

Gemstone Properties Limited

Aston House

Inspection report

14 Lewes Road
Eastbourne
East Sussex
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Tel: 01323638855

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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

Aston House is a small residential care home providing support for people with mental health care needs, some of whom also have other health conditions. People living at Aston House were younger than in most care homes. People were independently mobile, with some using walking aids. Aston House supports up to 15 people in one converted building with a lift. At the time of the inspection there were 14 people living at Aston House.

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

Care and support was tailored to meet people's individual needs. People's care was assessed and reviewed to ensure care was person centred taking into consideration people's views and wishes.

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

People told us they were able to spend their time doing the things they enjoyed. Some people spent time in the lounge together and enjoyed the social interaction. Others chose to spend time in their rooms. Each person was seen as an individual and staff knew people's needs and preferences well. People and their relatives if appropriate, were given the opportunity to be involved in any reviews and changes.

Staff were safely recruited. New staff received an induction and all staff received mandatory training to support them to safely meet people's needs. Staff received support and supervision and felt involved in the way the service developed.

People received their medication in a safe way. Staff and management worked closely with other health care professionals to ensure medication was given consistently. Medication reviews also took place and all aspects of medication administration was reviewed and audited regularly.

Everyone we spoke with told us they enjoyed the meals provided and staff were aware of people's nutritional needs.

People were supported and encouraged to continue doing the things they enjoyed. Some people liked to watch the television in the lounge or go out to the shops. One told us they liked football and another said they enjoyed getting take aways some weekends.

Care plans and associated risk assessments were detailed and person centred. These provided staff with clear information to enable them to provide consistent care to people. Detailed life histories and previous health issues information meant that staff had background information about people and understood their needs. In particular, events in people's past that may have impacted on their mental and physical health.

The registered manager and staff worked closely with people to support improvements in their overall health and to reduce levels of anxiety. People were supported to be as independent as possible.

Robust quality assurance systems were in place to measure and monitor the standard of the service. The registered manager and staff completed a number of reviews and audits. Any actions identified were taken forward to ensure continued learning and improvement.

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

Rating at last inspection

This service was rated Good at the last inspection (published 9 October 2018)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---------------|
| Is the service safe? The service was safe | Good ● |
| Is the service effective? The service was effective | Good ● |
| Is the service caring? The service was caring | Good ● |
| Is the service responsive? The service was responsive | Good ● |
| Is the service well-led? The service was well-led | Good ● |

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 was carried out by 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 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

We gave a short period of notice of the inspection to enable the registered manager time to inform people of the visit. The service is small, some people go out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 reviewed a precise of people's individual life histories and current needs. We looked at staff training and supervision, questionnaires and feedback from individuals living at Aston House. We also contacted the local authority and a health professional about the service. We used all of this information to plan our inspection.

During the inspection-

We spoke with eight people who used the service about their experience of the care provided. We met and spoke with both permanent members of staff on duty during the inspection, including the registered manager and an agency carer. We reviewed a range of records. This included two people's care records and all medication administration records (MAR). We looked at two staff files in relation to safe recruitment. 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 a sample of daily records and spoke with one relative.

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.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Any risks to people had been assessed and well managed to ensure staff had the information required to provide care safely and to maintain good mental and physical health. For example, risks in relation to people's specific mental ill health and also other health related risks, including safe monitoring and treatment for diabetes and epilepsy and personal emergency evacuation plans (PEEPS)
- Detailed environmental risk assessments were in place. These included a number of risks relating to COVID19 and the safe maintenance of the building including fire safety.
- People told us they felt safe and supported living at Aston House. One told us, 'I like living here, it's not too bad at all, they look after me.'
- Staff had received safeguarding training to ensure they understood how to keep people safe and knew what to do if they had any concerns about people's safety. Staff would contact the registered manager if they had any concerns. The registered manager was aware of the local authority reporting procedure for any safeguarding concerns should they arise.

Staffing and recruitment

- Aston House is a small home with a dedicated core of permanent staff. Interactions between staff and people were positive
- Staffing had been challenging during the pandemic, pressures related to staffing levels were being addressed with on-going recruitment. Agency staff were used when needed to cover unexpected absences and there was an ongoing recruitment process. The registered manager worked long hours, regularly covering the floor to ensure people's care and support needs were safely met.
- People had a good level of independence. Staffing levels reflected this. Staffing arrangements were flexible based on people's changing needs. Care staff also took turns to cover kitchen duties.
- Safe recruitment processes were followed. For example, employment histories were checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.
- People told us that they felt staffing levels were appropriate and staff were able to assist them when needed. We saw people interacting with staff throughout the day if they had a question or wanted support with something.

Using medicines safely

- People received their medicines safely. People told us they were happy with staff providing support with their medicines. One told us, "I am happy with staff doing it, I would not remember to take them."

- We reviewed MAR charts for people and saw that these had been completed accurately. MAR charts were checked regularly and audited monthly to ensure people continued to receive their medicines in the correct way.
- Protocols were in place for 'as required' (PRN) medicines. This included detailed information to ensure these were given safely and consistently when needed including when to refer back to a person's GP. Further supporting information was recorded in peoples care plans to ensure staff had access to detailed guidance and information and were aware of how and when medicines should be given. For example, medicines prescribed for anxiety or in response to seizures.
- Peoples medicines in relation to their mental and physical health were carefully monitored and managed. Staff worked with specialist nurses and teams to continually improve people's lives and review medicines when appropriate.

Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.
- 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

- Policies and reporting procedures were in place regarding accidents and incidents. Staff were aware of the actions to follow should an accident or incident occur. The registered manager reviewed information to identify any learning or improvements needed to ensure learning is taken forward.
- Internal auditing documentation included any actions or shortfalls identified and dates for actions to be implemented.

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 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's care was assessed prior to them moving in. Aston House provided support to people with mental ill health. Some people had other health conditions which required support for example, dementia, epilepsy and acquired brain injury. This meant people's care needs differed and some people required more complex support than others.
- People living at Aston House had a designated key worker. Keyworkers also carried out monthly reviews. People were able to discuss their needs and choices, and these were documented, and changes made if appropriate.
- People received personalised care based on their individual needs and preferences. The registered manager and staff placed emphasis on ensuring people's independence and choices were supported and encouraged. One relative told us, "Staff got to know them and helped build their confidence."

Staff support: induction, training, skills and experience;

- Staff received training to ensure they had the knowledge and understanding to support people and staff demonstrated a good understanding regarding people's specific mental and physical health conditions.
- New staff received an induction and shadowed current staff to enable them the opportunity to get to know people. Mandatory training was also provided. Training was supported with guidance and detailed information about people's care and support needs. This meant that staff had the opportunity to learn about people's conditions and improve their skills and knowledge. Staff told us, "There is information about people's needs, and we discuss anything relevant, or any changes during handover."
- Due to the size of Aston House, staff worked closely. The registered manager regularly covered shifts. This meant they were able to work closely with staff and observe care being provided. Staff supervisions and one to one support took place to enable staff the opportunity to discuss the role and any issues or concerns could be discussed.
- Staff had access to policies and procedures to support their role.

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

- People receiving care had a variety of mental health needs. The registered manager and staff worked alongside mental health professionals to ensure people received effective 'joined up' care. The registered manager worked hard to ensure there were clear channels of communication with health professionals, despite this being challenging throughout the pandemic.
- People were seen as individuals and received the personalised care they required. For those with further health conditions, for example diabetes and epilepsy, staff liaised with health specialists to ensure people's

care needs were met. We saw examples where this collaborative working had led to a significant improvement in people's health. One person had been discharged from a specialist clinic as their condition was being so well supported by the registered manager and staff.

- People were encouraged and supported to attend health checks and screening. The registered manager told us this was challenging as some people could be reluctant to attend. Staff continued to discuss the risks and health implications with people, encouraging them to attend, however if they refused their choices were respected.
- A relative said, "I am extremely pleased with their progress since moving in, it's made such a difference"

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 had been assessed and Deprivation of Liberty Safeguards (DoLS) applied for when required.
- Some people had restrictions in place, these were regularly reviewed, and changes were made to reduce these restrictions where safe to do so. Best interest decisions were constantly reviewed to ensure any restrictions in place were the least restrictive option.
- People were involved in choices and their consent was sought prior to any care tasks or support being provided.
- We saw examples where people's overall health had improved. The registered manager and staff had worked to build relationships and trust with people. This in turn had improved people's emotional responses to situations. For example, people who were prone to alcohol abuse or emotional responses to stressful situations had improved. This had meant people had been able to return to going out alone and having more involvement in their finances.

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

- People's nutritional needs were met. The registered manager told us they had encouraged people to get involved in meal preparation, but most were happy for their meals to be cooked for them and did not wish to participate.
- People were actively involved in meal choices. When people made specific requests for items to be added to the menu these were added if it was appropriate to do so.
- Some people went out and bought some food items for themselves to have in their room, staff encouraged people not to store any perishable food items in their rooms.
- People who were prone to eating or drinking unhealthily were supported to maintain a healthier diet.
- If staff identified any nutritional risks referrals were done to other health professionals, this included Speech and Language Therapy (SALT). People who required any extra support at mealtimes had this provided.
- People spoke positively about the meals and told us they also enjoyed getting take aways when they

could.

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

- Aston House was a large converted House with a lift. Some people used walking aids, this meant people could access all communal areas of the home easily if they wished.
- People had access to equipment to help them maintain their independence. There were separate bathrooms and shower rooms to ensure people had choice. When required, further equipment including a bath chair had been purchased to support people's independence.
- The registered manager told us the home would not be appropriate for anyone who required hoisting. People told us they were happy with their rooms and the overall maintenance and décor. One told us, "It is my home and it feels that 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; Respecting and promoting people's privacy, dignity and independence

- Staff supported people with kindness and respect. We saw staff respond when one person became upset and emotional. Support was provided in a kind and consistent manner. Staff understood how best to respond, and this was supported by clear and detailed documentation. Staff understood the most effective way to respond and distract this person when they became worried and anxious.
- Staff promoted people's independence. People engaged in activities of their choice. Some people liked to spend time in communal areas, others went out. We saw people popping to the kitchen or office to tell staff they were going out. Staff were observed reminding people to follow safe measures and checking they had everything they needed. Relatives told us, "They are so much more confident, we are really pleased with the progress they have made."
- Staff worked hard to improve people's self-worth, independence and overall health. One person had moved into Aston House with a number of phobias and did not go out. Over time, by building trust and a good relationship with this person, staff and management had supported them to overcome their fears. This person now went out regularly on their own and with relatives. This had led to a significant improvement in their day to day life and overall wellbeing.
- Staff respected people's privacy and dignity when care or support was provided. One person preferred to be in their room and often slept in the day as they chose to stay awake later at night. Staff knew this and were aware not to disturb the person if they were sleeping. People who preferred to spend time on their own rather than in communal areas were supported to do so. People told us staff respected their dignity when personal care was provided.

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

- Aston House had a relaxed atmosphere, people living there were younger than in a typical residential care home. The registered manager told us that for some people previous placements in elderly residential care had not been successful as they were much younger than other people living in them. The move to Aston House had been successful as they felt it was more their own home, they had independence and enjoyed living with people closer to their own age.
- People were encouraged to share their views and questionnaires were completed, these gave people the opportunity to feedback. Monthly key worker meetings also gave people opportunity to discuss any requests or changes they wanted. A relative told us, "They are really happy with the staff they seem to know people really well."
- Everyone we spoke with felt involved in their care and how it was provided, telling us, "The staff always ask

me what I want." And, "They always ask me before they do anything."

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.

- People living at Aston House had differing levels of care and health needs. Everyone required support in relation to their mental health. Great care had been taken to ensure staff were aware of people's past lives, experiences and complex health needs, this meant that everyone received personalised care. The registered manager told us how care needs were assessed and planned with people to ensure they received the support they needed to meet their individual needs.
- People told us they felt able to make choices and express their preferences and be involved in how their care was planned and provided.
- Detailed care plans and risk assessments ensured staff had the information and guidance to provide good care for people. Documentation included each person's likes, dislikes and how they liked to spend their time. Documentation also included information regarding family and important relationships, religious and cultural preferences.
- People were encouraged to continue with hobbies and pastimes that they enjoyed. For example, some people went out regularly, others preferred to stay in their home. We saw two people were in the lounge playing a board game, both told us this was something they enjoyed one told us, "It keeps you thinking". Another person particularly enjoyed maths. They told us, "I do drawing as I like it, I like maths and doing word searches" Relatives told us that they felt fully involved in their loved one's care and any changes were discussed with them.
- The registered manager was aware that some people had complex family dynamics and did not have regular contact with their families. Staff were aware that people may feel lonely or isolated. Keyworkers worked with people to increase their confidence and offer support. Staff supported people to maintain relationships that were important to them. One person had regular contact with their relative. This included days out together and trips to their relatives' home.

Meeting people's communication needs

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

- People's individual communication needs had been assessed and reviewed. Care plans included information for staff around how best to communicate with people. Pictorial communication aids had been used to assist people when appropriate.
- Care documentation included information for staff regarding how best to communicate with people. For

example, one person could become frustrated if they struggled to communicate clearly, this was more likely when talking to people they did not know. Staff were reminded to allow this person time to express themselves.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Information was displayed to remind people how to make a complaint if they needed to, any complaints if received would be investigated by the registered manager.
- People told us if they had any issues or worries, they would speak to the registered manager or a member of staff. Everyone we spoke with was confident that any complaints would be taken seriously and investigated.

End of life care and support

- Aston House did not provide end of life care.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- We received positive feedback from people living at Aston House. One told us, "Both (X) and (X) run the home very well, I am comfortable here." Relatives said, "They are very happy living there, and I feel they are well supported, they think they have got the best room in the house."
- Everyone living at Aston House had a mental health diagnosis, some also had other underlying health conditions which required more input by staff. People's level of support needs varied. Everyone was seen as an individual and the care and support they received was person centred.
- Staff and management had worked tirelessly to empower people to make positive improvements to their lives. This included supporting people to overcome anxieties and phobias, encouraging people to go out independently or with others. For people who did not go out regularly, providing people with coping mechanisms when they became upset by enforcing positive thoughts to help the person feel secure. We saw this included suggesting distraction techniques like rationalising the reason for their anxiety or suggesting listening to relaxing music to help them feel calm.
- The home worked closely with health professionals involved in peoples care. Including mental health teams, GPs and specialist nurses. Liaising with relevant teams to support good outcomes for people and to ensure consistent high-quality care.
- Staff told us they were busy but felt that the service was well managed. The registered manager had good oversight of the day to day running of the home and knew staff, people and their needs very well.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- The registered manager completed statutory notifications and referrals were completed to other organisations when required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was open and transparent when discussing the pressures of staffing. They

worked closely with staff to provide hands on care and support for people and to ensure that safe staffing levels were maintained.

- The registered manager demonstrated a clear understanding of risk and regulatory requirements. Regular quality assurance audits and risks assessments were completed. These demonstrated a good level of oversight to ensure quality was maintained. Any actions identified in audits were reviewed and these were completed.
- Care plan reviews and keyworker monthly meetings showed how people were engaged and involved in how their care was provided considering their individual needs and characteristics.
- Staff had access to policies and procedures to support them to provide good, high quality care.
- People and staff were involved in making changes and developing the service. Relatives told us they spoke to the registered manager and staff regularly and were kept updated and involved in any discussions or changes. Staff told us they received regular support.

Continuous learning and improving care

- Aston House has a registered manager in post who received regular support from the provider.
- The registered manager regularly assessed performance and encouraged feedback from people, staff, relatives and other health professionals.
- Reviews of working systems meant improvements had been identified and learning had been taken forward to improve and develop the service.
- The registered manager kept up to date with the latest government guidance to ensure systems and processes were current and up to date.