Countrywide Care Homes (2) Limited

Astor Court

Inspection report

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Date of inspection visit:
19 February 2018
21 February 2018

Date of publication:
10 April 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 19 and 21 February 2018 and was unannounced. A previous inspection, undertaken in December 2015, found the provider was meeting all legal requirements and rated the service as 'Good' overall.

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 home is registered to provide support for up to 43 people over two storey accommodation. Residential care is provided on the ground floor and residential care and care for people with a cognitive impairment is provided on the first floor. At the time of the inspection there were 26 people using the service. Nursing care is not provided at the home.

At the time of the inspection there was no registered manager registered at the home. The previous registered manager had left the home and cancelled their registration in November 2017. A new manager had been appointed but it had been in post only around four weeks. A registered manager is a person who has registered with the CQC 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 living at the home and we found any safeguarding issues had been dealt with appropriately and referred to the local safeguarding vulnerable adults team. Maintenance of the premises had been undertaken and safety certificates were available. A recent request from the Fire Service to improve training had been followed. Accidents and incidents were recorded and monitored and there was evidence of the provider looking to consider lessons learned.

Suitable recruitment procedures and checks were in place, to ensure staff had the right skills. All staff had been subject to a Disclosure and Barring Service check (DBS). People and staff members told us there were enough staff at the home and we did not witness calls bells going unanswered.

We found issues with the recording and management of medicines, including topical medicines, such as creams and lotions. Medicines were not always given in line with prescribed instructions. We observed the home was maintained in a clean and tidy manner.

Staff told us they had access to a range of training and records showed there was high completion of mandatory training. Regular supervision and annual appraisals were ongoing. People's health and wellbeing was monitored and there was regular access to general practitioners and other specialist health staff.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not

inappropriately restrict their freedom. We found issues with legal consent and best interests decisions, which were not always undertaken in line with MCA guidance, including determining the least restrictive option had been considered. Staff understanding of MCA requirements was not always clear.

People were happy with the quality and range of meals and drinks provided at the home. Special diets were catered for and staff had knowledge of people's individual dietary requirements.

People told us they were happy with the care provided. We observed staff treated people patiently and with due care and consideration. Staff demonstrated an understanding of people's individual needs, preferences and personalities. People and relatives said they were always treated with respect and dignity and were involved in care decisions, where appropriate.

Care plans contained details of the individual needs of the person. Care records contained information about people's personal preferences, although in some cases the action staff should take to support people could have been clearer. There was no identified activities worker at the home, although the post had been advertised. People told us some activities were provided and we witnessed Pets as Therapy (PAT) dogs visiting the home. The provider had a complaints policy and concerns raised had been effectively addressed.

The manager told us regular checks on people's care and the environment of the home were undertaken. However, audits had often failed to identify the issues we noted at this inspection, particularly around medicine issues. Where actions had been identified these were not always addressed in a timely manner. Staff felt supported by the new manager, who they said was approachable and responsive. They told us they could raise issues or make suggestions.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to Safe care and treatment, Need for consent and Good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Not all aspects of the service were safe.

We could not be sure medicines, including topical medicines were administered in line with prescribed guidance.

Safeguarding issues had been investigated and reported. People said there were enough staff to support them. Safe recruitment processes were in place.

People had mixed views on the cleanliness at the home, although we observed the home to be maintained in a clean and tidy manner.

Is the service effective?

Requires Improvement

Not all aspects of service were effective.

Best interests decisions were recorded, although it was not always clear the least restrictive option had been fully considered and in some cases best interests decisions had been taken when a relative had authority under a LPA. In other cases relatives without legal authority had been asked to consent on a person's behalf. Authorisations with regard to DoLS were in place.

Staff told us they received training and people felt they had the right skills to care for them. Supervision and appraisals were being undertaken on an ongoing basis.

People had access to a range of meals and drinks and specialist diets were supported.

Is the service caring?

Good

The service was caring.

Relatives and people living at the home praised the care staff and described the support they received as good. We witnessed good relationships between people and saw staff were supportive and compassionate. Staff told us they currently had sufficient time to support people.

People and relatives told us they were involved in determining and reviewing care needs, as necessary. People's privacy and dignity was considered and respected.

People's wellbeing was supported through regular contact with health professionals.

Is the service responsive?

Good

The service was responsive.

Care plans were based around people's individual needs, although some detail could be improved. People said staff were responsive to their needs.

There was no identified activities worker at the home, although the post had been advertised. Some activities were available for people, which they enjoyed. People told us they were supported to make choices about their care and daily lives.

Complaints had been dealt with fully and appropriately. Where appropriate, people had end of life care plans in place.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

There was no registered manager currently formally registered for the service, although a new manager had been appointed.

Checks and audit processes had failed to identify the issues we noted around the management of medicines. Where audits had identified an action this was not always followed.

Staff were positive about the leadership of the new manager. Staff said they were happy working at the home and positive about their caring role.

Astor Court

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.

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.

This inspection took place on 19 and 21 February 2018. The first day of the inspection was unannounced. The inspection team consisted of one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who used this type of service.

Before the inspection we reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local clinical commissioning group. We used their comments to support our planning of the inspection.

We spoke with seven people who used the service to obtain their views on the care and support they received. We also spoke with four relatives, who were visiting the home at the time of the inspection. Additionally, we spoke with the manager, the deputy manager, three senior care staff, seven care workers, two domestic staff, the maintenance worker and kitchen staff.

We observed care and support being delivered in communal areas and viewed people's individual accommodation. We reviewed a range of documents and records including; four care records for people who used the service, 20 medicine administration records (MARs), four records of staff employed at the home, complaints records, accidents and incident records, minutes of meetings and a range of other quality audits and management records.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in December 2015 we rated this domain as 'Good.' At this inspection we found the provider was not always meeting the regulations for this domain.

We looked at how people were supported with their medicines. We saw this was not always done safely and effectively. We found some people were not receiving their medicines as directed by the doctor or the pharmacist. For example, one person was prescribed eye drops to be given twice a day. We noted from the medicine administration records (MARs) they had only been given these drops once a day. We spoke to a member of staff who confirmed this was an error and the person had been receiving their eye drops just once a day. We could not reconcile the medicines of a second person. The MAR stated that 28 tablets had been received at the start of the prescription period. The MAR contained 20 signatures and when we counted the remaining tablets there were nine left. Another person was prescribed a medicine three times per week. We found in the first week they had been given three doses but in subsequent weeks had only received one or two doses. This meant we could not be certain people were receiving their tablets in line with the prescription.

A fourth person was prescribed a topical medicine. Topical medicines are items that are applied to the skin, such as creams or lotions. Their doctor had prescribed the cream to be applied twice a day, in the morning and in the evening, due to problems with their legs. We found that for the period of the available MAR chart it had been recorded as the person being asleep in the evening 21 times out of a possible 26 applications, and therefore the cream had not been applied. We checked the night time daily records for the person and could not always confirm that the individual had received the creams. We further looked at the person's night time care plan. We noted their preferred time to retire to bed was between 8.00pm and 9.00pm. The cream was listed on the MAR to be applied at 9.00pm. We found no indication in the person's care records that staff had taken action to address the consistent failure to apply this second dose by moving the time the cream was due to be applied and there was no indication the matter had been raised with the person's general practitioner. This meant we could not be sure the person was receiving their medicines appropriately and in line with prescribed instructions.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12. Safe care and treatment.

People we spoke with told us they felt safe living at the home. Comments included, "Yes I feel safe. It's like being at home or any house, I just feel safe and looked after"; "Yes, I just feel safe here. It's just normal"; "Yes I feel safe here. Staff are wonderful. Nothing's a bother to them"; "I do feel safe here. The building is locked so only people we know can get in with the special code. I feel very safe in my own room" and "There's always somebody around to help me." A relative told us, "I feel my [family members] are safe here. They can ask staff for anything and they get it. It's very good here."

Staff had completed training with regard to safeguarding vulnerable adults and were able to describe the action they would take if they had any concerns. Any potential safeguarding matters had been recorded and

referred to the local safeguarding team or the person's care manager for review. We saw appropriate action had been taken to fully investigate any such incidents.

Risk assessments were in place for both the environment of the home and with regard to people's personal care and support. Checks had been made on fire equipment and fire safety, lifting equipment, nurse call buttons, water temperatures and gas and electrical equipment. Within people's care records we saw there were regular reviews and updating of plans with regard to falls risks, skin integrity (Waterlow assessment), food and fluid intake (Malnutrition Universal Screen Tool (MUST)) and choking risk assessments. Where necessary action had been taken, such as referral to speech and language services where a choking risk had been noted.

The home had a 'grab and go' bag, with equipment and records that may be required in the event of a fire. We noted that personal emergency evacuation plans (PEEPs) were not always as detailed as they could be, and could contain more personal information. We spoke with the manager about this, who agreed the information required expanding and updating. Prior to the inspection we had been sent a copy of a letter to the home from the local Fire Service. Following an inspection by a fire officer the home had been advised to increase the number practical fire drills taking place. We saw action had been taken following this advice and records showed, and staff confirmed that practical fire drills did now occur regularly. One staff member told us, "We did a fire drill last week and went through the motions of a fire. We had to locate the zone the fire was in, then check the signing in/out book to ensure all those who said they were in the building actually were in the building. It went well."

Accidents and incidents were recorded and reviewed with regard to the individual involved and the time of the events. We saw the manager had instigated a review of staff between the hours of 4.00pm and 8.00pm as a higher proportion of incidents were noted to occur in this period. We also saw that people's care records were reviewed and updated following a fall or incident.

People we spoke with told us there were enough staff to support their needs. One person told us, "Yes there are enough staff here. If I want something they get it for me." However, another person said, "I don't think there are enough staff here because they are always on the go - one buzzer after another." During the inspection we were not aware of buzzers going off frequently and excessively. We also noted that when call buzzers were activated they were answered in an appropriate time scale. Staff we spoke with told us they felt there were currently enough staff. They said the present staffing ratio allowed them to meet people's care needs and to sit and talk with them. We saw several times throughout the inspection staff sat chatting with people in the lounge areas or their own rooms. Duty rotas we examined during the inspection confirmed there were consistent numbers of staff on duty throughout the week.

We looked at staff records regarding recent recruitment. We found this was undertaken in a safe and appropriate manner. There was evidence of staff completing an application form, a formal interview process and appropriate checks being undertaken; including Disclosure and Barring Service (DBS) checks and the taking up of two references. There was also evidence in staff files that individuals had been subject to a probationary period of work to ensure they were suitable to work in the environment and support people appropriately. Staff we spoke with confirmed they had been provided with an induction period prior to fully taking on duties at the home.

There were mixed views on cleanliness. One person commented "Sometimes the room hasn't been cleaned for a few days. Look at the dust on the shelves". However, other people said "Once or twice we see the cleaners in here when we are in the bedroom they do the lounge" and "My en-suite is cleaned every day. Staff are very good. Every day my washing gets done and I have clean towels and a flannel every day." During

the inspection we observed the home was maintained in a clean and tidy manner with no malodours. Communal bathrooms and en-suites were generally clean and tidy. When we had inspected Astor Court's sister home we had commented that boxing around pipe work was in need of attention to allow it to be cleaned effectively. We noted that the majority of pipework boxing here had been freshly painted to ensure it was of a good standard. The maintenance man told us lessons had been learned in light of the previous comments made about the sister home. Domestic and laundry staff told us they felt busy at the current time due to some staff sickness and because staff were using up their holiday entitlement. They also told us there was a vacancy in this area.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection in December 2015 we rated this domain as 'Good.' At this inspection we found the provider was not always meeting the regulations for this domain.

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. The application procedures for this in care homes and hospitals are 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 were being met.

We found the service was not always working within the requirements of the MCA, with regard to consent, capacity and best interests decisions. We noted in some people's care records that relatives had signed consent forms for the sharing of information, the taking of photographs and participation in care reviews. We found that these relatives only held Lasting Power of Attorney (LPA) for finance and business and not for care and welfare. This meant they did not have the legal power to sign consent forms on the individual's behalf. LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves. In another person's record we noted it had been recorded that a relative had given consent to staff over the phone for certain actions. Whilst it was recorded the relative had LPA there was no copy of the document available at the home, meaning we could not be certain they had the legal authority to make such decisions.

We found that best interests decisions were not always made in line with the requirements of the MCA. Some best interests decisions were recorded when a relative had legal LPA authority. Other best interests decisions did not always record that the decision made was the least restrictive option. We found one person at the home could be given medicines covertly if they refused to take them consistently. The best interests decision did not confirm that giving the medicines covertly was the least restrictive option and that other action may have been considered. The home's best interests decision stated that paracetamol was the only medicine which should be given covertly. A supporting letter from a GP stated that all medicines the person received could be given covertly. A third document, a protocol developed by the service, listed three medicines that could be given covertly. This meant the process for determining if this course of action was in the best interests of the individual was not in line with MCA requirements.

We spoke with staff about the MCA and their understanding of assessing people's capacity to make decisions and when they would invoke a best interests decision. Staff were not always clear about the process and did not have a firm understanding of the requirement to assume that people had the capacity to make decisions, including unwise decisions.

This meant that actions were not always taken in line with the MCA and appropriate consent was not always obtained before actions were taken or care delivered. Staff did not fully understand the process with regard to presuming people had capacity or assessing people's capacity.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 11. Need for Consent.

Records showed that applications had been made to the local authority for DoLs to be granted, although a number were still awaiting formal responses. Where formal restrictions had been granted then copies of the orders were available and further applications made when the DoLs initial period had expired.

Some people living at the home had diverse needs in respect of the seven protected characteristics of the Equality Act 2010 namely; age, disability, gender, marital status, race, religion and sexual orientation. We spoke with staff about equality and diversity. They told us that this topic area was included in their on line training. They were able demonstrate and understanding of the principles around equality and diversity issues and talked about what it may mean for people who lived at the home. Staff told us they had not encountered any discrimination, both when working in the service and when accompanying people out into the community. They told us they would address the issue if such a situation arose. One person told us there was a regular religious service at the home which they enjoyed. They told us, "I go to the monthly church service upstairs. It's the highlight of the month for me."

Care records showed people's care needs and choices were assessed and support delivered in line with these needs. Records showed whether people had preferences for male or female care staff and also personal preferences about food, activities or the time the wished to retire to bed. Relatives told us, "They came out and did an assessment and turned up when they said they would. Everyone has been very helpful and nothing is too much trouble."

Records showed, and staff confirmed they had recently undertaken a range of training. Records indicated there had been good uptake of mandatory training. Mandatory training is that which the provider feels is essential for staff to undertake their duties. Overarching records and certificates in staff files showed a range of areas had been covered including; food safety, moving and handling, dementia awareness and medicine awareness. One person told us about staff training, "Staff are well trained and can do anything we ask them to do. They always know what they are doing and do it well." One staff member talked about how the training provided had assisted them to settle into their new role. They told us, "We have lots of training here. Sometimes it is on-line ELearning and at other times it is in groups. When I joined this place 14 months ago, I came straight from 30 years in industry. I can tell you it was a shock to me and I didn't like it at first. It frightened me to see how dependent and sometimes how poorly people are and I didn't know what to do. This place gave me Dementia Awareness training so that I could understand what was going on and what staff were trying to achieve. I love it here now. I wouldn't want to work anywhere else."

Staff told us, and records confirmed regular supervision and annual appraisals took place. We noted that following the recent departure of the previous manager there had been a slight dip in the frequency of supervisions and appraisals but that the new manager was starting to address this.

People were supported to access appropriate levels of food and drink. People commented, "Food is quite good - good variety. If I don't want something, they don't make me eat it"; "Oh, I like the food here" and "The food's alright. Sometimes I can't chew things because I wear dentures. It is good quality though." One relative told us, "I haven't been here for mealtimes, so don't see it. However, I did have my Christmas Dinner here this year and it was lovely." Another relative told us about their relation who had previously not been

eating well, "The food is good. They have put on a stone, so it must be alright. I'm thinking now I had better but bigger clothes."

We observed the food to be appetising, well cooked and hot. Not all people wanted what was offered and one person asked for a jacket potato with butter, which was provided and they seemed to thoroughly enjoy. Another person got up and left their meal, despite staff attempting to persuade them to return to the table. We later saw the person sat in the lounge area with a plate of sandwiches and some crisps. Where people required support from staff to eat their, meals this was undertaken in a sensitive and appropriate manner.

We saw in people's care records that their nutritional intake was regularly reviewed and people's weights were monitored. Where necessary advice was sought from general practitioners or other health professionals. One staff member told us, "We have two people downstairs who are diabetic and we ensure that they get the right foods that don't make their condition worse." We spoke with kitchen staff about people's nutritional requirements. They had good information about people's needs and whether they required pureed or diabetic diets. They told us they had been on training specific to the needs of people living at the home and showed us documents they referred to with regard to ensuring all people living at the home received a balanced nutritional diet.

The manager told us the home was currently in the middle of a range of improvements. We saw that on both days of the inspection workers were busy refurbishing and redecorating the corridor areas. We noted several other areas of the home, including toilet areas, had recently been repainted. The handyman explained to us the toilet areas had been repainted in such a way as to make it easier for people to identify where the toilet was, due to the use of coloured walls. We saw that certain rooms had pictorial signage to assist people who may not recognise letters. The first floor area had one area that allowed people to sit and rest. We spoke with the manager and deputy manager about how to improve the environment for people with a cognitive impairment. They told us they recognised the layout of the building offered potential to increase the range of facilities and they would be looking to do this as decorating progressed.

Good

Is the service caring?

Our findings

At our inspection in December 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People and relatives we spoke with told us they felt the care at the home was good. One person told us, "The care is very good. Staff are always here for us and nothing's too much trouble. Food is very good and there are always snacks available." Relatives said, "[Relation] has only been here six days, but so far care is good" and "We are generally very happy. [Family member] has settled in really well. They hadn't really settled anywhere before, but they have settled here really well. Everyone has been really helpful." Relatives also told us, "They [staff] go out of their way to make everything good for them."

We spent time observing care during the inspection. We found staff treated people politely and in a caring, thoughtful and considerate manner. We overheard a number of encounters between people and staff which supported the view that people were well cared for. We observed one care staff member spending time in a person's room, sat chatting with them. The conversation between the two was animated and we noted the person frequently laughed out loud during the discussion. We also observed, that whilst staff were serving people with tea and coffee one morning, one staff member reminded another that a person much preferred plain biscuits to chocolate ones. We also observed staff sitting with people and singing and on the second afternoon staff started an impromptu dance session, encouraging as many people as they could to get up and dance with them.

People and relatives we spoke with told us they were involved in care decisions. One relation told us, "I am involved in review meetings about my [relative's] care. I meet twice per year with social workers and staff here and we discuss my [relative's] individual care plans". Records indicated that people had been involved in care reviews, although it was not always clear how this had influenced care decisions. We spoke with the manager about this and they agreed that they needed to be clearer about recording how people had participated in care decisions. Records showed there had been some 'relatives' and residents'' meetings. A meeting in December 2017 had discussed the lack of an activities co-ordinator at the home and people had also been given the opportunity to raise any concerns or complaints. The manager explained that she had recently organised a meeting to introduce herself to people and relatives. She said that despite her and the deputy manager staying late no one had attended the meeting.

People we spoke with told us they were treated in a way which maintained their privacy and dignity. One person told us, "I am respected and staff to respect my privacy. They always knock before they come in." We witnessed this in practice, with staff knocking on doors before they entered people's rooms and exiting rooms discreetly when personal care was being delivered. A relative told us, "They are always clean and tidy. Staff are always popping in to see how they are and they are very patient with them when they ring the buzzer. They've been used to being in hospital where you have to ring the buzzer for everything."

We saw that people had access to a range of health service professionals to support their ongoing health

and well-being. Care records showed that people had attended a range of outpatient, hospital or local general practitioner appointments.

Good

Is the service responsive?

Our findings

At our inspection in December 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

At the previous inspection we noted the service was responsive to people's needs, carried out assessments of needs and developed care plans that were person centred and personal to the individual. At this inspection we found this continued to be the practice at the home.
People care plans contained detailed information about their care needs and the individual preferences. Appropriate care was supported through the regular updating of risk assessments, including those associated with weight loss, skin integrity issues and falls.

There was evidence in people's care files that they had been subject to an assessment of need prior to coming to live at the home. There was also evidence that this assessment had been reviewed and updated following their admission to the home. Care plans had been developed to cover a range of areas and care needs including; moving and handling, personal care and hygiene, nutrition and hydration, and communication. Some care plans contained good personal information about the person's needs and preferences. For example, one plan indicated people liked a good cooked breakfast but then could pick at meals throughout the day. Another person's plan suggested they preferred to retire to bed earlier rather than later and a third plan indicated that the person preferred a bath rather than a shower. Some care plans did not always contain detail to assist staff to deliver personal care. For example, one person's care plan dealt with the support they needed with a catheter, but lacked detail about how staff should do this. Another plan suggested a person could get their words mixed up and may become anxious. There was limited information in their plan about how staff should approach this situation and support the individual. We spoke with the manager about the care plans and she agreed that they required further detail and this would be tackled as care documentation was reviewed.

People and relatives told us staff were responsive to their needs. One family told us that, although the person had only recently moved to the home they had organised a birthday party for the individual, including inviting a range of family and friends to a birthday tea. We asked people if they had access to regular baths and showers. One person told us, "A bath or shower? I certainly do." A relative told us, "I've no concerns at all. [Family member] being here has taken a great burden off us."

At the time of the inspection there was no activities co-ordinator employed at the home. The manager and deputy manager told us they had advertised for a number of months, but without success. People told us there could be more activities, but also said the home tried hard to ensure some events took place. They told us about a range of past events including; Scottish Country Dancers coming to the home on Burns Night and the Salvation Army coming in at Christmas to sing carols and also at Easter time. On the first day of the inspection two PAT dogs (Pets as Therapy) visited the home. We saw people really enjoyed stroking and petting the animals and that they smiled a great deal during this event. People on the first floor, some of who were living with a dementia related condition, became more expressive and calmer during the event.

People's comments about activities included, "We have a monthly church service and I really like that. We also do Tai Chi sometimes with Wendy"; "We have singers come in at the weekend. Sometimes we have films in the cinema room with homemade popcorn and a glass of wine" and "We've had a pet visit recently and sometimes we have snakes and reptiles and spiders, etc in. We also have a hairdresser who comes in each Wednesday." On the second day of the inspection the hairdresser was visiting the home and provided hair care for a number of people, across both floors.

The provider had in place a complaints policy and we saw that recent complaints had been dealt with appropriately, and an investigation undertaken, as required. Where necessary action had been taken to change procedures to prevent further issues arising. We noted that in most cases the response to the complaint had been verbal with a telephone discussion or meetings arranged with the family or complainant. We spoke with the manager about the need to follow these meetings up with a formal letter, to confirm the outcome of the matter. People we spoke with told us they would speak with a member of staff if they had a complaint, but said they had not raised any recent concerns. One person told us, "I think if I was unhappy with something I would speak to the carers. Not that there's much I could complain about."

Where appropriate people had in place end of life care plans. Plans detailed any specific wishes they may have around the care and support they wished to receive in these final days. Where people had prepaid funeral plans in place then copies of these were kept in their care file. Some people had emergency health care plans (EHCP) in place, about the care they wished to receive in the event of a significant health event. Copies of these were also available in people's care records.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in December 2015 we rated this domain as 'Good.' At this inspection we found the provider was not always meeting the regulations for this domain.

At the time of the inspection there was no registered manager formally registered at the home. The previous registered manager had left the home and cancelled their registration in November 2017. A new manager had been appointed but had only been in post around four weeks when the inspection took place. The deputy manager had been overseeing the home in the interim, with support from senior managers in the provider's organisation. We were supported on the inspection by the manager and the deputy manager.

There had been a number of audits and checks undertaken on the environment of the home and the care delivery. Some audits had action plans in place and a note made to say that actions had been completed. However, for other audits and checks these did not demonstrate a true reflection of what we found at the home, or actions identified in audits had not been undertaken and completed. For example, a medicines audit for both floors of the home had been undertaken on 2 February 2018. This audit had failed to identify the issues we found at the inspection, with medicines not being given in line with prescribed instructions. The audit also stated that there was no one in the home with covert medicines in place, which was incorrect, and the covert medicines process was not in line with the MCA.

A care file audit had been undertaken by the incoming manager on 17 January 2018. We noted a number of actions had been highlighted as requiring completion. We saw on our inspection on 21 February 2018 that many of these matters had still not been addressed. For example, best interests decision documentation was highlighted as needing to be rewritten, but in many instances the documents had just been re-signed by staff and not fully reviewed and rewritten. The person's DoLS care plan was required to be rewritten and a copy of the relative's LPA made available, but this remained incomplete. The audit also stated the person's epilepsy care plan needed to be reviewed, but we could find no evidence this had taken place. We spoke with the manager about these matters and she agreed there needed to be better monitoring and follow up of actions.

This meant quality audits were not undertaken robustly and where checks had taken place action was not always taken to address the issues identified.

This was breach of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17. Good Governance.

Staff we spoke with told us they felt the situation at the home had improved since the new manager had arrived, although they felt it was too early to see any tangible changes or benefits. They told us they had been supported by the deputy manager and confirmed other senior staff had visited the home over the last few months, prior to the new manager arriving. Staff said they found the new manager approachable and supportive and commented that they felt they could speak with her if they had any issues or concerns. Comments included, "I like her. She seems to know what she is doing"; "I like how she is working. She keeps

us up to date when new people come in"; "I think she is really approachable and really nice. She has been around and introduced herself"; "She is lovely. She is approachable. I know if necessary I could speak with her" and "She seems okay. She is very positive and has a direction for going forward. It feels more settled since she has arrived."

Staff told us there were staff meetings and we saw records of these. A staff meeting held in January 2018 had discussed areas that had been highlighted by a CQC inspection of Astor Court's sister home and lessons learned, staffing levels and requests for staff to take on the role of infection control champion. Previous staff meetings had taken place in December and November 2017. There had also been a number of health and safety meetings regarding the running of the home.

Staff told us they were happy working at the home and enjoyed their jobs. Comments from staff included, "The residents are the best thing about work. I love them all and they are so nice"; "I try to do my best and help the residents. Overall, I'm happy at the moment"; "I love it here; making sure people are looked after properly. It's definitely like an extra family"; and "Knowing I can help someone makes you so motivated. It might seem like nothing to you but it goes a long way. There is so much love in here. It's like part of your family."

The manager told us she was still in the phase of assessing the service and setting priorities and actions. She said the redecoration of the home was ongoing but acknowledged there were other areas that needed to be addressed and looked at. She told us that her initial impressions were that the care staff were very good and very caring.

The provider was meeting legal requirements of their registration. The service had notified the Commission of significant events at the home, such as deaths, serious injuries and DoLS applications, as they are legally required to do. The service was displaying its current quality rating both at the home and on the provider's website.

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 Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment of people who use the service was not always provided with appropriate consent of the relevant person or, where people lacked capacity, in line with the requirements of the Mental Capacity Act 2005. Regulation11(1)(2)(3)(5).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always being provided in a safe and effective way and there was not always the safe and proper management of medicines. Regulation 12 (1)(2)(g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not in place to ensure the effective operation of the home. Processes to assess, monitor and improve quality and safety were not robust. Records were not always contemporaneous or maintained in an accurate, complete manner. regulation 17 (1)(2)(a)(b)(c).