

Aston House Care Ltd

Aston House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Aston House provides accommodation and personal care for up to 16 people who have mental health support needs. People who live at Aston House may need a long-term home or be planning to move towards a more independent way of life. At the time of our inspection there were 15 people living at the home.

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

People's care and support was not always monitored and reviewed regularly to ensure staff had the most current information in order to support people.

The home environment required urgent repairs due to a leaking roof which had caused damp patches on walls and ceilings. The provider had taken action and repairs were due in the next few weeks.

The provider had a framework to monitor performance and drive improvement. This included the collection and analysis of data as well as regular audits. These systems however had not identified all the issues that we found at this inspection.

People's medicines were managed safely. Medicines were being administered to people in a safe, respectful and caring way. Safe practice was carried out to reduce the risk of infection. Staff followed good practice in relation to wearing personal protective equipment (PPE).

Staff had received training, but many were due for the refresher training to ensure their knowledge and practice remained up to date.

People's choices were respected by staff. Staff supported people to maintain their independence. People were encouraged to continue with their hobbies and interests. People had access to information on how to raise a complaint.

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.

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

Rating at last inspection (and update)

The last rating for this service under the previous provider was Good (published 14 November 2018).

Why we inspected

We received concerns in relation to staffing and management of the home.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Aston 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. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection took place on 12 October 2021 and was unannounced. The membership of the inspection team consisted of one inspector.

Service and service type

Aston House 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 did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with four members of staff including the provider, a health care professional, senior team leader, support worker and the chef. 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 reviewed a range of records. This included three people's care records and multiple medication records. We looked at six staff files 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 looked at training data and quality assurance records. We spoke with four relatives about their experience of the care provided..

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People told us prior to moving into the service they had a pre-admission assessment to ensure their needs could be met safely. However not all the pre-admission assessments had been completed. For example, although staff knew people well, we found one person's mental health section had not been filled in, so staff did not have guidance on how to support the person.
- Risks assessments regarding people's care and support were in place. Although staff had knowledge about risks, we found these were not always accurately updated in a timely way.

Staffing and recruitment

- We found the provider's recruitment processes required improvement. Not all staff files contained employment histories, and references were not always obtained to ensure staff were suitable to work in the home. The provider explained that some staff had worked at the home for many years and the information may have been archived by the previous owner.
- People told us they thought there were enough staff on duty to meet their needs.
- Staff felt there was enough staff on duty to ensure people's needs were met.
- The provider told us they monitored and adjusted staffing levels in response to people's current care needs.

Systems and processes to safeguard people from the risk of abuse

- People and relatives had confidence that people were safe living at the home. One person told us "I like it here [Provider's name] and staff are all kind."
- Staff had received training in how to keep people safe and staff told us how they would report safeguarding concerns. When safeguarding concerns were identified these were reported to the Care Quality Commission (CQC) and the local authority in line with legal requirements.

Using medicines safely

- Medicines were stored and administered safely.
- Topical creams were applied by staff, as prescribed. Body maps showed where people needed their diabetic medicines to be injected. Where people had as necessary medicines prescribed [PRN] such as for pain relief, we saw staff asked people if they required any as per their written protocol.
- Regular checks on medicine records ensured any errors were minimised. Daily tally amounts of medicines were recorded. This system assisted staff in identifying any medicine discrepancies to ensure these were rectified without delay.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. However, we found that some equipment in the downstairs shower room needed to be replaced. The shower chair had rusted, and the paint was peeling off. The provider told us they were already aware and planned to purchase a replacement.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents involving people were recorded and reported by staff and monitored by the management team to learn from these.

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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- In the home (including people's bedrooms) there were areas of damp on ceilings and walls caused by the leaking roof. The new provider had planned for repairs of the roof, but as a result had to put the redecoration programme on hold until the repair had been completed. One relative commented, "I am concerned that (person's name) room has damp patches."
- People's rooms were personalised and decorated to their taste.
- People had access to communal spaces and outdoor areas

Staff support: induction, training, skills and experience

- People and their relatives told us staff had the right knowledge and skills to care and support them. However, many of the staff were due their refresher training. The provider had already identified this shortfall and was in the process of identifying a new training provider.
- New staff told us they had undertaken an induction programme when starting their employment which included shadowing experienced staff and completing the care certificate. The care certificate covers the fundamental standards of care expected of all health and social care staff.
- Staff told us they had received supervisions with their line manager which enabled them to reflect on their practice and identify any training requirements.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had care plans in place although they had not been regularly reviewed to ensure they met people's current needs. The provider told us they were working through all the care plans to review and ensure they followed a uniformed approach, (as currently most had different formats making them difficult to follow). Not all staff employed had signed to say they had read the care plans.
- A staff member confirmed the reviewing of care plans was in process.

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

- People told us they enjoyed the food served. One person described the food as "Good."
- People's food preferences were recorded. A relative confirmed their family member followed a vegetarian diet and this was accommodated.
- People had access to hot or cold drinks whenever they required.

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

- Staff had developed good working relationships with external health professionals and organisations to support them in providing effective care and support. A visiting health professional told us they found the staff helpful and supportive.
- We saw from people's care records they had accessed healthcare services such as doctors, opticians and dentists as 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 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.

- Mental capacity assessments and best interest meetings had been held where necessary. Records reflected this. Where the person lacked capacity, staff supported 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 told us staff were "Kind" and "Good".
- A relative described their family member as being, "Very happy" and "Settled at the home."
- Staff were observed to be kind and caring in their interactions with people. The atmosphere was relaxed and friendly.

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

- People had a key worker individually assigned to support them and assist them in making their choices and decisions.
- Staff were heard encouraging people to remain independent and make choices.
- People and relatives were provided with opportunities to feedback their views as to how the service was run. Resident meetings were held at regular intervals to discuss how the service was working and suggestions for improvement.
- Staff could tell us about individual people's preferences, what they enjoyed and what was important to them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- Staff understood the importance of privacy and people told us staff gave them the space;- they needed.
- Staff were observed encouraging people to do tasks for themselves independently.

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 ensure people have choice and control and to meet their needs and preferences. 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

- Care plans we viewed were written in a person-centred way, detailing people's individual wishes and preferences.
- Staff understood people's social needs and provided them with support which encouraged them to live fulfilled social lives. For example, one person proudly described how they volunteered for a local charity.
- Staff supported people to take part in hobbies and encouraged people to continue individual interests such as gardening and embroidery.

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.

- Information was given in a way people could understand. For example, we saw infection control information was in a pictorial format to aid people's understanding.

Improving care quality in response to complaints or concerns

- People and their relatives knew of the provider's complaints procedures and how to use it.
- Any complaints recorded were handled appropriately in line with the provider's policy.

End of life care and support

- Where people had consented their end of life wishes had been recorded. However, no one at the home was receiving end of life care at the time of our 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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At this inspection there was not a registered manager in post therefore the ratings limiter for the well-led key question is applied.
- The provider was in the process of interviewing for a new manager.
- The provider had commissioned advice from an external care provider consultancy to review the existing auditing processes (that existed prior to them taking over the ownership of the home). They had identified the areas of improvement such as care plan and risk assessments required reviewing and shortfalls in the staff training. The provider had already started to address these shortfalls. For example, they had identified a new training provider to deliver the necessary training courses, to update staff. We saw the reviewing of care plans had started using new documentation.
- The provider understood their responsibility to notify the CQC and other agencies of any significant events. Notifications had been submitted appropriately which meant the CQC could check appropriate action had been taken.

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

- Staff provided mixed responses about the culture at the home. Whilst some described the staff morale as low due to the changes in management, others were positive. One staff member described a divide had existed between two staff groups but felt the atmosphere that had existed was now settling.
- The provider was aware of the concerns with staff morale and felt this was due to the previous registered manager leaving and staff loyalties. However they felt as staff adapted to the changes they had brought in-staff were feeling more positive about their future.
- People were complimentary about management and staff. One person told us, "All staff are good, they look after me, they help me take my medicines."

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

- One relative we spoke with felt communication with the provider could be improved, they were aware of the change in provider, however the relative felt they would have appreciated direct contact from them to introduce themselves or a newsletter be sent out.

Continuous learning and improving care

- The provider had sent satisfaction questionnaires out to people using the service, their relatives, staff and health professionals in order to gain feedback. All the responses were positive;- apart from the environmental issues which the provider was addressing.
- The provider had effective systems of quality checks in place to monitor the service people received. This included regular checks on people's health and safety arrangements, people's care plans and medication.

Working in partnership with others

- The staff team worked closely with other agencies to ensure positive outcomes for people. This included health and social care professionals.