

Aster Living Flourish 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

This inspection was announced and took place on 17 January 2017. The provider was given notice of inspection to ensure the registered managers would be available to meet us at the provider's office, and also to make arrangements for us to visit some of the people in their own homes with their permission.

The last inspection of the service was carried out on 17 July 2014. No concerns were identified with the care being provided to people at that inspection.

Flourish House is part of Aster Living and operates four extra care schemes for elderly people and a supported living service for people with learning disabilities. Extra care schemes and supported living services allows people to live independently while getting the care and support they need. A total of 152 people may be catered for. Flourish House also operates a domiciliary care service to provide person care for people living in extra care schemes, if this is required.

There were two registered managers in post, one to manage the supported living service in Somerset, and one to manage the extra care scheme in Somerset, Devon and Cornwall. 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.

The provider and senior management team were open and approachable and supported people receiving a service and staff well. People and their relatives were very complimentary about the quality of the service provided and about the management and staff team. They felt the care was good. One person told us, "Carers are a 100%. They know their job and they've got passion for everything they do".

People had positive relationships with the staff members who supported them. Staff knew peoples' individual histories, likes and dislikes and things that were important to them. People's privacy and dignity was respected and information personal to them was treated in confidence. People felt they received support from familiar and consistent care workers. They told us they would recommend the service to other people.

There were systems in place which provided guidance for staff on how to safeguard the people who used the service from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe.

Comprehensive risk assessments were in place in all care records. They included a wide range of areas: including communication; medical conditions; medication; diet; independence; continence; memory, self-neglect. There were separate risk assessments regarding environmental risks.

Where people required assistance to take their medicines, there were arrangements in place to provide this

support safely. There were clear protocols to show at what level the assistance was required, for example just prompting or reminding the person to take prescribed medication from a blister pack.

There were sufficient numbers of staff who were trained and supported to meet the needs of the people who used the service. Care workers were caring and respectful and had good relationships with the people they cared for. People were involved in making decisions about their care and support and people received care and support which was planned and delivered to meet their specific needs.

Where people required assistance with their dietary needs, there were systems in place to provide this support safely. One person told us, "We do a weekly shop and plan our menu each week with staff". Staff confirmed they tried to ensure a healthy balanced diet was promoted whilst recognising choice.

Care plans showed people had access to healthcare professionals including doctors, community nurses, speech and language therapists, opticians and chiropodists.

A complaints procedure was in place and people's concerns and complaints were listened to, addressed in a timely manner and used to improve the service. Each person received a copy of the complaints procedure including in easy read format once commencing the service.

There was good leadership in the service. The service had a quality assurance system and shortfalls were addressed and used to promote on-going improvement. People were kept up to date about any changes to the service by meetings, newsletter and discussions.

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.

There were sufficient numbers of suitably experienced and trained staff to meet people's needs.

Risk assessments were carried out to make sure people received their care safely and were able to maintain their independence.

There were staff recruitment procedures which helped to reduce the risk of abuse.

Is the service effective?

Good ●

The service was effective.

People received care from a staff team who had the skills and knowledge to meet their needs.

People were always asked for their consent before care was given.

Staff liaised with other professionals to make sure people's health care needs were met.

Is the service caring?

Good ●

The service was caring

The registered managers and staff were committed to putting people first.

People had positive relationships with staff that were based on respect and promoting people's independence.

People were treated with dignity at all times.

Relatives felt staff went the extra mile to provide compassionate and enabling care.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which was personal to them and took account of their preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People felt comfortable to make a complaint and felt any concerns raised would be dealt with.

Is the service well-led?

Good ●

The service was well-led.

People benefitted from a staff team who were well supported and happy in their role.

The registered managers and staff team were committed to providing people with a good quality service.

There were systems in place to monitor the quality of the service provided.

Flourish House

Detailed findings

Background to this inspection

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

This inspection took place on 17 January 2017 and was announced. The inspection was carried out by three adult social care inspectors. The provider was given notice because the location provides a supported living service and extra housing scheme for people who are often out during the day. We needed to be sure that someone would be in.

Prior and following the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received.

During the inspection we visited seven people in their own homes, and spoke with four relatives. Following the inspection we contacted 17 people who were using the service by telephone, to discuss their experience of using the service and two external health professionals who were involved in supporting people who used the service. We spoke with three members of the senior management team, two registered managers, one service manager, three team leaders and six members of staff.

We looked at the care records of ten people who used the service and recruitment records for ten staff members. We looked at records which related to people's individual care and the running of the service. Records seen included seven care and support plans, quality audits and action plans, and records of meetings and staff training. The management and administration of people's medicines, health and safety and quality assurance.

Is the service safe?

Our findings

People told us they felt safe in their homes and in the community with the staff who supported them. People from the extra housing scheme made comments such as, "This is a very safe service and I know who to contact if I have any worries" and "It has been a good move for me. If you need somebody in the night you only have to press the bell; there's always someone around".

People using the supported living service also told us they felt safe, some people found it more difficult to speak with us due to their disabilities but smiled and gave 'thumbs up' when asked if they felt safe. One person told us they always knew which staff member would be visiting their home. They said, "They [staff] have to show us their ID badge to come in." One relative told us, "I know my relative is very safe, they have little communication but the staff know them well and really listen". People were given information in small booklets in easy read formats about keeping themselves safe when they joined the service.

Staff and records confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of how they kept people safe. They knew how to report any concerns. They were confident any concerns reported would be fully investigated and action would be taken to make sure people were safe.

Staff felt able to raise any safeguarding issues with senior staff and were confident they would act. The registered managers had notified us of all safeguarding issues and had taken the appropriate action, including working with other agencies when required. We saw evidence that when any concerns about people's safety were raised the service worked with the local authority police and multi-disciplinary teams to keep people safe. One professional told us, "The service have always alerted us if they are concerned for any service user's well-being and safeguarding".

Risks of abuse to people were minimised because there was a recruitment procedure for new staff. Before staff were allowed to start working with people they had to go through a safe recruitment and selection process. They told us this was to ensure they were safe to work with vulnerable people. Staff members described the appropriate checks that were undertaken before they started working. These included satisfactory Disclosure and Barring Service (DBS) criminal record checks and written references. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable staff from working with people. These checks had been completed and recorded.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. People were supported by core teams of regular staff. An on-call system of support ensured staff were available out of hours. Where people needed 24 hour support this was provided. People confirmed they were supported by regular staff. People in the extra housing scheme told us they had call pendants which enabled them to summon support whenever they needed help. This was a key aspect of security for people. People in the supported living scheme were also supported by regular core teams of staff. One member of staff told us, "It is important [person's name] has the same staff to prevent anxieties. If one of us is off sick, one of the other members of the core team will jump in".

Both registered managers felt their teams were flexible and reliable. One professional told us, "In the past consistency of staff members has been issue and feedback regarding this has been taken on board and acted upon where possible". The registered manager of the extra housing scheme confirmed they were not fully staffed, but did use the same agency (providing temporary staff) to ensure consistency of staff. The registered manager of the supported living service told us there were no current concerns with staffing levels.

Care plans contained risk assessments which outlined measures which enabled care to be provided safely in people's homes. They included a wide range of areas: including communication; medical conditions; medication; diet; independence; continence; memory, self-neglect. There were separate risk assessments regarding environmental risks. Staff were aware of people's risks and the correct procedures to minimise the risks. For example, following speech and language assessments (SALT) measures had been implemented to manage the risk.

An initial assessment established whether it was safe people receiving the service and for staff to carry out the care and support required. Reviews of care carried out with people and their representatives, where appropriate, were undertaken to ensure that these risk assessments were up to date and reflected people's needs on a regular basis. Staff informed the registered managers or team leaders if people's abilities or needs changed so that risks could be re-assessed and preventative measures put in place.

Where people required assistance with their medicines they were satisfied with the arrangements. People using the supported living service who were unable to communicate if they were in pain, had mood charts in place to indicate their degree of pain. The charts showed pictures of faces showing pain on a scale from one to ten. This showed the service was making sure people received pain relief where necessary. There were clear protocols to show at what level the assistance was required for example, just prompting or reminding the person to take prescribed medication from a blister pack.

People's medicines were administered by staff who had received specific training to carry out this task. Medication administration records clearly showed what medicines had been received and were signed when administered or refused. This gave a clear audit trail. People said they received their medicines on time and were happy with the support they received. Where people needed support with prescribed creams, records showed the creams had been applied consistently in the right areas. One person told us, "They [staff] are very helpful to me; it is difficult for me to apply my cream. They are all gentle and kind". Records were completed making it easier for other carers or visitors to see if the person had taken their medicines. The provider undertook regular competency checks to ensure staff were following safe practice when supporting people.

There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the registered managers so appropriate action could be taken. Records of action taken had been recorded. This showed us the provider had systems in place to record and review information. Within the extra housing scheme people were supported to remain safe. For example, there were fire sprinklers on each floor and in each room. A fire box was secured in the main hallway, which included an up to date list of tenants, brief overview of individual needs and keys. All doors were on sensors. People using the service had recently had a visit from the fire service to discuss fire safety.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very positive about the staff who supported them. One person told us, "The staff are very reliable". Another person told us, "Great staff, if there is an emergency they always ring to tell me they will be late. I am supported by regular staff". One relative told us, "They [staff] listen and respect choices." Another relative told us, "The staff ensure they support my relative to understand, I am very impressed."

People were supported by staff who had undergone an induction programme which gave them the skills to care for people effectively. New staff attended an extensive training programme. New staff were working through the care certificate as part of their training. The care certificate is a set of standards that social care and health workers stick to in their daily working life. They are the new minimum standards that should be covered as part of the induction training for new care workers. Staff confirmed they had received an induction and a probationary period and spent time shadowing more experienced staff. New employees were also issued with 'flash cards' to remind them of Aster Living values and visions, and smart phones for easy contact with the provider and management teams.

Staff received the training they needed to meet people's specific needs. The provider maintained a staff training matrix which detailed training completed by staff and when refresher training was due. All staff received refresher training, this helped to make sure staff knowledge and practice remained up to date. One team leader told us there were opportunities for promotion, and the provider offered "A very good one year management programme". They joined staff on training which the provider ensured each staff member should have which included safeguarding, personal care and medication. Staff were encouraged to undertake relevant and appropriate qualifications by receiving a pay increment on completion.

Staff told us they felt supported by the team leaders, the registered managers and the provider. Staff confirmed and records showed staff received regular supervision, informal and formal appraisal and spot checks. Staff also confirmed they did not need to wait for their supervision if they had any issues they wanted to discuss. One registered manager told us they had begun to use a performance tracker. They explained this was a digital tool to help support and strengthen one to one supervision sessions, set up staff reviews, objectives and personal development plans online and staff were able to access this online information to reflect and plan for their reviews.

People's nutritional needs were assessed and monitored to make sure they received a diet in line with their needs and wishes. Where needed people had a nutritional assessment which detailed their needs, abilities, risks and preferences. Staff knew about people preferences, risks and special requirements. One person told us, "We do a weekly shop and plan our menu each week with staff". Staff confirmed they tried to ensure a healthy balanced diet was promoted whilst recognising choice.

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Where needed best interest meetings had taken place with the relevant professionals. If people did not have

capacity independent advocates were involved. 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. The registered managers had a clear knowledge of the people they could contact to ensure best interest decisions were discussed for people. People were able to access the information recorded about them at any time and details recorded were relevant and accurate.

People only received care with their consent. Care plans contained copies of up to date consent records, which had been signed by the person receiving care or a legal representative. Within the supported living service, where people were unable to give verbal instructions, other methods of communication were used. For example, talking mats were used to ensure choice was offered. One person had access to a smart phone with communication applications which allowed them to tell staff what they wanted to happen, when and where. The person demonstrated how this worked and how they got staff to understand them. This showed the service promoted inclusion and ensured people had choice and involvement.

Within the extra housing scheme people confirmed staff always asked them first before they carried out any care and they had choice in how their care was delivered. Staff were clear about the rights of the people they supported and maintained them.

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. The application procedures for this in care homes and hospitals are 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 were being met. We saw legislation had been followed, records showed best interest meetings had been held with family and healthcare professionals and a best interest decisions made and recorded where needed. We saw a DoLS applications had been made for people following best interest decisions and reviews were taking place to ensure the support remained current. This showed the provider was using the correct processes regarding DoLS relating to use of restrictive measures intended to keep people safe.

People were supported to maintain good health and access healthcare services when they needed them. People's health care needs were monitored and met as referrals were made to the appropriate health care professionals when needed.

Is the service caring?

Our findings

People had positive and caring relationships with the care workers who supported them. One person who was unable to verbally communicate due to their disabilities smiled and gave a 'thumbs up' when asked if the staff were kind. Other people also confirmed staff were kind and caring. There were many positive comments made from people from both the extra care housing scheme and supported living service. These included, "[Staff] always have time for a chat", "They go out of their way to help", "They [staff] are reliable, good and never let me down", "Staff are absolutely terrific" and "They always ask me before they leave 'Is there anything else I can do for you?', and I know they would help me with anything."

Staff interactions with people were professional and caring resulting in a calm and friendly atmosphere. Staff took time to listen to people and make sure they were always comfortable talking with us, for example. One person showed us their memory book which staff had helped them make. The book held many photos of all the events they had been to, this included holidays, family, friends and all things that were important to the person. Staff told us the memory books were also used for skill development, such as communication and choice. One relative told us, "Every possible aspect of [person's name] care is taken care of, they are supported by staff they know well who promote their independence. I am so pleased with the support".

Staff had a good rapport with the people they supported. People appeared comfortable with staff and able to ask for their support. Staff demonstrated they knew people well. They were able to tell us about the people they supported including their history, family, likes and dislikes. This demonstrated that showed staff knew people well and listened to their preferences.

People's records provided guidance to care workers on the areas of care they could manage independently and how this should be promoted and respected. Records guided staff to make sure they always respected people's privacy and dignity.

The registered manager from the supported living scheme stated in their PIR, "When a customer applies for our service we collect information to ensure their specific needs are met in a caring way, for example their religion may affect meal preparation. We work with the customer to identify what is important to them and what they want from their life to provide an outcome focused service. Where people had cultural preferences these preferences were respected and followed.

People were supported by regular staff who knew them well. People and staff were asked to complete a one page profile on what was important to them in their lives so the provider could match people with a care worker of similar interests. One person being supported in the supported living service told us how they had been supported to find an eight week work placement. They showed us their photos and indicated how much they had enjoyed the experience. The registered manager told us, "We found this to be a two way experience. [Person's name] got so much out of the role, and felt valued and part of the team. The worker supporting them really enjoyed helping [person's name] to develop new skills. We are now trying to secure permanent employment for the person."

Staff made sure they involved people in decisions about their support. One staff member told us, "They are always involved." Another staff member told us when they supported one person to make decisions they worked with other staff members to think about the best way of presenting information and involving the person. We saw people had pictures around their homes, which showed photos of the staff that would be supporting them each day alongside pictures of chosen meals and activities. We observed during our visit that staff consulted people on day to day decisions and used appropriate communication to promote choice.

The service had a service user guide which provided people with information about the service. This included what rights people could expect to have in relation to the care provided such as a right to privacy and a right to have their views known and the right to complain.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. People told us they were involved in decision making about their care and support and their needs were met. One person showed us how they told staff what they wanted by way of an application on their smart phone. Another person said, "If I need any help, they will help me, they understand me and know my ways".

People had a range of support needs and staff ensured these were met in a timely and individualised way. For example, one person had specific needs which meant routines were very important to them. To ensure consistency of support guidance was available for staff to follow, where in exceptional circumstance routines could not be kept the person was supported to understand why. For example, when a particular take-away was temporally closed, photos had been taken of the take-away shop with a fire engine outside to help the person to understand.

Care workers felt that people were well cared for and their needs were met. They felt care plans gave a good level of detail that enabled them to care for people the way they wished. One care worker told us, "The managers give us the right information at the right time. Records are always updated if anything changes". Reviews were completed every six months or more often if required. All reviews seen had been signed by people and were up to date. One professional told us, "The service has been quite exceptional for the service users I am involved with who are supported by them. I recently held a review for one person, who described the service from Aster Living as 'fantastic'. This particular support has worked so well because the service user was matched very specifically with a care worker who would work well for them. There is trust in the working relationship and I have seen a real turn around with this person regarding lower anxiety levels and an increase in their confidence".

People's care records included care plans which guided care workers in the care that people required and preferred to meet their needs. These included peoples' diverse needs, such as how they communicated and mobilised. Care reviews were held which included consultation with people and their relatives, where appropriate. These provided people with a forum to share their views about their care and raise concerns or changes. The provider had introduced a system which included monthly evaluations about people's care needs. This provided care workers with a system to identify if people's wellbeing had deteriorated and they could take action to ensure that their needs were met. For example, it had been identified that a person was low in mood, staff told us they listened, and planned the person's support with them. Staff were able to describe the person's needs in detail which reflected the care plan. This showed there was a system in place to respond to people's changing needs.

Staff were knowledgeable about people's life history and used this knowledge to assist people with their day to day activities which were meaningful to them. People who were being supported in the extra housing scheme were encouraged to follow their interests and take part in social activities. One person told us they could join in with others in the service if they wished. Another person told us, "There is loads going on here and we always join in. It's very sociable." One relative told us their relative's quality of life had improved. They said, "She has a friend now who she sits with in the lounge. She goes for tea with her and a few of the

others. She's made new friends. She has her hair and feet done. She's a different lady".

People who were supported in the supported living service also participated in a range of activities to suit their interests and needs. Activities included; weekly community club, disco, swimming, shopping and carnival club. One person told us they were happy with all their activities and took part in the local carnival. Photos in people's memory books showed a range of activities and interests were met. Newsletters were sent to people which included the activities planned. People were also supported to go on holidays of their choice.

The provider sought people's feedback and took action to address issues raised. People and their relatives told us they were given opportunities to give feedback. They did this via the 'customer meetings'. The provider told us feedback was key to providing a quality service. One professional told us, "The service have communicated well with our team to provide any information that they consider is appropriate and important to share. They are very quick to respond if we contact them, both by phone and email".

People knew how to make a complaint and felt they were listened to. One person said, "We have no complaints, we are very happy." Complaints records showed that complaints and concerns were addressed in a timely manner. Complaints were used to improve the service and to prevent similar issues happening, for example taking disciplinary action where required and offering an apology to the complainant and showing how the service had learnt from and addressed their concern.

Is the service well-led?

Our findings

The service provided an open and empowering culture. People told us they felt the service provided good care, was well-led and they knew who to contact if they needed to. One person's relative told us, "It's a fantastic service, staff are really wonderful", "They do everything perfectly for my relative". One person told us, "Carers are a 100%. They know their job and they've got passion for everything they do".

There was good leadership demonstrated. Care workers told us they were supported in their role, the service was well-led and there was an open culture where they could raise concerns. The registered managers and staff demonstrated a culture of shared vision for supporting people. One registered manager told us, "We need to be bold, be different and creative. We already provide a needs-led quality service, but we never stop reaching to improve. We are just facilitators here to enable customers to achieve".

The PIR stated, "Irrespective of post and level of seniority, all job descriptions include a commitment to delivering high standards of care and support. We place emphasis on people's rights and views. Managers attend or chair regular customer meetings to discuss care quality issues. We have our own customer panel and learning disability consultation group. One relative told us, "I would recommend this service, people are involved and the staff are open and honest".

The management of the service worked well to deliver high quality care to people. There were quality assurance systems in place which enabled the registered managers to identify and address shortfalls. These included audits and checks on medicines management, care records and accidents and incidents. Where incidents had occurred, for example falls, these were analysed to check for any trends. Actions were taken to reduce future risks, for example making a referral to a dietician to assess a person's dietary needs. Records and discussions with care workers showed that 'spot checks' were undertaken. These included observing care workers when they were caring for people to check they were providing a good quality service.

The senior management team looked for ways to continually improve the service and keep up to date with current trends. Senior managers, registered managers and team leaders kept their skills and knowledge up to date by on-going training, research and reading. They shared the knowledge they gained with staff at staff meetings and supervisions. The PIR stated, "Managers can use a range of reports to effectively monitor services including, recruitment, retention, staff turnover, reasons for leaving, mandatory training compliance and performance management. We have an internal audit programme which includes support and care planning and administration of medication. Our leadership academy programme and framework ensures systems monitor performance and staff development".

All of the questionnaires we received from people said they were asked for their views on the service and the service acted on what they said. People were provided with the opportunity to share their opinions about the service. One senior manager told us the methodology for collecting survey responses had changed so they were initially expecting this to affect some responses. However, the overall score for staff from the most recent survey was 5.2 (out of 7). Overall people felt they were happy with the service and were promoted in maintaining their independence.

The supported living team had recently won the 'Aster Super Star Award'. A registered manager told us, "A team member was nominated and successful in gaining an 'Aster Super Star Award' for creativity in supporting a person who was non-verbal in creating their will. This was also supported by a compliment from the person's family member and legal representative. One member of staff from the supported living service told us, "The registered manager is always there to offer support and guidance". The registered manager told us, "It is important people know who I am."

The provider kept staff updated about any changes in the service through their newsletter, 'In safe hands'. This ensured staff were kept up to date with the latest news. Staff were complimentary about the management team. Comments from both services included, "Brilliant", "Best boss ever" and "If we make a mistake we can speak openly to her about it", "I think we are a great team. I don't think you could get better care. We all work well together and want the best for the customers", "We communicate well and everything is done properly" and "The registered manager is always there to offer support and guidance".

The management team told us supporting people's independence played a central part of the service they provided. One senior manager told us, "We offer an integrated service, we review our policies, speak with our customers and staff. The safety and wellbeing of our customers is a priority." One registered manager told us, "The philosophy is all about supporting people to remain as independent as possible. This was shared by staff. One staff member said, "Our philosophy is to keep people as independent as possible, encourage them to try and for them to be happy in their own homes."

Records demonstrated the service had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. The provider promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.