

Astor Hall Limited

Astor Hall

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 ●

Summary of findings

Overall summary

About the service

Astor Hall is a residential care home providing accommodation and personal care for up to 26 people. The service supports people who may need support with their physical disability and may be living with dementia and a learning disability. Astor Hall is an adapted building with passenger lifts. At the time of the inspection there were 21 people living at the service.

The home is registered to provide support to people living with a learning disability, however, people's primary need for admission was their physical disability. We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

The model of care and setting maximised people's choice, control and independence. Staff supported people to make choices about their daily lives and engage in activities, that were tailored to their individual needs and promoted their independence. People were supported to maintain and develop relationships. People were supported by enough staff on duty who had been trained to do their jobs properly. People received their medicines in a safe way. People were protected from abuse and neglect. People's care plans and risk assessments were clear and up to date.

Right care:

People received good quality person-centred care that promoted their dignity, privacy and human rights. Staff knew people well and demonstrated an understanding of people's individual care and communication needs. This helped ensure people's views were heard and their diverse needs met.

People were treated in a dignified manner and staff were aware of people's support needs. Staff were observed talking to people in dignified and respectful way. Staff delivered personal care needed and gained consent prior to providing any support. Care plans informed staff of any specific ways to best communicate with the person.

Right culture:

People lived in a service where the ethos, values, and attitudes of management and care staff ensured people led confident, inclusive and empowered lives. Staff created an environment that inspired people to understand and achieve their goals and ambitions.

People led their life that reflected their personalities and preferences because of the ethos, values, attitudes

and behaviours of the management and staff.

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

People told us they were happy with the care they received, and people said they felt safe living there. Comments from people included; "I feel safe here and any problems I can talk to (named registered manager) and (named deputy manager)." Another person said; "Staff are all helpful and good." While a relative said; "Makes us feel so grateful knowing that (named relative) is treated with understanding and respect." People looked relaxed, happy and comfortable with staff supporting them. Staff were caring and spent time chatting with people as they moved around the service.

The environment was safe and there was equipment available to support staff in providing safe care and support. Health and safety checks of the environment and equipment were in place.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

People were involved in menu planning and staff encouraged them to eat a well-balanced diet and make healthy eating choices. Special diets were catered for. One person said; "I enjoy my food and it's made soft for me to eat."

Staff told us the registered manager was available, assisted them daily and helped cover shifts when some staff had been off with COVID-19. They went onto say how they were approachable and listened when any concerns or ideas were raised. One staff member said; "Amazing management- approachable, very hands on and will work or come in if short of staff."

People and their families were provided with information about how to make a complaint and details of the complaint's procedure were displayed at the service.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Government guidance about COVID-19 testing for people, staff and visitors was being followed.

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

Rating at last inspection and update

The last rating for this service was good, published on 27 November 2017.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 Hall

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Astor Hall is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Astor Hall is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, provider, deputy manager, care workers and auxiliary workers.

We reviewed a range of records. This included three people's care records and four medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had effective systems in place to protect people from abuse.
- Relatives told us they felt their family members were safe. Comments included; "(named relative) feels, safe, happy, listened to, respected, cared for physically and emotionally."
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff said; "I've never seen anything of concern here but would report it." Staff were able to describe the signs and types of abuse. Staff understood to report to the management team any concerns they had.
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe. One relative said; "I have never had any concerns about [person's name] safety."
- Risk assessments were detailed and up to date which meant staff had guidance in how to manage people's care safely. They covered areas such as skin integrity, personal care and people's mental health. Risk assessments for weight management and nutrition and dependency levels had also been undertaken.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans documented information for staff on people's health needs, so they could respond quickly to prevent situations from escalating.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Contingency plans were in place and showed how the service supported people during a recent outbreak of COVID-19.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People, staff and a relative told us there were enough staff on duty to meet people's needs. One person said; "They always arrange a staff member to come with me on appointments."
- The staff said they worked additional hours, so people had staff they knew and trusted. This was to support appointments or during staff absences.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and

Barring Service before new staff started work.

Using medicines safely

- People received their medicines in a safe way, as prescribed for them.
- People's medicine support needs had been assessed and were recorded in care plans. Care plans included additional risks related to medicines. For example, highlighting allergies and reactions to certain medicines.
- Medicines were ordered, stored and disposed of safely and securely. Staff recorded medicines following administration.
- There were no gaps in medicines administration records (MARs) and when people were prescribed 'as required' medicines there were protocols in place detailing the circumstances in which these medicines should be used.
- Medicines were audited regularly with action taken to make ongoing improvements.
- External creams and lotions to maintain people's skin integrity were applied during personal care.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. One relative said; "I come in twice a week for an hour."

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The management team and staff worked with external healthcare professionals to deliver care in line with best practice. During the pandemic and a recent outbreak, the registered manager said the local healthcare team had been supportive and had helped ensure people received the care required.
- People's individual needs had been assessed before they moved in. New admissions had to receive a negative COVID-19 test before admission and then were supported to isolate within the service.
- Assessments of people's individual needs were detailed, expected outcomes were identified and their care and support regularly reviewed. All documents relating to people's care were on a computerised care record system. Staff agreed this system was working well and held comprehensive information on each person. Staff were able to access updated information via a handheld device to ensure they had full updated information about people.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. Staff members new to the service told us; "The staff team are very good and helpful" while another said: "The hand held device you have, to record care tasks completed, also tells you what training needs updating- it's great."
- There was a system in place to monitor training and ensure it was regularly refreshed and updated, so staff were kept up to date with best practice. Training sessions were online with some training in person being arranged. One relative said; "The staff are knowledgeable and skilled, they understand my father's needs and when my father's needs change they always contact me to discuss a plan of action."
- Staff were provided with opportunities to discuss their individual work and development needs. Staff received one to one meetings to enable them to raise any issues and share ideas. Staff told us they were well supported by the registered manager. One said; "Totally helpful and supportive."
- Staff, new to the care sector, were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.

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

- People were provided with healthy meals which they enjoyed. One person told us; "Very nice food" and another said; "If I don't like something, they will do me something else."
- Staff were aware of any specific dietary requirements for people, for example, if people needed a soft diet. People were involved in menu planning.
- Care plans included information about people's dietary needs and their likes and dislikes. People who

needed their nutrition to be monitored had records in place which were used to help identify any concerns.

- Drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, through personal choice, had drinks provided and these were refreshed throughout the day. One person said; "They are always popping in."

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

- People were supported to maintain good health and were referred to appropriate health professionals as required. During our visit two people had attended hospital appointments. A relative said; "The staff at Astor Hall have had multi agencies to communicate with regarding our [family members] health and have always, always kept us informed."
- Staff supported people to see external healthcare professionals regularly, such as GPs. Home visits by some healthcare professionals continued during the pandemic and the service was able to contact other professionals via phone calls or video calls in an emergency. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.
- People's care records highlighted where risks had been identified. For example, where people needed extra support when accessing the community, this was provided.

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

- People's health conditions were well managed, and staff engaged with external healthcare professionals including physiotherapists and oncology department.
- There were clear records to show staff were monitoring specific health needs such as people's weight, nutrition and hydration, skin care and for people currently seeing an oncologist.
- Staff supported people to continue to mobilise independently. We observed staff offering support to people who used mobility aids.
- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff through shift handovers.

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

- The physical environment was continuously being reviewed, updated and improved.
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made and received to deprive people of the liberty within the law.
- People were asked for their consent before any care was delivered. People, who were able to, had signed their care plans to indicate they agreed with their planned delivery of care.

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 our last inspection we rated this key question good. The rating for 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

- There was a relaxed and happy atmosphere in the service and staff were friendly and supportive. People were positive about staff and their caring attitude and told us they were treated with kindness and compassion. People said; "Very very attentive- can't do enough for you" and "As soon as I came here I felt the warmth of the home." A relative said in a correspondence sent to us; "SUPERB! OUTSTANDING and the most caring environment we could have hoped for."
- Staff enjoyed spending time with the people they supported and took time to sit and chat with people throughout the day. Staff knew what was important to people and how to offer people comfort and reassurance. We observed plenty of good interaction and humour between staff and people.
- Where people were unable to express their needs and choices, care plans detailed their ways of communicating.
- Care plans also contained background information about people's personal history. This meant staff were able to gain an understanding of people and engage in meaningful conversations with them.

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

- People were supported to make as many decisions as possible about their daily living. People said they could speak with staff about anything they wished to discuss.
- People were able to choose how they spent their time. Some people chose to spend time in their own rooms, while others preferred one of the several communal areas.
- Staff put people at the centre of the service and reflected the provider's values. Staff valued people's views and encouraged us to talk with as many people as we could during our visit
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care people could manage for themselves and what they needed help with.
- People were able to decline aspects of planned care and staff respected people's decisions and choices in relation to how their support was provided.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff clearly understood the importance of protecting people's privacy, dignity and independence. We observed staff respecting people's privacy, dignity and independence throughout the inspection. For example, ensuring that doors were closed when providing personal care and asking people if they could assist them.
- People were supported to maintain and develop relationships with those close to them. Records showed

family members had been updated when changes in people's needs were identified. One relative commented; "Their communication is outstanding and we are able to sleep at night because of their contact and empathy and continued contact."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- The service was using a new electronic care reporting system. There was comprehensive information held which showed people's needs, routines and preferences.
- Care plans were person centred and detailed people's likes and dislikes and how best to deliver care and support. For example, how to manage if a person's health deteriorates. Staff told us; "We can add information straight away, so nothing is missed. Then all staff know there's an issue."
- Care records detailed information about people's backgrounds, history, social, physical and health needs. Care plans provided information for staff on how to meet people's identified needs including, support people needed to maintain their physical health and well-being, nutrition and personal hygiene.
- Where people had a specific health condition, such as diabetes or a long-term illness guidance was in place for staff on how to manage those conditions.

Meeting people's communication needs

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

- People's communication needs, and preferences were identified, recorded and highlighted in care plans. This included reference to the type of communication the person may find difficult and how to support them. We observed people and staff communicating effectively together throughout the inspection. The service had an interactive device, which staff confirmed had improved someone living with dementia communication. We observed this in practice and the person interacted very well with staff.

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

- People were supported to maintain relationships that were important to them. Visitors were made welcome at the service and were supported by staff to go through procedures to ensure visiting was safe during the COVID-19 pandemic.
- There had been some disruption to the activity programme during the COVID-19 pandemic. However, the service had a range of activities and these were mostly staff lead activities. The service had a large outside area for people to enjoy.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how a complaint would be responded to and the timescale. There were no open complaints currently being investigated.
- People and a relative told us they would be confident to speak to the management or a member of staff if they were unhappy.

End of life care and support

- The service provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- During the COVID-19 pandemic, relatives were supported to safely visit people where they were receiving end of life care.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care with other professionals.
- Staff worked with the appropriate health and medical professionals to ensure the appropriate equipment and medicines were in place for people at the end of their lives.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We received positive feedback in relation to how the service was run, and our own observations supported this.
- People, staff and relatives were very complimentary of the service, the registered manager and the providers. One person said; "Always kept us informed during lockdown" and another said "They (named registered manager) are very good." A relative said; "We cannot put it in to print or words how highly we think of the staff and management at Astor Hall!"
- There was a warm, friendly and family atmosphere in the service.
- There was a person-centred culture which kept people at the heart of the service. A relative said; "In my opinion the service is well managed and there are a set of values in place."
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Staff told us they enjoyed their roles. Comments included; "Never worked in such a friendly supportive place" and "Amazing management, approachable, very hands on and will work or come in if short of staff."

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 demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.
- Audits were carried out to monitor the quality of the service provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and providers had oversight of what was happening in the service and were very visible and took an active role in the running of the service. They had worked to improve the service. This included the introduction of new systems, including a computerised care system. This assisted staff to ensure people's needs were met.

- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The management team understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention. Regular audits took place, and these were completed by the management team.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. One staff member said; "Good that the managers come out and work on the floor with us."
- There was good communication between all the staff. Important information about changes in people's care needs was communicated to staff effectively.
- The management and staff worked to drive improvements across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.

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

- Systems were in place to enable people, staff and relatives to give feedback.
- Communication between people, staff and families was good. People confirmed if they needed assistance, it was provided in a timely manner.
- Staff and people told us the service was well managed and they felt valued. Staff told us the registered manager and providers were very approachable and always available for advice and support.

Continuous learning and improving care

- The service had a strong emphasis on teamwork and communication sharing. The registered manager and staff said this had been particularly important during the pandemic and the lockdowns. One staff member said; "Very approachable, if need to ask anything I only have to ask, and it's no problem."
- Organisational audits were in place and used to develop the service by reflecting good practice.
- Policies and procedures were designed to support staff in their practice.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care. They also worked in close association with the local surgery and district nurse team during COVID-19.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals.

Working in partnership with others

- The registered manager told us how they had worked alongside the local GP surgery and the local authority during the pandemic, the lockdowns and during an outbreak. The registered manager worked collaboratively with professionals and commissioners to ensure people's needs were met and people had the relevant support and equipment was made available.
- Where changes in people's needs were identified, prompt and appropriate referrals for external professional support were made. These included GPs to provide joined-up care and support. A relative told us of the support they received when their family member had to attend hospital for a health diagnosis. They said; "(named registered manager) accompanied and supported our [family member] through this traumatic meeting and was there EVERY STEP OF THE WAY for our [family member] and soothing us on the end of the phone which broke our hearts even further that we couldn't be there with them. (named registered manager) was amazing."