

Avery Homes Bracknell Limited

Astbury Manor Care Home

Inspection report

Crowthorne Road North
Bracknell
Berkshire
RG12 7AU

Tel: 01344359100

Website: www.averyhealthcare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 24 and 25 July 2018 and was unannounced. This was the first inspection of the service since it was registered on 21 July 2017.

Astbury Manor Care Home is a care home without nursing that provides a service for up to 64 older people, some of whom may be living with dementia. People receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The accommodation is arranged over three floors. The ground floor has 21 rooms, the first floor has 20 rooms and the second floor has 23 rooms. All bedrooms have en-suite showers. People who are living with dementia are accommodated on the first floor. There are communal areas on each floor offering different places where people can sit or be with visitors outside their bedrooms. People living on all floors have access to outside areas via a mostly paved garden on the ground floor and terraces on the first and second floors. At the time of our inspection there were 39 people living at the service.

The service had a registered manager as required. A registered manager is a person who has registered with the Care Quality Commission (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. The registered manager was moving to manage a different care home and a new manager had been employed and was in the process of registering as manager with CQC. The registered manager, new manager and regional manager were all present and assisted us during the two days of the inspection.

One of the stated values of the service was quoted as, "We treat each and every resident as an individual, based upon their unique needs and preferences." All staff demonstrated a strong commitment to this value in all interactions with people living at the service. The staff team were extremely caring and respectful and provided support in the way people preferred. Staff knew people very well and there was an atmosphere of people and staff working together in partnership as they went through the day. There was much laughter and relatives commented on how caring the staff were with one comment seen that said the service was, "Absolutely outstanding... Staff are so friendly and helpful."

Staff were very happy in their jobs and there was an excellent team spirit. They felt supported by the management team and told us they had never felt so valued and encouraged to progress within their roles. Staff displayed enthusiasm and a strong determination to provide the best service they could. This applied to all staff in all areas of the service including managers, care staff, catering staff and housekeeping staff.

People were relaxed and there was an open and inclusive atmosphere at the service. People received care and support that was very personalised to meet their individual needs. People were supported to maintain relationships with those important to them. The service provided access to local events in order to enhance social activities for people. They took into account their individual interests and links with different

communities. There were sufficient numbers of staff to meet people's care needs and medicines were stored and handled correctly.

The premises were newly built to a high specification and had furniture, furnishings and fixtures of good quality. However, improvements were needed to ensure areas where people with dementia lived were more 'dementia friendly'. The first floor, where 17 people were living with dementia, had few adaptations to help people compensate for sensory loss and cognitive impairment. In addition, the premises did not have adaptations that could help people living with dementia maintain their independence for as long as possible. A start had been made on identifying the improvements needed. We have recommended that the provider implement best practice guidelines for accommodating people living with dementia.

Staff had a good understanding of how to keep people safe and protect them from abuse. Personal and environmental risks to the safety of people, staff and visitors had been assessed and actions had been taken to minimise those risks. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable. People's right to confidentiality was protected and their dignity and privacy were respected.

People received care and support from staff who received appropriate training and support. Staff training was up to date and they felt they received the training they needed to carry out their work safely and effectively.

People were supported to eat and drink enough and their health and social care needs were met. Their needs were monitored and care plans were reviewed monthly or as changes occurred. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

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. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Environmental risks had been assessed and plans were in place to minimise those risks. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

There were sufficient numbers of staff to meet people's care needs and medicines were stored and handled correctly.

Good 

Is the service effective?

The service was mostly effective. The premises were clean and well maintained. However, the environment was not as dementia friendly as it could be. There were limited adaptations of the physical environment on the first floor where people with dementia lived. The environment did not help people compensate for sensory loss and cognitive impairment or help them to maintain their independence.

People benefitted from a staff team that was well trained. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. The manager had a good understanding of the requirements under the Deprivation of Liberty Safeguards. Applications for authorisation had been made where it was identified that people may be deprived of their liberty.

People were supported to eat and drink enough and staff made sure actions were taken to ensure their health and social care needs were met.

Requires Improvement 

Is the service caring?

The service was extremely caring. People benefitted from a staff

Good 

team that was caring and respectful. The registered manager, management team and staff were committed to providing the best possible care they could. Staff said they had never felt so valued and encouraged to progress in their roles.

There were excellent relationships between staff and people with staff putting people at the centre of their care. People received individualised care from staff who were compassionate and understanding of their known wishes and preferences. People, and their relatives were very positive about the support they received.

Staff were passionate about the care they provided to people living at the service, building effective communication and improving the quality of life people had. There was a real person-centred culture where staff displayed empathy and worked with people and their relatives to understand how to best support them.

People's right to confidentiality was protected and staff were committed to ensuring their dignity and privacy were respected.

Is the service responsive?

Good ●

The service was responsive. People received care and support that was personalised to meet their individual needs. They were able to enjoy a number of activities, based on their known likes and preferences.

The registered manager and staff helped people maintain relationships with those important to them.

People knew how to raise concerns and were confident any concerns raised would be dealt with and resolved.

Is the service well-led?

Good ●

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere at the service.

Staff were happy working at the service and there was an excellent team spirit. They felt supported by the management and felt the training and support they received helped them to do their job well.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

Astbury Manor Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 24 and 25 July 2018 and was unannounced. The inspection team included one inspector on both days and an expert by experience on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at all the information we had collected about the service. This included information received and notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with 15 people who use the service, eight of them in depth, plus four visitors/relatives. We spoke with the provider's regional manager, the registered manager, the new manager and the deputy manager. We spoke with 16 care staff, eight in depth, activity staff, catering staff and domestic assistants. We spent time observing interactions between staff and people who use the service, activities and lunch in the dining room. As part of the inspection we requested feedback from 13 health and social care professionals and received responses from five.

We looked at four people's care plans, monitoring records and medication sheets, six staff recruitment files and the staff training and supervision logs. Medicines administration, storage and handling were checked. We reviewed several other documents relating to the management of the service. For example, utilities safety check certificates, the legionella risk assessment, the fire risk assessment, staff meeting minutes, audits of the service and the complaints, compliments and incident records.

Is the service safe?

Our findings

People received safe care and support. We saw people were comfortable and at ease with the staff. People and their relatives said they felt safe at the service with one person commenting, "definitely." We saw a compliment sent by a relative that said, "The whole team are very friendly and professional. [Staff name] front of house has a warm friendly style and nothing is a problem. I feel very comfortable and happy about my parents being here. Thank you!"

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure.

People were protected from risks associated with their health and care provision. Staff assessed such risks and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with malnutrition, falling and skin breakdown. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm. For example, we saw one person being assisted to navigate around a chair on their way to the terrace. They had not asked for assistance but staff recognised they were having difficulty.

The staff monitored general environmental risks, such as fridge and freezer temperatures and maintenance needs as part of their daily work. Other premises checks were also carried out regularly. For example, weekly hot water temperature checks, fire safety checks and fire equipment checks. An appointment had been arranged for the thermostatic mixing valves on the baths and showers to have their annual service.

Systems were in place to ensure details of any accidents or incidents were recorded and reported to the registered manager. The registered manager considered any accidents or incidents and took steps to prevent a recurrence if possible. Investigations and actions taken were recorded. Emergency plans were in place and followed, for example emergency procedures in case of a fire.

People were protected by the recruitment processes in place. Staff files included the recruitment information required by the regulations. For example, proof of identity, evidence of conduct in previous employment and criminal record checks. People could be confident that staff were checked for suitability before being allowed to work with them. Two staff files had gaps in employment but these were explained before our inspection finished.

People and relatives said staff had time to support them without them feeling rushed and that staff were available when they needed them. One relative said, "I can always find somebody easily." Staff said there were usually enough staff at all times to do their job safely and efficiently. The registered manager told us there were staff vacancies and they were advertising for new staff. Where they needed additional staff to fill shifts the service employed agency staff, although the incidents where agency staff were used had decreased significantly recently.

People's medicines were stored and administered safely. Only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records were up to date and had been completed by the staff administering the medicines. We saw that staff carried out appropriate checks to make sure the right person received the right drug and dosage at the right time.

People felt the service and equipment was kept clean. One person said, "Oh yes, spotless every day." Staff had training in infection control and we saw they put their learning into practice as they went about their work.

Is the service effective?

Our findings

The premises were clean and well maintained with fixtures, furnishings and furniture of a good quality. The majority of people living with dementia at the home lived on the first floor. Some elements of the furnishings did help people living with dementia. For example, bedrooms had lined curtains that blocked out the light when drawn. This would help people with dementia differentiate between night and day. In addition, we saw people were encouraged to have photographs or signs of significance to them on their bedroom doors to help them identify which room was theirs.

However, the rest of the first floor had minimal adaptations for people living with dementia. For example, there was no dementia signage or use of contrasting colours to enable people to find their way around and identify toilets and other rooms. All toilet seats were white and did not stand out against the décor in the toilets or shower rooms. Best practice guidance states that ensuring good colour contrast on sanitary fittings make toilets easier to find and see, helping people to maintain continence. Some communal toilets and bathrooms had signs on the doors but they were very discreet signs and would not help people with dementia identify the room was a toilet if they were looking for one. There were no way-finding signs to help people find their way around. In some areas of the service, when people came out of their bedrooms there were no clues at all for them to find the way to where they were trying to get to. Other aids that could help with people's wellbeing were not present such as coloured crockery used to support some individuals when eating. Other colour coding to aid independence was also missing. For example, using colours to highlight light switches by either having coloured switches or making sure white switches show up against the wall colour helps people to find and use light switches in their rooms independently.

On the evening of the first day of our inspection the registered manager carried out an assessment of the service using the Kings Fund "Is your care home dementia friendly" tool. Some action was taken immediately. For example, the doors to the terraces were unlocked so that people could access the outside areas freely and independently. The registered manager had sent the completed audit to the provider and advised us that the findings would be discussed by the directors and senior management to decide the best way forward to make the service more dementia friendly.

We recommend that the provider research and implement current best practice guidance on environments and equipment for people living with dementia at the service.

People received effective care and support from staff they knew and who knew how they liked things done. Care plans contained details of people's care needs, wishes and preferences. Each care plan was based on a full assessment and demonstrated the person had been involved in drawing up their plan. Care plans were kept under monthly review and amended when changes occurred or if new information came to light.

People received care from staff that had the necessary knowledge, skills and experience to perform their roles. Staff felt they received the training they needed to deliver high quality care and support to the people living at the home. The service provided training in topics the provider considered mandatory. Topics included, health, safety and welfare; basic food safety; basic life support; fire safety and safeguarding

vulnerable adults. All mandatory training was up to date, where refresher training was due, a system was in place that alerted the manager so that the training could be arranged. People said staff had the training and skills they needed when looking after them. Community professionals said the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

A number of staff held additional qualifications in care. Fourteen of the care staff held a National Vocational Qualification (NVQ) at level 2, 10 held an NVQ level 3, two held an NVQ level 4 and one held an NVQ level 5.

Staff said they received formal supervision with their manager to discuss their work and how they felt about it. The log showed staff had supervision meetings every four to six weeks. Other management support was provided in the form of staff meetings and informal chats if requested by staff. Staff said they felt supported by their managers and senior staff. Management were in the process of arranging the first staff annual appraisals since registering last year.

People's rights to make their own decisions, where possible, were protected. Throughout our inspection we saw staff asking consent and permission from people before providing any assistance. Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the service had identified the people living at Astbury Manor who were potentially being deprived of their liberty. Applications had been made to the funding authorities for the required assessments and authorisations.

People told us they enjoyed the food at the service and could always choose something different on the day if they did not like what was planned. Drinks were also available at all times and people were free to decide what and when they ate. We saw staff always made sure foods were available to meet people's diverse needs. In each dining room there was a feedback book for people to leave comments for the catering staff. We saw that each comment was read by the chef and comments made where action had been taken. We saw the comments made during July 2018 were nearly all complimentary. For example, "Lovely lunch, thank you chef", "Really delicious roast pork" and "Really enjoyed the lunch today, all courses, thank you chef." In one comment the person stated they had not liked the pastry on the pie. The chef had noted the comment and added suggestions for the next time that dish was served to that person. People were weighed monthly, or more often if indicated by risk assessment. Referrals would be made to the GP where there was a concern that someone was losing weight, or was putting on too much weight. Where professionals had been consulted we saw details of instructions they had given included in the care plans.

The service was following the latest government care home guidance related to heatwaves. The building was air conditioned and people were being offered frequent drinks and other food to help them keep cool. Although the temperatures were very high on the two days of our inspection, all people at the home looked comfortable and well hydrated.

People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and dietitians. People said they could see their GP, other doctors, dentists and opticians when they needed to. Community professionals thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. One community professional told us, "In my experience the service meets its requirement with regard to supporting people to maintain as good health as they can. They are supportive with individuals who need further healthcare and make sure that ongoing healthcare support takes place." A

commissioner emailed the service saying, "I really appreciate the effort you've put into bringing Astbury Manor to such a good standard..."

Is the service caring?

Our findings

People were treated with exceptional care and kindness. There were excellent relationships between staff and people, with staff putting people at the centre of their care. People received individualised care from staff who were compassionate and understanding of their known wishes and preferences. People, and their relatives were very positive about the support they received. Staff showed skill when working with people and it was obvious they knew them very well. People and their relatives told us staff were very caring when they supported them. One person told us, "They are very nice, every one of them." Community professionals thought the service was successful in developing positive caring relationships with people. Comments from professionals included, "I have seen staff working with residents in a caring way, and could see there was a good relationship between them."

Staff were passionate about the care they provided to people living at the service, building effective communication and improving the quality of life people had. There was a real person-centred culture where staff displayed empathy and worked with people and their relatives to understand how to best support them. We saw a number of thank you cards received by the service over the previous 12 months. All complimented the service on the staff and the care received. Comments seen included, "Thank you for caring", "Thank you for all the small things that made a difference to [Name's] life", "Thank you for the laughter and new experiences" and "Thank you for helping [Name] settle and make new friends."

Other compliments from relatives included, "Thank you for taking care of our Mum so very well. It is very much appreciated", "It is a wonderful home and ALL the staff are absolutely amazing", "We would like to thank you all for the care, kindness and compassion shown to our Dad while he was in your care. We are very grateful to you all. It was so wonderful for us to know he was in such good hands", "I would like to thank all the staff at Astbury Manor for their kindness to both Mum and our family during her stay. And especially to me during a very difficult time" and "To all the wonderful staff at Astbury Manor. A big thank you for all your care and time spent with [Name] during his time there. I will never forget your kindness."

We saw compliments from relatives where staff had 'gone the extra mile'. Comments included, "Thank you for giving up your own time to spend with [Name] and offering friendship." and "Thank you for giving up your own time to ensure [Name] received the care he needed. Your kindness was very much appreciated by us both."

People benefited from a staff team that was caring and respectful. The registered manager, management team and staff were committed to providing the best possible care they could. Staff said they had never felt so valued and encouraged to progress in their roles. Staff were all extremely happy to be working at the service. They all felt very supported by their managers and colleagues and were confident the management and company cared about them. Staff comments made during the inspection included, "I feel so privileged to be with such a wonderful bunch of people. It has been ever since I walked through the door. I felt welcomed, 'part of it', very supported, and encouraged to be the best I can be", "This company has been amazing. I have probably progressed more in the year I have been here than in the prior nine years I have been doing care", "I love working here. This is the first time I have felt supported, valued and encouraged to

progress", "This is the best company I have ever worked for" and "It's a really lovely place to work. We are really well supported by management."

People's wellbeing was protected and all interactions observed between staff and people living at the service were exceedingly caring, friendly and respectful. Staff listened to people and acted on what they said. Staff were knowledgeable about each person and what they liked to do. We saw a message from one relative, who wrote thanking staff for the care they gave to their family member. The relative had written, "We are absolutely thrilled with Astbury Manor. The staff and manager are so helpful, kind and friendly. My relative is very happy here, it's the best move we ever made. Amazing care."

People felt staff knew how they liked things done and did things in the way they preferred. People's right to confidentiality was protected. All personal records were kept securely and were not left out in public areas of the service. People's rights to privacy and dignity were supported. They said staff treated them with respect. Community professionals said staff promoted and respected people's privacy and dignity. One professional added, "Care staff treat the residents with compassion, caring, dignity and respect." A relative commented, "Thank you for restoring [Name's] self-esteem and dignity."

People's care plans focused on what they could do and how staff could help them to maintain their independence and protect their safety wherever possible. People's abilities were kept under review and any change in independence was noted, with changes made to their care plan and support as necessary. Staff were respectful of people's cultural and spiritual needs, which were recorded in their care plans. Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith.

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and individual needs. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. Community professionals thought the service provided personalised care that was responsive to people's needs. One community professional commented, "In my experience the service has personalised care. With regard to a particular individual I work with, the staff have been very responsive."

The service provided end of life care where required. We saw a number of thank you cards sent in by relatives. Comments made by relatives included, "I would like to convey thanks and appreciation to the management and staff at Astbury Manor for making the final days of [Name] as comfortable and enjoyable as it possibly could be. Also for the love and support you showed her. ... We would like you to know how grateful we are." Another relative wrote, "You have given and made such a difference, each and every one of you. But above all you gave us time as a family and friends to make memories that can never be taken away. Thank you from the bottom of our hearts."

People were supported to maintain contact with people important to them. Where possible the service provided access to local events. This enhanced social activities for all people to access and get involved with, taking into account their individual interests and links with different communities. People had access to a varied activity schedule. Activities available inside the service included, one to one sessions, arts and crafts, exercise sessions, cinema afternoons, baking/bread making and pizza making, external entertainers, quizzes and visiting pets/animals as therapy. Activities available outside the service included, shopping trips, coffee trips, trips to places of worship, pub trips, Royal Ascot and local parks and amenities. Community links had been developed including visits and activities from and with local church groups, a community choir, brownies, children's nurseries and schools. People could choose what they wanted to do and were also able to try out new activities when identified. Where people did not want, or were unable, to join organised activities staff spent one to one time with them chatting or doing something the person wanted to do.

Information was provided to help people and their relatives understand the service available to them. The registered manager was aware of the Accessible Information Standard (AIS). From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The registered manager was aware of the AIS and had started to review and update people's care plans, documenting their communication needs in a way that met the criteria of the standard.

People knew what to do and who they would talk to if they had any concerns. They were confident action would be taken if they did raise concerns with the staff or registered manager. Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern. We looked at the complaints records for the previous year. We saw the complaints and outcomes were recorded with details

of the actions taken to resolve the concerns raised.

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

The provider had an effective audit system in place and the maintenance team ensured health and safety audits of the premises were carried out, any issues identified were dealt with. The registered manager and deputy manager carried out audits of the care documentation as part of their role. For example, audits of care plans and health risk assessments. Staff carried out other health and safety checks on a daily or weekly basis, for example checks of hot water temperatures and food safety checks. The service was awarded a food hygiene rating of 5 (very good) by Bracknell Forest Borough Council on 15 September 2017. All records and audits seen were up to date and details of actions taken to remedy any concerns demonstrated actions were completed promptly.

People benefited from a staff team that were extremely happy in their work. Staff enjoyed working at the service and thought the service was managed well. They felt very supported by the management and their colleagues and felt they were given training that helped them provide care and support to a good standard. Staff were asked for suggestions on how to improve the service. They felt that any suggestions they made were taken seriously.

Community professionals, where they had dealt with the management, said the service demonstrated good management and leadership and delivered high quality care. When asked if they felt the service worked well in partnership with other agencies, one community professional answered, "The service have been very responsive to any situation I have been involved with." When asked if they felt the service was managed well one community professional told us, "The deputy manager, on responding to a situation, managed it in a timely and sensitive manner with regard to an individual I work with." One person said about the new manager, "The new boss is a lovely young lady" and another said, "I know the new manager, she is very nice." When talking about the registered manager, people told us, "[Name] is very approachable" and that the registered manager was a, "Great character, always engaging with the residents."

People were happy living at the service. They had recently carried out their first annual survey of people who use the service in June 2018 and the results had been correlated. The questions covered all aspects of the service provision such as admission, surroundings, activities, care, courtesy and catering. We saw the majority of the responses to each question had been "Excellent" or "Very good". Where there were not top marks an action plan had been drawn up for action to be taken to improve people's experiences. Comments on the survey from people included, "The whole team are very friendly and professional", "Always someone on hand to discuss any concerns" and "Astbury Manor is a care home of very high standards. All the staff are

amazing. Always welcoming and informative."

One member of staff said of the new manager, "She treats everyone as respectfully as she would another manager. The registered manager was the same." Another member of staff said, "I love it here. Management are amazing. [Name of deputy manager] especially."