

Astra Care Services Limited

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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: Astracare is a domiciliary care service providing care and support to people in their own homes. At the time of the inspection there were 250 people using the service.

People's experience of using this service:

The service met the characteristics of good in all five key questions. Therefore, our overall rating for this service is good.

People and their relatives told us they felt safe and were happy being supported by Astracare. The provider had effective safeguarding procedures. Staff had a good understanding of abuse and felt confident raising concerns.

Risks to people were managed in a way that kept them safe. We found both environmental and individual risk assessments provided guidance for staff to keep people safe.

The provider followed safe recruitment systems. People told us the staff were reliable and they did not have any missed calls.

Medicines were managed safely, and the senior staff made sure staff were competent to administer medicines.

Staff received training in infection control and followed procedures to reduce risks for people.

People had care plans in place. The quality assurance manager ensured people's needs were reviewed regularly. People's health and wellbeing was documented and referrals to external professionals were made when necessary.

Staff told us they had an appropriate induction and had received appropriate training to confidently carry out their role.

Staff had appropriate knowledge of the Mental Capacity Act (2005). People 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.

People told us the staff were caring. We saw numerous compliments about the nature of the staff. People were treated with dignity and respect.

Families knew who to speak to if they had a complaint and felt able to express concerns to staff. Feedback from people who used the service and staff was that the service was well led. They told us the

managers were approachable and were available to speak with.

The registered manager carried out audits and managed accidents and incidents appropriately. The registered manager and office manager worked well together to manage the service effectively.

Rating at last inspection: Good (November 2016)

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

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?

The service remained effective.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our Caring findings below

Good ●

Is the service responsive?

The service remained responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.

Details are in our Well-led findings below.

Good ●

Astra Care Services Limited

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:

The inspection was carried out by one inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for an older person that uses this type of care service.

Service and service type:

The service is a domiciliary care agency. It provides personal care to people living in their own homes.

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:

The inspection was announced.

We gave the service 48 hours notice of the inspection visit to ensure that staff we needed to speak with would be around. We also needed the managers to gain consent from people and provide us with up to date contact lists, so that we could speak with service users, relatives, health professionals and support workers. The Experts by Experience contacted service users by telephone to gain their feedback on 8 April and the inspector emailed staff for their views on the service.

Inspection site visit activity started on 8 April 2019 and ended on 9 April 2019. We visited the office location on 8 and 9 April date to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before our inspection we reviewed all the information we held about the service and completed our

planning tool. This included notifications that the provider had sent us. A notification is information about significant events which the provider needs to send to us by law. We also contacted the local authority and Healthwatch to seek their views about the service. Healthwatch is the independent national champion for people who use health and social care services.

During the inspection, we spoke with 19 people who received a service and six relatives. We spoke with the registered manager, the office manager, the quality assurance manager and contacted 15 staff members via email. We spoke with the registered manager, the office manager, the quality assurance manager and contacted 15 staff members via email. We looked at three people's care records. We also looked at a range of records relating to the running of the service, including training records, medicine administration monitoring, rotas, quality monitoring records, complaints, records of incidents and accidents, staff recruitment and policies and procedures.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider took appropriate steps to identify and manage risks to people using the service. People and their families told us they felt safe. One person told us, "Yes I feel very safe, I have had the same person [carer] for a long time." One relative told us, "Mum couldn't be happier and safer."
- The provider had effective safeguarding systems in place. Staff we contacted had a good understanding of what abuse was, how they would identify signs and what action they would take if they had concerns about people's well-being, and how to ensure people were protected from harm or abuse.
- Records showed that staff had received appropriate safeguarding training.

Assessing risk, safety monitoring and management. Preventing and controlling infection

- The service managed risk effectively. Staff used risk assessments to help manage risk. We saw risk assessments around environmental risks as well as risks in relation to mobilisation, medicines and behaviour that may challenge.
- The provider had contingency plans in place to ensure people were supported in the event of emergencies. Staff received training in moving and handling. One person told us, "I have a hoist: they come and inspect it regularly."
- Infection control was managed safely and all staff had received training in infection prevention and control.

Staffing and recruitment

- Staffing and recruitment was managed safely. People felt staffing levels were appropriate.
- The provider followed appropriate procedures when recruiting staff.
- Staff files included completed application forms, a full employment history, references and appropriate checks were carried out to make sure only suitable staff were employed.
- People who used the service and their families told us they were happy with the staffing levels and told us they were not rushed during their visits. An electronic call monitoring system was in place to reduce the risk of calls being missed. One person told us, "There's not usually a problem, if they're going to be late, they notify us."

The service had recently moved to a new rota system and people told us that they no longer received rotas. One person said, "They say it [rota] is online but some old folk aren't online." We raised this on inspection with the provider who told us that they had communicated this change to people and that they could ring the office, if they did not have access to the internet. The provider assured us that they would communicate this to people through the newsletter.

Using medicines safely

- Medicines were managed safely. One person told us, "I have a blister pack and they [carers] help me with the morning tablets."
- Staff had received appropriate training in medication and competency checks were carried out.
- People were supported to take their medicines in a safe manner. If for any reason medication was refused, this was documented and the electronic system alerted the office manager. We saw evidence of referrals being made to medicines management to ensure this was addressed appropriately.

Learning lessons when things go wrong

- The provider learned lessons when things went wrong. The service had recently learned from a serious incident and had shared this learning with staff and other organisations.
- Accidents and incidents were documented and the office manager analysed them and took appropriate action to reduce the risk of them happening again. We saw that these had been managed appropriately.

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

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 needs were assessed effectively. Senior staff carried out assessments of people's needs prior to receiving a service.
- Care plans were in place and staff regularly reviewed and evaluated them.
- Staff were aware of good practice guidelines and used them to support the delivery of care.

Staff support: induction, training, skills and experience

- Staff received effective training which gave them appropriate information to carry out their duties safely. We looked at the training matrix and saw staff had received appropriate training.
- Staff felt supported by the registered manager and had the skills and experience to support people effectively.
- Staff received support from the registered manager. Staff told us they received a comprehensive induction and they felt well supported. One person we spoke with confirmed this. They told us, "They're well trained. The new girls shadow the more experienced /senior carers at first."

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

- We saw the service supported people's dietary needs.
- Staff made referrals to external agencies, such as speech and language therapists and dieticians for support and guidance as appropriate.

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

- People had access to appropriate healthcare and staff worked with other agencies to make sure people's healthcare needs were met.
- People told us they had access to outside professionals should they need it. We saw evidence in care files to show that professionals had been involved in people's care and referrals had been made to a range of health care professionals when support was required.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service was complying with the principles of the Mental Capacity Act 2005.
- Staff carried out assessments when people lacked capacity and a best interest meeting was used to agree the decision. These included professionals and people of importance to the person to support this process.
- Staff had received training in the MCA.

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

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 respected. The service was signed up to the Dementia pledge. This meant staff fully understood and met the needs of people with dementia.
- People felt listened to, one person told us, "Oh yes, I'd nominate them for an award, nothing's too much trouble." Another person told us, "The care is very, very good; it's excellent."
- People told us they had good relationships with their carers. One person told us, "I like their company. We have a very friendly relationship; have a drink, a chat, and a laugh. I don't have a bad word to say about any of them. I particularly appreciate their good humour and the jokes and laughs we share."
- Relatives felt their family members were well cared for. They told us, "The carers are wonderful."
- Staff told us they enjoyed their jobs, one person told us, "I love the clients and the work. They really are a pleasure to work for and clients are always grateful for the littlest of things, I find it endearing."
- We looked at compliments during our inspection which informed us that staff were kind and caring.
- The provider had policies in place to guide staff around the of the importance of treating people equally and ensuring their rights were respected.

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

- People and their families were consulted about their care.
- People were aware of advocacy services and several people had access to an advocate.

Respecting and promoting people's privacy, dignity and independence

- Staff were kind and caring and treated people with dignity and respect.
- Staff promoted people's independence. One person told us, "The carers try to help us be independent and to do what we can."
- All staff were aware of the need to maintain confidentiality and a confidentiality policy was in place.

Is the service responsive?

Our findings

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

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.

- People's care was planned to ensure their needs were met effectively.
- People's care plans contained information about their needs. One person told us, "They are very reactive to changes."
- Staff were aware of people's diverse needs and protected characteristics such as age, disability and gender.

Improving care quality in response to complaints or concerns

- The service was responsive to concerns raised. The home had a complaints policy and procedure in place and people knew how to access this. People and relatives told us they could speak to the manager if they had any concerns. One person told us, "They've been coming to me for four years and I've never had reason to complain. If I had, I would always speak to someone at Astracare before I did anything else."
- We looked at how the provider managed complaints. We saw these were clearly logged, with concerns addressed and actions completed.

End of life care and support

- The service had a policy and procedure for end of life care.
- Staff had received appropriate training in end of life care. No one was on end of life care at the time of the inspection.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- High quality care was promoted. People were complimentary about the management and felt they were approachable.
- Staff told us they felt supported by the registered manager. One staff told us, "The registered manager and office manager are always supportive and easy to contact."
- The office manager had a good understanding of people's needs. It was clear that she was passionate about her role.
- The office manager told us she felt well supported by the provider.
- The service understood the duty of candour and were aware of their responsibilities. The duty of candour means that services have a general duty to be open and transparent in relation to care.

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

- The registered manager was clear about their role and had a good understanding of quality performance. People told us, "It seems to be managed and organised well."
- We saw evidence of staff supervisions and meetings taking place.
- The registered manager carried out regular audits which meant that they could identify what they were doing well and what they may need to improve.
- Policies and procedures covered all areas of the service and were available for staff to use as guidance in their day to day practice.
- Notifications about incidents that affected people's safety or welfare were sent through to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged and involved people and families and worked in partnership with other agencies.
- We saw that the service encouraged people to make nominations for the Star Carer award, where staff were entered into a draw for a prize voucher. We also saw staff received certificates of appreciation for dedication during severe weather and for undertaking extra calls.
- The provider carried out service user and relative satisfaction surveys. People confirmed this saying, "We have opportunities to say what we think about the care received every now and again."
- We saw newsletters that contained information about new staff, quizzes, celebrated birthdays and information sharing such as the effects of cold weather and food hygiene reminders.

- We also saw many compliments and thank you cards, expressing gratitude and one person told us, "I think they do everything well. If I were marking out of ten, I'd give them one hundred."

Continuous learning and improving care

- The provider used continuous learning to improve care. We saw learning shared of incidences discussed with staff in a variety of forums, such as supervisions and newsletters.
- We saw evidence of accidents and incidents that had been documented and actions taken. The registered manager analysed these and took action to reduce the risk of them happening again.
- The service had invested in a new care planning system, which had enabled the service to continue to improve their quality monitoring.
- The registered manager took action to address any shortfalls following audits to improve the quality of the service delivered to people.