Countrywide Care Homes (2) Limited

Astor Court

Inspection report

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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

Astor Court provides care for up to 43 people. At the time of the inspection 33 people were accommodated at the service, some of whom were living with dementia. The service is registered with the Care Quality Commission (CQC) to provide nursing care, but at the time of our inspection was operating as a residential home which did not provide nursing care.

This inspection took place on 23, 24 and 29 September 2015. The inspection was unannounced. At the last inspection of this service, in September 2014, we found the provider was meeting all of the regulations we inspected.

The provider, Countrywide Care Homes (2) Limited, had two services on one site, Astor Court and Astor Lodge. We inspected both services at the same time. Our findings for Astor Lodge are discussed in a separate report.

A registered manager was in place. A registered manager is a person who has registered with the CQC to manage

Summary of findings

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 and their relatives told us Astor Court was a safe place to live. Staff had received safeguarding training and were able to describe to us the signs where people may be at risk of abuse and how they would respond if they had any concerns. Records showed safeguarding concerns had been shared promptly with the local authority safeguarding team.

Accidents and incidents were monitored and risks had been assessed. Actions had been identified to reduce the likelihood of risks occurring. Medicines were managed appropriately.

There were enough staff to meet people's needs. Minimum staff numbers had been determined following assessments of people's needs. Staff were able to respond to people quickly. Recruitment procedures had been followed to ensure staff were suitable to work with vulnerable people.

Staff training was up to date. Staff were given opportunities to develop their skills and understanding. An induction training package was in place to ensure new staff were competent to deliver care to people safely.

Where people did not have the capacity to make decisions themselves, the Mental Capacity Act 2005 (MCA) had been followed. Records showed people's capacity had been assessed, and decisions had followed 'best interests' principles. The provider acted in accordance with Deprivation of Liberty Safeguards.

The home was being refurbished. Work on the ground floor was complete and plans were in place to make improvements to the upper floor. Visual signage had been used to assist people living with dementia to find their way around the home. People had constant access throughout the day to an enclosed garden.

All of the people we talked with, and their relatives spoke highly of the staff and how well they cared for them. Relatives told us they always felt welcome. Staff had good relationships with people, they responded with a gentle and kind manner when they were distressed.

Staff respected people's privacy. They knocked on the door and waited for permission before entering people's bedrooms. They spoke to people with respect and addressed them politely.

People's assessments and care plans were detailed, specific and individual to the person receiving care.

People and relatives' feedback was encouraged through regular meetings and a yearly survey. The most recent satisfaction results had been very positive. Where people had raised areas for improvements, such as with the laundry service, action had been taken to improve the service. Complaints had been investigated and responded to.

People, relatives and staff spoke highly of the registered manager and told us the home was managed well.

A range of audits and monitoring tools were used to assess the quality of the service provided. Representatives from the provider organisation regularly visited the home and provided detailed feedback on their observations. Actions identified to improve the service had been carried out and signed off when completed.

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 told us they felt safe at the home. Staff had undertaken safeguarding training and were able to describe to us how they would respond to any concerns.

There were enough staff to meet people's needs. Safe recruitment procedures had been followed to ensure staff had suitable qualifications and experience to carry out their role.

Medicines were managed appropriately. The home was clean and infection control policies were followed.

Good

Is the service effective?
The service was effective.

Staff training was up to date. Where people did not have capacity to make specific decisions, the principles of Mental Capacity Act 2005 had been followed. Deprivation of Liberty Safeguard applications had been applied for appropriately.

The home was purpose built. There were a number of communal areas where people could choose to spend their time, including accessing outside space.

Good

Is the service caring?
The service was caring.

People told us staff were patient, kind and treated them with dignity and respect.

Information had been provided for people about what they should expect from the service. Information was also displayed around the home about the needs of people with dementia, so people and relatives could read about best practice and research on dementia care.

Good

Is the service responsive?
The service was responsive.

Care records were personalised and contained clear information about how staff should support people. Assessments had been carried out to determine people's needs and were regularly reviewed.

People spoke very highly about the range of activities on offer in the home. We observed some of the group sessions organised by the activities coordinator, where people appeared to be very engaged and enjoying these sessions.

People and relatives' feedback was encouraged through regular meetings and an annual survey.

Good

Is the service well-led?
The service was well-led.

People and their relatives told us the registered manager was available whenever they needed to speak with her.

Good

Summary of findings

Audits and checks were carried out to monitor the quality of the service. Representatives from the provider's organisation visited the home regularly to assess the quality of the service provided. Where improvements were identified, actions had been put in place to address them.

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.

This inspection took place on 23, 24 and 29 September 2015 and was unannounced. The provider had two services on one site, Astor Court and Astor Lodge. We inspected both services at the same time. Our findings for Astor Lodge are discussed in a separate report.

The inspection was carried out by an inspector, a specialist advisor and an expert-by-experience. Specialist advisors are clinicians and professionals who assist us with inspections. The specialist advisor on this inspection was a registered nurse with management 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. The expert-by-experience who was part of this inspection team had expertise in older people and those who had a dementia related condition.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed the PIR and other information we held about the service prior to our inspection. This included reviewing statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

We reviewed information we had received from third parties. We contacted the local authority commissioning and safeguarding teams. We also contacted the local Healthwatch. We also spoke with the pharmacist who supplied medicines to the home, and a care manager who visited the home regularly. We used the information that they provided us with to inform the planning of this inspection.

During the inspection we spoke with six people who lived at the home and five people's relatives. 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. Throughout the inspection we also spent time in the communal areas of the home observing how staff interacted with people and supported them.

We spoke with the registered manager, the provider's regional and quality assurance managers, two senior care workers, five care workers, and two domestic assistants. We reviewed five people's care records including their medicines administration records. We looked at four staff personnel files in addition to a range of records in relation to the management of the service.

Good

Is the service safe?

Our findings

We spoke with six people who used the service who all told us they felt safe and comfortable living in the home. One person said, "Staff are very nice and look after me well." A relative stated "The staff make you feel so welcome and I know [Relative's name] is well looked after."

Staff had undertaken training in identifying and responding to safeguarding concerns. Staff were able to describe different types of abuse, and how they would respond if they had any concerns that people were at risk of abuse. All of the staff we spoke with told us they would report concerns to their manager. The registered manager was aware of their responsibility to share any concerns with the local authority. Records showed safeguarding concerns had been reported promptly to the relevant safeguarding team.

People were protected from unnecessary risk. People's individual needs, the care they received and the premises had been assessed to determine any risks, people, staff or visitors may be subject to. Risk assessments within people's care records detailed whether they were at risk of falling, developing pressure damage or were at risk of malnutrition, and information had been provided to staff about how to minimise these risks. Risks within the building, for example, the risk of the lift breaking down, had also been assessed. The actions identified to reduce risks, such as regular servicing by lift engineers, had been detailed within the assessments.

Accidents and incidents were monitored and analysed to determine if action could be taken to reduce the likelihood of them reoccurring. Accident and incident records included detailed information including body maps where people had sustained an injury. The manager had reviewed all of the accidents records to ensure staff had responded appropriately. Accident and incident information was collated and reviewed on a monthly basis. Analysis included the times of accidents, whether they had been observed, and where in the home they had occurred. Action had been taken to reduce the risk of accidents reoccurring, for example we saw a referral had been made to one person's GP when they had fallen multiple times within a short period of time.

Checks were undertaken to ensure the building and equipment used was safe. External companies had been used to assess the electrical installations in the home, and the risk of asbestos or legionella bacteria forming or being present. Equipment such as the boilers and hoists had been serviced regularly to ensure they were in good working order. Maintenance staff regularly tested the call bell system to make sure people could contact staff if they needed them. Fire alarms and fire doors were tested on a weekly basis, and evacuation procedures were displayed throughout the home so staff were aware of the process to follow in the event of an emergency

There were enough staff to meet people's needs. The atmosphere in the home was calm and relaxed. When people requested staff help, either by pressing their call bells or by asking for their support, we saw staff were able to respond quickly. People we spoke with told us staff were available whenever they needed them. One person said, "Staff will get me what I want, I just need to ask." The manager showed us a dependency tool which she completed monthly to determine how many staff were required to meet people's needs. She said, "I use this tool as a basis. I know what support people need, and I'm always aware of what's going on on the floor. The dependency tool gives a minimum number, but I always schedule one more staff member than that during the day as I know our busy points and want to make sure we have enough staff." We looked at staff rotas for the month before our inspection. Staffing numbers were consistent; staff we spoke with confirmed this. One staff member said, "We'd never work with less staff than we need. It wouldn't happen. [Name of Manager] would step in before we'd go short. She'd either work the shift herself or get agency in."

Safe recruitment practices had been followed, and a number of checks undertaken before staff began working in the service. Staff had provided proof of identification, information on their previous employment, and detailed any gaps in their employment history. References had been received from two referees, at least one of which was a previous employer. References provided information on staff character and previous conduct. A Disclosure and Barring Service (DBS) check was in place for all staff. These checks were undertaken to ensure staff were of good character and suitably experienced to carry out their roles.

Processes were in place to ensure medicines were managed safely. Staff with responsibility to administer medicines had undertaken training in how to do so safely. Their competency had been assessed at least once a year,

Good

Is the service safe?

consisting of knowledge checks and observations of medicines administration. Medicines were stored securely. Records had been fully completed and codes had been used appropriately to record whether people had taken their prescribed medicines. We checked a number of medicines and saw medicines stock tallied with records. Topical medicines, such as creams, had been dated on opening, and a body map clearly showed where it should be applied. Processes were in place to dispose of any medicines which had not been used.

The home was clean. Domestic staff were responsible for cleaning communal areas, bedrooms, and for laundering people's clothes. Staff consistently wore personal protective equipment to minimise the risk of spreading infection. We noted that people's en-suite toilets did not have towel rails, and that towels had been left on the top of toilet cisterns. We discussed this with the registered manager. She had already identified that this was a concern, through the regular infection control audits undertaken. She showed us evidence that towel rails for all en-suite bathrooms had been ordered and would be delivered to the home shortly after our inspection.

Good

Is the service effective?

Our findings

People we spoke with, and their relatives, told us the care they received was good and that staff were well trained. One relative said, "We have had no problems whatsoever. The care is good. Staff are excellent and [My relative] is always clean and tidy."

The provider had identified a set of mandatory training requirements for care staff. These included a range of E-learning, classroom and practical training modules, in areas such as moving and handling, health and safety and safeguarding people from abuse. Training records showed these staff training areas were up to date. Dates when training modules needed to be renewed, had been recorded and training was scheduled in advance of current training expiring which meant staff skills and knowledge was kept up to date Training had been provided to staff based around the needs of people who lived at the home, in areas such as dementia and end of life care.

New staff received a training induction package, which included training and shadowing more experienced staff. Staff worked towards completing the range of training required for the new Care Certificate [A framework for induction which outlines what care workers should know and be able to deliver in their daily jobs] in the first twelve weeks of their employment. They received regular supervision sessions and observations before their induction period was complete.

Staff were supported to develop their skills and knowledge. All of the staff we spoke with told us they thought they received enough training to prepare them for their role. Staff told us they discussed their training needs and their performance within supervision sessions with senior staff. Supervisions records showed these meetings were planned regularly, with set agenda items which encouraged staff to reflect upon their practice and the care they provided. Appraisals were held yearly, and included discussions on staff development and performance. Over 80% of care staff had been awarded, or were working towards Level 2 or 3 diplomas in Health and Social Care or equivalent.

People's healthcare needs were met by a range of health professionals. Records showed that people had routine appointments with dentists, opticians and podiatrists. Staff had made referrals to healthcare professionals based on changes in people's needs. Referrals had been made to dieticians where people had lost weight and to speech and language therapists where people were assessed as at risk of choking.

We spoke with the registered manager and staff about the Mental Capacity Act 2005 (MCA). The MCA protects and supports people who may not be able to make decisions for themselves. Where people lack the mental capacity to make their own decisions related to specific areas of care, the MCA legislation protects people to ensure that decision making about these areas is made in people's 'best interests' in the form of best interest discussions. Staff were aware of the principles of the MCA. They described how they promoted people's right to choice within their daily lives, for example by asking people what clothes they wanted to wear or where they wanted to spend their time. In addition, staff were able to explain the steps they would take if they thought people did not have capacity to undertake certain decisions. People's records showed that where decisions had been made on people's behalf, for example in determining whether one person should be cared for in hospital or in the home as they approached the end of their life, the MCA had been followed. Records showed assessments had been undertaken to determine if people had capacity to make the specific decision. Where they did not have capacity, records detailed that decisions had followed 'best interest' principles by involving the person's family and multidisciplinary team.

Where people had appointed Lasting Power of Attorney (LPA), to make decisions on their behalf, copies of these legal documents had been kept within people's care records. The manager was aware of the type of LPA [Health and Welfare or Property and Financial affairs] each person had in place, and the decisions their LPA could make on their behalf.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA. 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. The provider acted in accordance with DoLS. At the time of our inspection the manager had applied for DoLS authorisation for 30 people. Where people had DoLS authorisation in place, care plans described to staff how they should

Good

Is the service effective?

support people if they tried to leave the home, such as by offering distraction methods or by accompanying the person on a walk. Where people were not subject to DoLS they were able to leave the home whenever they chose to.

People told us the food in the home was very good. One person said, "That meal was lovely and the Yorkshire puddings are very good." Food was presented well, and looked appetising. People were asked their choice of meal in advance. Staff showed people the menus in the morning, and asked them to choose what they wanted to eat for lunch. People who were able to communicate their views told us this arrangement suited them. One person said, "There is always something I'd like to eat. They [Staff] go around and ask what we'd like. If I don't fancy something from the menu, you can ask for whatever you like. They will accommodate everyone." However, for people living with dementia, being asked in advance could make their choice less meaningful, as they were unable to see or smell the food in front of them. The manager told us people's choices would always be confirmed at the time of the meal, and alternatives provided if people changed their mind.

The home was a purpose-built care home. Some considerations had been made to enable people living with dementia to move around the home independently. For example, the handrails were a contrasting colour to the wall so people could see them easier. Visual signage was in place to direct people towards the toilets, dining room, lounges and outside space. People had access throughout the day to an enclosed garden with seating areas.

The home was undergoing refurbishment. People had been asked their opinions on the new decorations and what colour's they wanted the home to be painted. Work on the ground floor was completed. The lounges had been themed so people could choose where to spend their time. One lounge was a television room with cosy seating areas. The other had been made to look like a coffee shop with a coffee machine which people and their visitors could use themselves. The decoration on the upper floor was worn and tired. Refurbishment plans showed the upper floor was scheduled to be redecorated shortly after our visit.

Good

Is the service caring?

Our findings

People and their relatives told us staff were patient, friendly and treated them well. One person said, "I am happy in the home, staff are nice and helpful." Another person told us, "I love it here, they look after me well."

Relatives told us they were made to feel at home when they were visiting their family members. One relative said, "This home is excellent, the staff make you so welcome. I can visit any time and I know [Relative's name] is well looked after." We saw from compliments records that relatives had provided feedback on how staff had made them feel welcome. One comment from August 2015 stated, "I can't praise you, your staff or your care home highly enough. I'm so glad [relative] has the benefit of such a wonderful care staff. It all starts with management, your vision, your love for and commitment to, the care of people. You choose your staff with all of that and professional skills in mind. Please notice, I said care of people because your care and concern includes friends and family. You ensure that visitors feel at home as they would with their loved ones if they'd been living independently. A good example of this is when you put on the buffet for [other relative]. This was far and above any remit that any care home has. You made the day extra special for [relative] and all of us. It is hard to leave [relative] in any care facility. Please know, it is only bearable because she is loved in your care home. [Name of manager], you, your care home and staff are superb. It is a true home." The registered manager told us they were conscious of making sure people were able to socialise with their families and relatives, and therefore had facilitated a number of events within the home, such as an anniversary party for one person, which had been held in the cinema room.

Staff responded to people in a caring way. We observed all staff, including administrative and domestic assistants, engaged with people as they carried out their roles. Staff asked them how they were feeling and talked with them about their plans for the day. Staff reassured people. One person was distressed as they were confused and thought their family did not know where they were. Staff went through the person's immediate family by name, reassuring them that they knew they were there and were safe, and telling the person when their relatives were due to visit them.

Care records included information such as where people had grown up, details of their family members and events in their lives. This meant staff had access to this information about what was important to people.

Information was provided for people. Each person had been given an information booklet about the home which explained the roles of key members of staff, how the home was run, and what people should expect. We saw information was also displayed around the home, such as events which were planned and upcoming activities. Leaflets were displayed on noticeboards around the home about the needs of people with dementia. These leaflets were produced by the Alzheimer's Society and included information on areas such as nutrition, how to make dining experiences as positive as possible and about how people store and recall memories for people living with dementia. The information was presented in a way which was simple and easy to understand. The manager told us this information was provided so relatives were aware of good practice in dementia care and would have an understanding how staff and they should respond to people in a positive way.

The manager told us about plans to introduce records within people's bedrooms so people living with dementia had information about their care. The resource, known as 'My visitor book' was promoted by the Alzheimer's society, primarily to record visits from health professionals. The manager told us she was going to trial using the resource to record visits people received from their relatives too. Relatives would be asked to record brief information about their visits, which staff could use as discussion topics when reminding people of who had visited them that day. The records were written in an 'easy read' format and kept in people's own bedroom so where they were able to, they could look through these independently.

Relatives told us staff communicated people's needs to them well, and that they were kept up to date with any concerns or issues. One relative said, "I sometimes have to visit late which is no problem. Staff have my phone number and they'll text or ring if there is anything I need to know."

Staff treated people with respect. They knocked on their doors and waited to be invited in before entering their rooms. People were well presented, and staff supported them to maintain this in a dignified way. One person had

Good

Is the service caring?

spilled some of their meal onto their top during lunch. Staff quietly asked this person if they would like to go with them to their room to get changed. We saw staff made requests like this in a way which promoted people's dignity.

People were supported to remain independent. Care records contained specific and clear information about what people could manage themselves and described to staff how people should be encouraged to do as much as they could themselves. During our inspection we observed people being supported to move around the home independently by staff ensuring they had their mobility aids.

People had been asked whether they wanted to make plans in advance about how they would like to be cared for at the end of their lives. These plans were very specific and individual to the person. In addition to asking people if they wanted to stay at the home or go into hospital or a hospice, people had also been asked who they would like to be present. One person had said they wanted their dog to be with them, and this request had been accommodated.

Good

Is the service responsive?

Our findings

People told us they were happy with the way staff met their needs. One person stated, "Staff know what I like and I stay in my room but they are always popping to see if I need anything. I can have a bath when I want." Relatives told us staff responded to people's needs well, one said, "We know caring for confused people can be difficult but staff do attend to residents well. The staff are excellent."

Care plans and assessments were comprehensive and specific to the person receiving care. Assessments had been carried out to determine people's needs and the support they required from staff. For example, a range of assessment tools had been used to determine what support people needed with mobility, nutrition and skin integrity. Where needs had been identified, care plans described to staff how they should deliver people's care. In addition to reviewing care records for these people, we observed the care delivered to them, and spoke with staff about the care they received. Staff we spoke with were knowledgeable about the care people should be provided with. They told us they had read people's care plans, and were able to provide specific information about how individual needs were met. For example one person was diabetic, staff were able to tell us the signs which may indicate the person had high or low blood sugars and the steps they would take if they occurred.

People's needs were re-evaluated on a monthly basis, or where there had been a change in their planned care. Assessments had been completed monthly, and staff had recorded detailed information about how people had responded to their planned care and whether there had been any changes noted. Where people's needs had changed, care plans had been re-written to reflect these needs. For example, when one person's prescribed medicines had been discontinued, their medicines care plan had been re-written on the same day notification had been received by the person's GP to stop the medicines. This showed care records were updated in a timely way to reflect people's changing needs.

Daily care records were not always reflective of the care people received. Staff told us the provider had recently implemented new documentation to record the personal care people received. These records showed bathing was carried out very irregularly. We reviewed three weeks of these records for five people. Records showed no one had more than two baths during this time period, and one person's records suggested they had only had one. We spoke with staff about this, who told us they had bathed people more frequently, but acknowledged they had not recorded this information in people's records. People looked well-groomed and those who were able to talk with us told they received a bath or shower at least once a week, and often more regularly than that. We discussed record keeping with the manager who said she would review the new documentation used and undertake more checks of daily records to ensure they were an accurate reflection of the care people received.

The provider operated two homes on the same site, a full time activities coordinator was employed to work between the two homes. We observed a number of different activities sessions, some of which were held in large group and others were smaller sessions with two or three people. The activities coordinator was very engaging. One of the larger group activities was a reminiscence session attended by 11 people. Everyone who attended got involved recalling childhood experiences of school, or when they had needed to use coupons during the war. People and their relatives were very positive about the activities on offer and the coordinator. One relative said, "They [The activities coordinator] have revitalised the home. People are now singing and going to all of the sessions." Visits were regularly planned outside the home using a minibus the service had access to. We spoke with the activities coordinator who told us the manager and provider were very supportive in enabling them to provide a wide range of activities for people. They told us they had an adequate budget to plan activities and events, and that this budget was negotiable for special plans or events. They said, "More or less anything I've requested has been agreed."

People and their relatives were invited to attend monthly meetings to discuss their views on how the home was run. Minutes from these meetings showed people had been asked their opinion on the redecoration of the home, mealtime experiences and future activities planned. The manager held a monthly manager's surgery, for three hours on an evening, so relatives could call in if they had any issues. Notes from these meetings showed they were not well attended. The manager said, "People know they can catch me at any time. I'm here until six most evenings anyway, and I have an open door policy. I think it's

Good

Is the service responsive?

important to plan the surgeries, so if anyone didn't feel comfortable just knocking on my door, of if they had missed me once or twice, they know I'm scheduled to be there at a specific time to speak with them."

Questionnaires were sent annually to people who lived at the home and their relatives. Results from the survey had been analysed and shared with people during meetings. People had responded positively to the majority of questions they had been asked. Positive comments within the survey included, "The staff really care about our relative, rather than just doing a job. They are professional, caring and supportive." Another stated, "I could not find fault with anything or any member of staff. They are all so helpful and thoughtful. They help me to email photos to [relative] abroad, so they are also involved. It's wonderful." Any of the negative responses were in relation to the laundry, and clothing items occasionally going missing. In response to this feedback domestic staff hours had been amended to allow them more time to spend on laundry duties, and a housekeeper was to be employed who would have responsibility for ensuring expected standards of domestic and laundry tasks were met. Information on how the satisfaction survey had been acted on had been shared with people during the residents meetings and through posters displayed in the home.

Complaints records were well maintained. Whilst no formal complaints had been made within the previous 12 months, minor issues had been recorded within the complaints records to ensure these were responded to and addressed. People we spoke with told us they were happy with the service given, but would know how to make a complaint if they needed to. Historic complaints showed communication had been recorded, and outcomes of complaints had been shared.

Good

Is the service well-led?

Our findings

A registered manager was in post. The registered manager was present during our inspection and assisted us with our enquiries. People, their relatives and staff spoke highly of the manager. They told us she was available to speak with them whenever they needed to. One relative said, "It's very well run here. [Name of manager] is on the ball and on top of everything. She knows [Relative's name] well and always checks we are happy with everything."

Staff told us the manager was supportive and that the home was well managed. One staff member said, "This is a happy place to work." Another told us, "[Manager] is excellent, she's turned this place around since she's come here. I'm proud to say I work at Astor Court, it's a brilliant home." During our inspection the manager had a very visible presence. She greeted family members as they arrived at the home, and talked to people who lived at the home throughout the day. She told us, and staff confirmed that she regularly worked shifts within the home providing care to people. She said, "I think it's really important to work the floor. I'm not one to hide away in an office. I'm always out and about. But when I actually work a shift I see so much more. The staff almost forget I'm there as I'm doing the same job as them and I can keep an eye on what is going on. It also means I've got a good grasp of what is going on with people's needs, what referrals have been made, and if they need anything else. I don't work the floor because we are short staffed or anything, it's because I get a lot out of it."

We saw that the majority of notifiable incidents, required to have been notified to us in line with the Care Quality Commission (Registration) Regulations 2009, had sent to us in a timely way. We found that two incidents had not been reported and discussed this with the manager who advised they had thought these incidents had been reported by another agency and therefore did not need to be formally notified. She told us she would re-familiarise herself with the requirements of these regulations immediately, ensuring that all future notifiable incidents were sent to us without delay. The manager sent us the two required notifications in the days following our inspection.

The manager told us she was well supported by the provider organisation, receiving visits and feedback from both the regional manager and the quality assurance manager. A number of quality checks were carried out within the home by a range of staff designations. We saw senior staff had completed documentation to show the checks they had carried out to ensure processes regarding health and safety, medicines and infection control were being properly followed. The manager reviewed care records to determine if expected standards of recording were being met. Where areas for improvement had been noted, actions had been detailed, and the audits had been returned to the following month to note what actions had been completed and signed off.

Representatives from the provider organisation also undertook checks and provided feedback on the quality of the service which was provided at the home. The regional manager visited monthly and prepared a report detailing their findings. They had observed staff practice, asked staff questions on specific policies and procedures, spoke with people who used the service and walked around the home noting their observations on the standard of accommodation.

The quality assurance manager also visited regularly completing a schedule of audits and monitoring. One in depth audit had been carried out in the style of a CQC inspection, where the quality assurance manager has assessed the home against the Key Lines of Enquiry which are inspection criteria which CQC inspect against.

We saw evidence that feedback from these provider visits had been put into place. The registered manager had gone through feedback from the provider's visits, and assigned any actions to a range of staff for them to take responsibility for improvement actions being carried out. The manager told us she thought it was important that all staff were aware and involved within improving the home, as it was all staff's responsibility to ensure standards were met. We saw evidence that improvement action had been carried out following provider feedback. A previous visit had noted that people's dining experience would be improved by having a range of condiments available on each of the tables for people to be able to help themselves to. During our inspection condiments were available at mealtimes. Previous visit records showed that the door to the sluice room had been unlocked at times when not in use, and the records of daily temperature checks in the medicines rooms had not been completed consistently. We saw the visit from the following month included checking these areas to action had been completed so procedures were consistently followed.

Good

Is the service well-led?

Health professionals who visited the home, including GPs, opticians, a dentist, and district nurses had been contacted in April 2015 to ask for their feedback about the service and how it was operated. Responses had been positive, praising the service on the way they supported people at the home.

Staff told us they attended regular staff meetings where they were encouraged to share their feedback and suggestions for how to improve the home. Staff told us communication within the home was good. We observed a handover meeting which was well organised and detailed.

Staff were aware of their responsibilities and who they should contact for support out of usual office hours. They told us they could contact the manager or the provider at any point if they needed their support.

Processes were in place to keep up to date with research and best practice. The registered manager had attended training provided by Stirling University, a leading research organisation in dementia care. They also told us they had signed up to receive information about new innovation and developments in care practice from the Alzheimer's Society.