

Popular Care Ltd

# Astune Rise Nursing Home

## Inspection report

114 High Street  
Eston  
Middlesbrough  
Cleveland  
TS6 9EJ

Tel: 01642454224

Date of inspection visit:  
14 February 2020

Date of publication:  
02 March 2020

## 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

Astune Rise Nursing Home is a residential nursing home providing personal and nursing care to older people and people living with a dementia. It can support up to 38 people across a single, purpose-built and adapted site. There were 30 people using the service when we visited.

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

People told us they felt happy and safe at the service. Staff provided kind and caring support that met people's needs. People were treated with dignity and respect.

Risks to people were effectively managed. People were supported by safely recruited staff, and staffing levels were monitored. Medicines were managed safely. People were safeguarded from abuse.

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

People received person-centred care, and were involved in regular reviews of this. A wide range of activities were available. People and relatives were familiar with the provider's complaints process.

People, relatives and staff spoke positively about the leadership of the registered manager. Good governance systems were in place to monitor and improve standards. The service worked in effective partnership with external professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 15 July 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Astune Rise Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

An inspector and an assistant inspector carried out this inspection.

#### Service and service type

Astune Rise Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We sought feedback from the local authority and professionals who work with the service.

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

information to plan our inspection

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven members of staff, including the registered manager, clinical, care and kitchen staff. We also spoke with an external professional who was visiting the service.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two external professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people were identified, addressed and regularly reviewed.
- The safety of the premises and equipment were effectively managed.
- Policies and procedures were in place to support people in emergencies.

### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff received safeguarding training and said they would not hesitate to act on any concerns.

### Learning lessons when things go wrong

- The registered manager effectively monitored and responded to accidents and incidents.
- Lessons were learned and openly shared with people, relatives and staff when things went wrong.

### Using medicines safely

- Medicines were managed safely. Effective systems were in place to order, store and administer medicines.
- Staff received the training and support needed to manage medicines safely.

### Staffing and recruitment

- There were enough staff deployed to support people safely. Staff told us absence through sickness or holiday was covered.
- The provider's recruitment process minimised the risk of unsuitable staff being employed.

### Preventing and controlling infection

- Effective systems were in place to prevent and control infections. Staff applied infection control principles in their daily work.

# Is the service effective?

## Our findings

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

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

- People's support needs and preferences were effectively assessed to ensure the right support was available.
- External professionals were involved in assessing people's needs to help ensure support was delivered in line with latest guidance and best practice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked effectively with external professionals to ensure people received the support they wanted and needed.
- External professionals gave us positive feedback on how staff worked with them in supporting people.

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

- People received effective support with eating and drinking. Dietary needs and preferences were met.
- People spoke positively about eating and drinking at the service and the choice available. One person said, "If it was something you didn't want they'd find you something else."

Staff support: induction, training, skills and experience

- Staff received regular training to ensure they had the knowledge and skills needed for their roles. One member of staff said, "The training is really good."
- The provider effectively inducted new staff to the service. The induction process included completing all relevant training.
- Supervisions and appraisals took place regularly. Staff spoke positively about these meetings and the support they provided.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were knowledgeable on the principles of the MCA and used this to make effective best interest decisions for people.
- DoLS were applied for and effectively monitored where needed.

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

- The service was adapted for the comfort and convenience of people living there. Rooms were customised to people's personal taste.
- A refurbishment programme was underway. The registered manager was seeking advice from relevant external professionals on making the environment more dementia friendly.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and supported by kind and caring staff. One person told us, "The staff are all very nice."
- Throughout the inspection we saw kind and compassionate interactions between people and staff. It was obvious that people and staff enjoyed each other's company.
- People were supported to uphold their sense of identity. This included practising their faiths and maintaining relationships of importance.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff delivered close and friendly but professional care. One person said, "If I say I don't want to do something, they respect that."
- Staff helped people to preserve and maintain their independence. For example, we saw staff encouraging people to mobilise safely around the building.

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

- People were actively involved in decisions about their care. Even where people lacked capacity to make decisions we saw staff involving them in choices.
- Feedback was sought and acted on. Informal conversations, surveys and meetings were used to obtain people's views.
- People were supported to access advocacy services where needed. Advocates help ensure that people's views and preferences are heard.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised support based on their assessed needs and preferences.
- Staff involved people and relatives in regular reviews of care to ensure people retained choice and control over the support they received.
- Effective systems were in place to insure important information and changes to people's support needs were handed over to staff.

Meeting people's communication needs

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

- People were supported to access information in the most accessible way possible.
- Staff were knowledgeable on people's communication needs and helped them make their voices heard.

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

- A wide range of activities was made available, based on people's hobbies and interests. This included a mix of activities at the home and external events.
- People and relatives spoke positively about activities at the service and told us about the things they liked to participate in.

Improving care quality in response to complaints or concerns

- Systems were in place to learn from and respond to complaints. People and relatives were aware of the provider's complaint process.

End of life care and support

- Compassionate and caring end of life support was provided where needed. This reflected people's wishes and preferences.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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; 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 promoted a caring and empowering culture. A relative told us, "The atmosphere is lovely."
- There was open and transparent communication with staff, people and relatives. A relative said, "It's a nice, open culture."
- People were happy with the support they received. Relatives said staff helped people achieve good outcomes.

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

- The registered manager and provider carried out a number of audits to monitor and improve standards at the service. Issues identified were quickly addressed.
- Required notifications had been made to us in a timely manner.
- People, relatives and staff spoke positively about the leadership provided by the registered manager. A member of staff said, "[Registered manager] always acts in the best interests of the home."

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

- Feedback was proactively sought and acted on. The results of feedback surveys and meetings, and actions taken, were shared.

Continuous learning and improving care; Working in partnership with others

- The registered manager had developed innovative ways to ensure continuous learning. For example, themed months were dedicated to learning about specific topics and people were invited to take part.
- External professionals spoke positively about their partnership working with staff at the service.