

Countrywide Care Homes (2) Limited

Astor Court

Inspection report

Lamb Street
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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

Astor Court is a residential care home providing personal care to 37 older people at the time of the inspection, including some people living with a dementia type condition. The service can support up to 43 people. Care is provided over two floors. Nursing care is not provided at the home.

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

People told us Astor Court was a good home. They spoke highly of the registered manager. The registered manager had worked hard since our last inspection to deliver the improvements required. They had strengthened the checks they carried out to monitor the quality of the service.

There were systems in place to monitor and maintain the quality and safety of the service. Medicines were now well managed. There were enough staff to support people and safe recruitment procedures were followed.

Care was provided in a person-centred way. Staff knew people well. People and relatives told us staff were kind and treated them well. People were included in planning their care. Their needs and preferences were well documented. There were a range of activities on offer for people to take part in.

Staff had the skills and experience to meet people's needs. People told us they were well supported. They had access to a range of health professionals when required. People told us the food on offer was enjoyable and their nutritional needs were well met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 requires improvement (published 10 April 2018) and we found three breaches of regulations. The provider completed an action plan after the last inspection to show what they would do, and by when, to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Astor Court

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 Care Act 2014.

Inspection team

The inspection team was made up of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received from the provider since the last inspection, such as information about serious injuries and deaths.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We sought feedback from the local authority and Healthwatch about the service. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and nine relatives about their experience of the service. Some people who used the service could not verbally communicate their experience of the care they received. 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 the registered manger, the deputy manager, and four care workers.

We reviewed a range of records. These included four people's care records and medicines records. We looked at records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider during and after the inspection.

After the inspection

We asked the provider to send us some additional information so we could validate the evidence we found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good

This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found medicines had not always been managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People now received their medicines as prescribed.
- Information about people's medicines had improved. Staff had better access to information about why people needed to take their medicines, and the effect they had. Records completed when people received their medicines were more accurate. Records about when staff had applied people's creams and lotions was still varied, but the registered manager monitored this closely.
- Medicines were handled safely and stored securely.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the home was safe.
- Systems were in place to minimise the risk of abuse. Staff understood how to recognise abuse and understood what they should do if they had any concerns.
- The registered manager carried out thorough investigations into incidents. They worked closely with the local safeguarding team.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Individual risks to people were assessed. Staff took action to mitigate these risks whenever possible. Records related to the support people needed in the event of an evacuation had been made clearer since our last inspection.
- Staff carried out regular checks of the environment and equipment to make sure everything was in good working order.
- Accidents and incidents were monitored to reduce the likelihood of them happening again.

Staffing and recruitment

- There were enough staff to keep people safe. Staffing was determined by an assessment of people's needs. Staff responded promptly to people.
- Feedback about staffing was varied. Some people, relatives and staff told us there were enough staff, whilst others said more staff were required. No one gave us any examples about when staffing was unsafe. We shared their feedback with the registered manager who told us staffing was always kept under review, and they would monitor the situation.
- Safe recruitment procedures were followed.

Preventing and controlling infection

- The home was clean.
- Staff followed guidance to minimise the risks of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we found the provider was not always working within the requirements of the MCA. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

- The provider was now following the principles of the MCA. People were supported to make their own choices whenever they could.
- Decisions were only made on people's behalf following an assessment of their capacity.
- The registered manager had improved record keeping around decision making. They sought legal proof when people had appointed a Lasting Power of Attorney (LPA). LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf. Documentation had been redesigned so relatives were no longer asked for consent on people's behalf.
- DoLS authorisation had been granted for people deprived of their liberty. Conditions on authorisations were being met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they began using the service. Staff used recognised guidance and tools to determine what level of support they required.
- Staff had access to clear information about how to support people. Care plans, written to describe how staff should meet people's needs, were easy to understand and specific to the individual.

Staff support: induction, training, skills and experience

- Staff received a programme of training, designed around the needs of the people they supported.
- New staff completed an induction programme which incorporated the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours that should be covered if staff are new to care.
- Staff told us they felt supported. They had regular opportunities to discuss their performance and the care they delivered.

Supporting people to eat and drink enough to maintain a balanced diet

- People told the food provided was generally very nice and that a good choice was on offer. They were verbally asked their choices which did not best suit the needs of people with dementia. The registered manager told us they would look into best practice around providing choice at mealtimes for people with dementia.
- Staff understood people's nutritional needs. They supported them to eat and drink when needed. Records to monitor people's intake of food and drinks were well completed.

Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- People saw healthcare professionals when they needed to. People told us they had good access to GPs and district nurses.
- Advice from healthcare professionals had been followed and incorporated into people's care records.
- Staff shared information effectively with other agencies when people moved in or out of the service.

Adapting service, design, decoration to meet people's needs

- Steps had been taken to adapt the environment to meet people's needs. Handrails were painted in contrasting colours, so they were easy to see. Specialist cutlery was used to support people's independence.
- Signage did not always meet the needs of people with dementia. Some bedroom doors had not visual signs to indicate whose room it was. The registered manager told us they would look into best practice for signage.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness. People and staff got on well with each other. We saw them chatting to each other throughout the day and knew each other well.
- People and relatives were very complimentary about the staff. They told us they were warm and friendly. One person said, "The staff are very kind" and "We are treated well. Very well in fact." One relative said, "The staff are wonderful. Everyone has been so kind."
- Staff supported people to maintain relationships with their friends and family. Families were made to feel welcome. They could share meals with their relative and were invited to events held in the home.
- Staff respected people's equality and diversity. Staff supported people to maintain their religious beliefs. A regular church service was held at the home.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. Staff told us how they were considerate of people's privacy when providing care, such as covering people up as much as possible when helping them to get dressed.
- People were respected. People and relatives told us staff were always polite. One relative said, "Staff are lovely. Always respectful. They don't treat people like children or anything. They treat people well."
- People were encouraged to be as independent as they could be. Staff were given information about the things people could do for themselves. Staff made sure that people had access to their walking aids as they moved around the home.

Supporting people to express their views and be involved in making decisions about their care

- People's views were taken into account. They were included when staff were planning their care. Care records included information from people and their relatives. One person said, "I don't like the dark. They (staff) know that so leave the light on."
- Relatives told us they were kept up to date with their family member's care.
- People were supported to access advocacy services, who provide impartial support to people to make and communicate decisions.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question 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

- Care was planned to take into account people's personality, behaviour, likes, dislikes and previous experiences. Staff had access to clear and detailed information about the way people should be cared for.
- People's care was regularly reviewed to make sure it continued to meet their needs.

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

- Activities were available for people to take part in, such as quizzes, bingo, games and jigsaws. Entertainers visited the home regularly.
- People and relatives told us activities were improving. They explained that for a few months there had been limited things to do due to staff sickness, but that more activities were now planned. The registered manager told us, in the case of future absences, other staff would be appointed to arrange activities. Relatives told us they were not always sure what was planned. We shared this with the registered manager who told us they would make sure that events and activities were better signposted.
- Staff supported people to meet other people living in the home with similar interests, which had helped people to form friendships.

End of life care and support

- End of life care plans were in place which included information about people's wishes where they were happy to share these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was presented in ways people could understand.
- People with specific communication needs were supported to communicate in the way they preferred. Easy read information was available about subjects such as DoLS, and human rights.

Improving care quality in response to complaints or concerns

- Complaints had been well managed. People knew how to make a complaint if they had to. Complaints had been responded to in line with the provider's policy
- Complaints were monitored and reviewed to check for any themes or trends. Action was taken wherever possible to improve care.
- People told us any concerns they had were addressed promptly.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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
At our last inspection we found systems and processes for the effective operation of the home were not robust. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The registered manager monitored the quality of care that people received. They had reviewed and improved upon the regular schedule of checks they carried out. These checks were designed to give an understanding of the standards of care which were provided.
- Systems were in place to drive improvement. Where areas for improvement were identified, an action plan was created and communicated to staff. The registered manager monitored these action plans closely.
- The registered manager was clear about their legal duty to notify CQC of certain incidents and events in line with CQC registration regulations.
- The registered manager learned from incidents. They carried out 'reflective practice' with staff to consider actions taken and whether any changes should be made to improve upon practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff spoke very positively about the registered manager. People and relatives told us the registered manager was approachable and got things done.
- Staff told us the registered manager had improved morale. They described some of the positive changes that the registered manager had introduced.
- The registered manager managed the service in a way that ensured people received person centred care, due to promoting and maintaining a culture of openness and transparency.

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 registered manager was aware of their duty of candour responsibilities. They were open and honest in

response to any complaints.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The views of people, relatives and staff were regularly sought. Their feedback was used to make changes and improvements to the service.

Working in partnership with others

- The service worked with the local community. There were regular church services and communion in the home. Contact had been made with 'Mind Active', a local community based activity provider to support the home with activities.