

Aster House Healthcare Limited

Aster House

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

Aster House is a residential care home providing personal care for up to eight women with mental health needs.

People's experience of using this service

People told us that they felt safe living at the service. Staff demonstrated a clear understanding of the types of abuse and the actions they would take to report an allegation of abuse.

People had continuous assessments of their care needs and risks associated with their health and well-being. People and their relatives were involved in and contributed to their planned care and how they wished to be supported by staff. People said staff were kind and provided care in a considerate and compassionate way.

People were supported with taking their medicines as prescribed. Staff accurately completed medicine administration records following the administration of their medicines.

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.

All meals were made by staff onsite each day. People chose meals that met their nutritional needs and preferences.

The provider had a complaints process in place. People knew how to make a complaint about an aspect of their care if they were unhappy about the support they received.

Rating at last inspection

The last rating for this service was Good (published 3 July 2018). Since this rating was awarded, the registered provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned scheduled inspection.

Follow up

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Aster House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses a residential care service.

Service and service type

Aster House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The 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 visit was unannounced.

What we did

Before the inspection, we looked at information we held about the service including notifications sent to us. 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 four people who used the service. We spoke with the registered manager and two care

workers. We looked at three care records and medicine administration records for all people living at the service and other documents relating to the management of the service. General observations of the service and the interactions between people and staff were completed.

After the inspection

We contacted two health and social care professionals for their feedback about the service but did not hear back from them.

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

- People confirmed they felt safe living at the service. One person said they felt protected in the home and another person had no concerns about their safety.
- Staff assessed risks to people's health and wellbeing. The risks identified included deterioration of mental health, substance misuse and likelihood of violence. Risk assessments were reviewed and updated when people's needs changed.
- Each person's risk management plan was put in place to help mitigate risks. Staff had access to management plans which detailed the specific triggers for people and the staff support required to reduce and manage them.

Systems and processes to safeguard people from the risk of abuse

- The provider's safeguarding policy and safeguarding training helped staff understanding of the types of abuse and how to protect people from harm.
- Staff followed the safeguarding process to ensure all allegations of abuse were managed in a safe way.
- The registered manager kept updated records of the investigation, actions and any outcomes. This information was shared with staff to reduce the risk of recurrence.

Using medicines safely

- Medicines were administered to people as prescribed. People confirmed and we observed staff supporting people with taking their medicines which helped them to manage their health care needs.
- The provider's medicines policy gave staff guidance on safe administration of medicines. People were assessed to establish whether they were able to manage their medicines independently. Those who were able managed this task independently.
- The provider ensured staff were appropriately trained in medicine management. Staff completed training and had an assessment of their competency to safely support people in the administration of medicines.

Staffing and recruitment

- The registered manager had deployed sufficient staff to support people. People confirmed and our observations showed that staff were available and flexible enough to support people when needed. For example, staff accompanied people to Care Programme Approach (CPA) meetings that were used to review people's mental health needs.
- The provider's recruitment process guided the registered manager to ensure suitable staff were employed.
- Newly employed staff completed pre-employment checks before they worked at the service. The

registered manager requested previous employment references, evidence of their right to work in the UK and proof of identity as part of the job application process. Each member of staff had a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. All staff files contained relevant documents used in the recruitment process.

Preventing and controlling infection

- The provider had an infection control policy in place which guided staff to follow and implement safe hygiene practices.
- People lived in a service that was free from odour and was clean. The registered manager ensured there was enough personal protective equipment available for staff such as gloves and aprons to help reduce the risk of infection.

Learning lessons when things go wrong

- The registered manager monitored and reviewed all events that happened at the service.
- Safeguarding allegations, accidents and incidents and complaints were monitored and reviewed so that any patterns could be identified and managed in an effective way.

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 has 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 had an assessment of their needs before coming to live at the home. Assessments included gathering information about people's needs related to their mobility, social care, health care and mental health needs.
- People were involved in and contributed to their assessments and made choices about how they wanted to receive their care. For example, the community mental health team described how to support a person in the community. This person was particularly at risk of exploitation. Records showed that staff had implemented this guidance in their risk assessment, which helped to keep the person safe.
- Staff understood people's individual needs and whether the service was able to meet the people's care, treatment and support needs.

Staff support: induction, training, skills and experience

- The registered manager had a programme of induction, training, supervision and appraisal. Staff confirmed they had support from the registered manager that helped to support them in their jobs.
- Staff had an induction programme that enabled them to become familiar with the service and to shadow experienced staff. Staff had regular supervision and appraisal meetings which gave staff the opportunity to reflect on their practice and job performance.
- Staff had a programme of training. This ensured staff were equipped with knowledge to support people in an appropriate way. Training included safeguarding adults, basic first aid, medicines management, mental health and infection control. Staff commented, "There is a lot of training that is really interesting. It helps me understand the people I work with a little bit more" and "I have been encouraged to do further training."

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

- There was enough to eat and drink for people to meet their needs. Care records detailed the meals that people had eaten and whether they had meals outside of the service.
- We observed a staff member support a person to make their breakfast late morning. We also saw staff support people to prepare their lunch time meal of their choice which met their preferences.

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

- People were supported by health and social care professionals when this was required.
- People's mental health and physical health needs were assessed on a regular basis and any changes were updated in people's care records. Staff followed health and social care professionals recommendations so people's health and wellbeing was maintained.

- Staff arranged health care appointments with the GP if people's health needs acutely changed so people had the care and treatment they needed in an emergency.

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.

- People gave their consent to receive care, treatment and support and they signed their care records to confirm this.
- Mental capacity assessments were completed with people when they lacked the ability to make decisions for themselves independently. People attended best interests meetings with relatives and health and social care professionals when complex decisions needed to be made and they could not make those decisions for themselves.
- People had DoLS assessments completed and an authorisation in place to ensure they received appropriate support from staff in the least restrictive way.

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 treated with kindness and were supported by caring staff. People said they were happy living at the service and enjoyed living with other people.
- Staff knew people and their support needs well. They talked to us in a kind way about people that showed staff understood people's individual needs.

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

- Staff encouraged people to make decisions about their daily activities in and outside their home. For example, people were involved in keeping their home clean, completing their laundry and being involved with preparing and cooking meals.
- People and their relatives were encouraged to be involved in the reviews of their care. People wrote their opinions about their care on their records, explaining how they felt their care was going and whether they had any challenges.

Respecting and promoting people's privacy, dignity and independence

- People said staff were respectful of their privacy and dignity. One person said, "Yes, they give me privacy." Our observations showed positive interactions between staff and people using the service in a meaningful, kind and respectful way and people responded to staff accordingly.
- Staff encouraged people to be as independent as possible. We saw people going out into their local community and returning home. People who were unable to go out alone were supported by staff to keep them safe from harm.

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 has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Assessments and care and support plans were personalised and completed with people's opinions of their care needs including their likes and dislikes and things in their life that were important to them.
- People attended key working sessions with a member of staff. These meetings were used for people to speak about things that were significant and any concerns they had. This information was recorded which helped staff deliver care and support in line with people's preferences.
- People were supported by a flexible staff team. Staff supported people who required one to one support so they could achieve their personal goals. For example, one person wanted to continue their education and was supported to find and apply for a training course that met their interests.

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's cultural needs were respected by staff. People had meals that met their choice and cultural needs which they enjoyed.
- People attended activities that interested them and met their needs. There was an up to date log of all outings, trips and activities people took part in. There were photos of staff celebrating people's birthday and being presented with a birthday cake by the registered manager.
- People were supported to have and care for pets in the service. The person who had the pet provided all care and support to the cat that lived with them. Staff implemented current research that demonstrated having a pet can have a positive impact on the health and wellbeing of people living with a mental illness.

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.

- The service had information displayed and given to people in an accessible format so people understood the information.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process in place. People were provided with details of how to make a complaint if they were not satisfied about the care, support and treatment received.
- People were given a copy of the provider's complaints process when they moved into the service and this was also displayed in the communal areas of the home. People commented, "I know how to complain" and "Yes, I would tell staff if I had to complain."

- Complaints that were received had been managed appropriately and in line with the complaints policy.

End of life care and support

- Staff told us and records showed that no one using the service required end of life care.
- People were encouraged to discuss their end of life wishes with the support of their relatives. When people had made funeral arrangements these were recorded so staff were aware of the decisions made.

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 has 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.

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

- Staff gave positive feedback about the registered manager and the service. Comments included, "I was delighted to return and work for the same manager" and "The manager recommended I apply for a senior leader job."
- The registered manager completed checks on the service. Staff reviewed care records, safeguarding, medicines management and accidents and incidents and the cleanliness and hygiene of the service. For example, the kitchen was clean, the fridge temperatures were regularly recorded and food was labelled in line with good food hygiene practices. Any concerns following the service review were shared and discussed with the staff team.
- The registered manager and staff team were committed to working for the service. Each member of staff we spoke with said they enjoyed working for the service and demonstrated they understood each person's needs, not only from their case histories but from daily interactions and being sensitive to any triggers of behaviours that challenged and changes in mood.
- The registered manager sent notifications to the Care Quality Commission (CQC). This provided CQC with details of concerns, so action could be taken promptly as required.

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

- Records showed that staff communicated well with health and social care professionals and kept relatives up to date with any changes or incidents that occurred with people.

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

- People were cared for in a service which had a positive culture. There was a clear vision for the service that was person-centred while providing care, support and treatment to people to help them to manage their mental health needs and remain well.
- The registered manager ensured staff and the service operated in a transparent way. A member of staff commented, "Everything is transparent." Staff said they were able to openly discuss issues with the staff team, registered manager, people and relatives.

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

- People gave positive feedback about the service through an annual survey. Each person commented on the service, staff, facilities and the support received.
- The feedback showed that people were happy living at the service and with the care and support.
- The registered manager held regular meetings with people and staff which encouraged them to share their thoughts and discuss issues relating to the service, share ideas and offer solutions to any concerns raised.

Working in partnership with others

- Staff worked in cooperation with professionals from health and social care services. This relationship ensured people's care needs were discussed and met.
- The registered manager had developed links with community mental health teams and local commissioners from the NHS and local authority.
- Staff worked collaboratively with people's GPs and health and social care professionals which helped to provide individualised care for people which helped to maintain their health and wellbeing.