done.”

People were cared by staff that understood what caring for people with dignity meant. One person told us, “The staff here are very caring, I am treated with respect. ...they knock first and wait for me to say come in. When they assist me with my wash, they make conversation they even sometimes come back and speak with me which is nice”. The service had a dignity champions competition which

recognised when staff members had done something to reinforce people’s dignity. One staff member who had been a recipient of the prize said, “If you start with a good heart, you treat them how you would want to be treated.”

Another staff member explained to us they liked, “treating everyone like they’re a member of your family.” One relative we spoke with told us about how they had become concerned when they visited their family member who wasn’t wearing their own slippers. When they checked with staff they were advised that their slippers were being washed following an accident and staff had wanted to keep the person comfortable. Relatives described how when they visited, they instantly knew which staff were on duty as the information board in the reception detailed this information and so they knew who to speak to.

Relatives of people at the service were supported to understand their family member’s conditions. For some family members this required understanding of what living with dementia was like. Some people were supported to attend a dementia café with their families in order to support families come to terms with their family members changing care needs. The dementia lead at the service had recognised that supporting people living with dementia and giving them dignity meant supporting families too.

Staff worked with the family of a person to decide how best they could support the family to come to terms with the news that was life changing for the family. Staff described how they were careful to offer support but allow the family space to deliver the care they wanted to as well. For example, the ability to provide head massages was important, so staff supported a family member to do this. Having meals together was also important and staff ensured the person had their meals with their family.

People told us their family members visited them whenever they chose. One person told us they had “lots of visitors” who liked to visit “anytime”. Another person told us, “our relatives can come and visit at any time of the day or night”. We saw numerous examples throughout the day of relatives popping in to see people. Relatives we spoke to also confirmed they were able to visit whenever they choose and were not restricted in any way.



# Is the service responsive?

## Our findings

People were supported by staff that that they could discuss their care with. One person told us, “They’re very approachable.” People’s needs were assessed so that they could receive care that was individual to them. People were able to benefit from an activities coordinator that worked with people and their families to understand their interests. For example, one person had been a dressmaker and was seen knitting. Staff also supported the person with other craft activities.

People were encouraged to maintain relationships with people important to them in a variety of ways. Some people were supported to use email to keep in contact with relatives overseas whilst others told us about how they regularly phoned relatives to keep in touch. One relative described how they liked to take their family member out into the garden and how staff supported this. Another relative told us about how they were planning a birthday party for their family member who was about to reach a significant milestone and they were working with staff to arrange the details.

People’s care was monitored continually so that it could be adjusted based on people’s needs as and when they changed. For example, one person told us about when they first left hospital they required intensive support but

now they had become more independent. Staff had respected this and supported the person less as they became able to do more for themselves. Another example we saw was where a person’s care needs had increased. Relatives person described how the person was supported to move to a more accessible bedroom with their involvement and agreement. Staff also worked with the person and family to ensure their bedroom and care was how the person liked.

People told us about ways in which they staff involved them in decisions about their care. We reviewed minutes of residents’ meetings which took place fortnightly which gave people an opportunity to discuss any issues they had. Some of the suggestions had involved having themed meals. For example, one suggestion had been for an “American themed” meal. During the inspection we saw that the meal took place complete with an opportunity for people to participate in line dancing.

People told us they knew how to complain but had never chosen to complain. People told us that they had an easy relationship with staff and preferred to discuss issues. One relative described being completely involved in their family member’s care and having regular discussions to ensure the care was as it should be. They told us “Anything of concern was sorted.” One relative told us they had emailed the manager and got “instant feedback”.



# Is the service well-led?

## Our findings

People told us they knew who the manager was. A relative described the registered manager as “Approachable...you always get the feeling she had time.” One staff member told us, “Any problems [registered manager’s name] is always there.” We saw examples throughout the inspection of people chatting to the registered manager and engaging them in conversation. People smiled and acknowledged the registered manager who responded to them positively.

The registered manager had been managing the service for approximately nine months. Staff described improvements in the culture at the service. One staff member told us it was a “much nicer atmosphere...we work as a team.” Staff described an environment where staff could contribute to suggestions for improvements to the service. One staff member described asking for changes to the shift patterns so that handovers could be more effective. Staff reported that these changes had been implemented and that communication between staff had improved.

Staff we spoke with felt they received advice and guidance to help care and support people. Staff described regular meetings where they could be open and ask for clarification on issues they were unsure about. Staff also described sharing their learning with other team members when they had attending training that others had not yet. There were also smaller team meetings for nurses, senior carers as well as care staff so that day to day issues were completely reviewed and responded to.

We reviewed how the registered manager monitored people’s care to ensure the quality of care could be measured. Monthly checks were completed to evaluate standards at the service. The registered manager undertook regular audits of peoples’ medicines, peoples’ comments in residents’ meetings, infection control, care records as well as the environment people lived in. We reviewed people’s care records which also confirmed these had been reviewed to ensure the necessary actions had been taken by staff.

The registered manager was in the process of undertaking a formal survey with people but felt assured they understood people’s issues through the fortnightly residents’ meetings. The registered manager also arranged to be available on certain weekends to speak to relatives that were only able to visit then. The registered manager felt this made it easier to understand relative’s expectations and respond accordingly.

The registered manager described an easy relationship with the provider. The provider visited the service regularly to review the service. Care and nursing staff were all familiar with the provider and told us they were able to approach them if needed. The registered manager described regular supervision meetings that were followed by emails that detailed what the provider required the registered manager to complete. These were monitored to ensure all the actions the provider requested had been completed.