

Aster Care Limited

Aster Care Ltd

Inspection report

591 London Road
Hilsea
Portsmouth
Hampshire
PO2 9SD

Tel: 02392694551

Date of inspection visit:
31 March 2017

Date of publication:
11 May 2017

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 took place on 31 March 2017 and was unannounced.

Aster care is a domiciliary care service which supports people to live at home who may have long term health conditions; which could mean people needed twenty four hour care. At the time of the inspection the service was supporting five people who required support with living at home. Some people were being provided with twenty four hour care and at times required the support of two care staff.

The service had a registered manager. 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. We visited the office on 31 March 2017.

People were supported by a staff team who knew them well and were committed to providing them with the highest quality of care. Staff told us their focus was on trying to make people happy and ensure they felt comfortable and remained as independent as possible. Professionals told us Aster Care had supported and maintained relationships where other agencies had failed.

People and staff benefited from a management team at Aster Care which valued staff's contributions, skills and achievements. Staff told us "This is the best place I have worked at".

People were protected from risks relating to their health, mobility, medicines, nutrition and behaviours. People's individual risks had been assessed and staff had taken action to seek guidance where required and minimise identified risks. Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risk of reoccurrence. Staff supported people to take their medicines safely where required and as prescribed by their doctor.

Staff knew how to recognise possible signs of abuse which helped protect people. Staff knew what signs to look out for and the procedures to follow should they need to report concerns.

Recruitment procedures were in place to help ensure only people of good character were employed by the service. Staff underwent relevant checks before they started work in order to ensure they were suitable to work with people who could be deemed vulnerable.

Staff received training as well as regular supervision and appraisal. Staff's knowledge and competencies were regularly checked in order to ensure they had a thorough understanding of the training they had received. We raised a concern about who deemed staff competent for some staff training, especially regarding medical procedures. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to put it into practice. People were asked for their consent prior to receiving any personal care.

Communication methods used with people were individually tailored and enabled the delivery of care.

People and their relatives were involved in their care and staff respected people's wishes. People's care plans were personalised and included information about how they liked things to be done.

Care was provided in a minimum of a six hour blocks Staff would never leave a person until the next staff member arrived. People received care from consistent staff teams. This helped people develop trusting and comfortable relationships with staff and increase confidence in having staff in their own homes.

The service had a clear complaints procedure and policy which was shared with people and their relatives. Complaints were effectively investigated.

There was open and effective management at the service led by the registered manager, the nominated individual and the company director. Staff felt supported and valued. An audit system was in place to monitor the quality of the service people received. Records were clear, well organised and up-to-date. Unannounced checks to observe staff's competency were carried out on a regular basis.

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.

Professionals and staff told us people were safe.

Risks to people had been identified and staff took action to minimise these risks.

Staff were aware of how to recognise signs of potential abuse and were clear about the action they would take to prevent people from harm.

Staffing levels and teams were planned to ensure the needs of people could be met.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People benefited from having staff who were skilled, knowledgeable and well supported in their job role.

People were supported by staff who were trained in the Mental Capacity Act and understood the need for people's consent

Is the service caring?

Good ●

The service was caring.

Professionals told us staff were, kind and compassionate.

The culture of the service was for people to be at the centre of decision making.

People were supported by caring staff who respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's individual needs and their needs were regularly reviewed.

People's care plans had been created with their input and contained personalised and detailed information.

There was a complaints procedure in place and complaints were investigated in a responsive manner.

Is the service well-led?

The service was well-led.

Staff felt well supported by the management team. There was an open culture where people and staff were encouraged to provide feedback

There were regular quality assurance audits and shortfalls were identified, these were addressed in a timely manner.

Good ●

Aster Care Ltd

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.

One inspector carried out this inspection which took place on 31 March 2017. The inspection was unannounced.

Before the inspection we reviewed the information we held about the service. We read the Provider Information Return (PIR). This 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 information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

Due to people's needs we were unable to directly contact people who used the service. We sent emails to 25 staff, relatives of people who used the service and health and social care professional involved with people's care. We received eight detailed surveys back from staff and feedback from five professionals. We spoke with the registered manager, nominated individual and company director.

We reviewed two care plans and the associated risk assessments and records. We looked at three staff recruitment files and other documents relating to staffing. In addition we reviewed documents relating to the management and running of the service.

Is the service safe?

Our findings

A social care professional told us, "My client reports they feel very safe with their support workers, they feel able to contact Aster Care and discuss their personal issues which impact on the support provided. A staff member told us, "I feel the service users are safe within the packages that I work".

Staff had detailed knowledge on what constituted abuse and what the procedures were for reporting abuse both internally and externally. Staff were also aware of the potential areas of concerns for the people they were supporting and how to keep them safe. Assessments were carried out on peoples' environment to ensure both people and staff were safe. Staff and records confirmed they had received training in how to recognise harm or abuse and knew where to access information if they needed it. Staff felt confident the registered manager would respond and take appropriate action if they raised concerns. Staff were aware of the whistle blowing policy. One staff member told us, "Aster Care is the best firm I have worked for; they look after their staff as well as the service users. I know if ever I have an issue/problem I can go to them. If however I felt It wasn't dealt with properly I would whistle blow".

People's care plans had detailed associated risk assessments to reduce the risk of harm. The risk assessments identified potential risks individual people may be susceptible to, such as mobility, dehydration or health related risks. The risk assessments gave clear guidance to staff on how to reduce the risks. Staff were aware of the associated risks to people and what care they needed to give to ensure the risks were minimised. Risk assessments relating to each person's home environment had been completed and checks were undertaken to ensure equipment was safe and serviced at appropriate intervals. Staff received training in personal safety and kept in regular touch with the office in order to help ensure their safety when out on their own.

Extra care was taken to ensure the right staff team supported each person. The registered manager told us the same staff support each person, so a person would never have anyone they did not know visiting them. A staff member told us, "Aster Care plan where to send each carer by looking at our personality and skills. Next a 'meet and greet' date is set between the carer, the person and care coordinator which gives us all a chance to get to know each other which helps reassure the individual and carer before the care package starts". This meant each person was given a chance to meet the staff before their care package started. The registered manager advised care staff spend long periods of time supporting people so it was vitally important people and staff felt they could work together. Staff worked as a team, a care worker told us, "As a care team we work closely with each other and are always happy to support each other with any problems we may be having, also on the other hand we will quickly report any concerns to the office if we believe someone is not being caring and meeting the needs of the service user". The provider did not take on any new packages of care unless they were able to allocate the visits and provide sufficient staff.

Recruitment records showed relevant checks had been followed to keep people safe. Application forms had been completed and where available staff's qualifications and employment history including their last employer had been recorded. Photographic evidence had been obtained ensuring staff were safe to work with people. Staff were subject to a Disclosure and Barring Service (DBS) check before new staff started

working. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. Staff confirmed they had been through a good recruitment process before they had started working in people's homes.

People were supported safely with their medicines. People's level of need had been recorded and where able people had signed to give their consent for staff to administer their medicines if required. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor. The medical administration records (MAR) showed a clear account of when short term medicines had been prescribed, for example, anti-biotics. The changes were highlighted on the MAR charts and in the daily records held in the person's home. Staff had completed medicines training and had their competencies checked before administering medicines on their own. Staff competencies and knowledge about medicines were regularly tested during supervisions. The registered manager conducted medicines audits and checks. Where staff made an error with medicines, the registered manager would respond by speaking to them, offering additional training, checking competencies and taking action where required. This ensured any errors were responded to without delay and staff understood their responsibilities.

Is the service effective?

Our findings

A health professional told us the service is effective. They told us, "The package of support is very effective, my client has a long history of non-engagement and being stuck in their life events, the support workers at Aster Care have made a huge difference to my clients life and wellbeing and for the first time we are making and achieving goal planning, which is to the credit of the management and support staff around them."

The provider had a training matrix which was used to record the training staff had undertaken, when the training was due for renewal and when it had expired. This demonstrated staff underwent a programme of training.

All new staff had undertaken or were undertaking the Care Certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Staff had, through this certificate, undertaken training in areas which included privacy and dignity, fluid and nutrition, awareness of mental health and dementia, safeguarding, basic life support, health and safety and infection control.

We did raise concerns as it was not possible to establish who had deemed staff were competent to carry out some of the medical tasks such as, tracheostomy and suctioning, PEG feeding, (percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate) catheter and stoma care. It was clear staff had received training in these areas and they felt competent to carry out these tasks. The nominated individual agreed to look into this area and ensure staff were deemed safe and adequately trained to continue with these tasks.

A staff member told us, "All staff receive adequate training which is specified to meet the needs of each service user and are able to ask for further training if they feel they need any extra support". Another staff member told us, "I believe the service is effective, we have ongoing support from the office staff for example being able to visit the office or contact by phone; we are always welcome. We receive supervision in the community especially when starting out with a new service user, and team meetings are also carried out." The registered manager had a programme of dates to ensure staff received regular supervision. Supervision was arranged on an individual and group basis. Prior notice was given to people and some supervisions were in people's home, to ensure the member of staff had completed all aspects of the care plan and to ensure the person was satisfied with the service offered.

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. We checked whether the service was working within the principles of the MCA.

Each person's care plan contained detailed information about people's capacity to provide consent in all

aspects of their daily living. The registered manager and staff had received training in the MCA and displayed an understanding of its principles. Care plans showed appropriate assessments had been made on people's capacity and one person had a deprivation of liberty in place. Details of this application and the decisions around this were recorded in the person's care records. Staff understood how these affected people and what steps they should take to ensure people still had freedoms and restraint was not used as a form of control. Where relatives were involved under legislation for example an enduring power of attorney, there were clear records regarding this, which gave a clear account of the relatives legal involvement.

There were clear records of where people were supported with their food and fluid intake. People had relevant information in their nutritional care plan, which took into account their diverse needs. There was information regarding people's abilities and if they needed to be sat up or had any particular aids to support them being independent. Food and fluid charts were maintained and were monitored by staff and the registered manager. Some people were supported to go food shopping and have meals in the community. Staff were aware of the associated risks with these activities and how to support people appropriately.

People had access to a range of health services and the service supported people to attend hospital appointments if required and possible. Staff told us if they had concerns about people's health or wellbeing they would let the office know and were confident action would be taken. If staff had immediate concerns they told us they had made contact with healthcare professionals or emergency services and then inform the office. A health professional told us, "The service is most definitely effective. Upon hospital discharge this care was expected to fail, but the carers from Aster Care have built up a therapeutic relationship with the patient over a long period of time, and have been able to manage any clinical changes".

Is the service caring?

Our findings

A professional told us, "I have observed staff to be very caring and supportive, they offer the appropriate level of support and try to enable my client to follow their goal plan and achievements are being made. Support Workers have learnt how to work with my client and she finds them very nice and caring." Another professional told us, "I feel that the care provided by all staff is of a very high standard. Not just working with the individual but going the extra mile to support any family, friends and even pets that come to or live in their home." A health professional stated, "The carers are consistently caring in their disposition. Not on one occasion have I encountered any evidence of uncaring approaches. They are responsive, and seek advice when required from myself and GP surgery."

The registered manager told us they placed a high importance on finding staff who shared the values of the service and had kind and caring personalities. They advised interviews were designed in a way to understand potential staff's personalities and the values they held.

The registered manager, the provider and training staff worked hard to ensure staff demonstrated a caring nature towards people. They involved people's views on if a staff member was considered kind and caring following the 'meet and greet' session. Staff member's induction was over three days and covered dignity, respect and compassion. The registered manager also carried out onsite shadowing with all people they supported, ensuring the values of dignity, respect, kindness and compassion were being adhered to.

People benefited from small, regular staff teams who they had built relationships with over time. A member of care staff told us, "Carers involve the individual in everything we do while respecting their choices and always making sure their dignity and privacy is respected". Staff enjoyed their role and were passionate about achieving the highest quality of care for each person.

People's care plans were personalised and included information about how they would like things to be done. People's independence was promoted and care plans told staff to encourage people to do as much for themselves as possible.

Is the service responsive?

Our findings

A health care professional told us, "Aster care offer flexibility and respond well to the changing needs of my client. Support Workers and management contact me whenever there are any slight concerns so we can respond immediately to prevent escalations and rapid client deterioration".

A staff member told us, "The responsiveness of a service is key, service users being able to have an opinion on the care that they are given whether that may be a change in staff, needing extra staff or certain staff needing a little extra training. Service users can report these things to us which can then be passed on the office so they can make amendments or the service user can report straight to the office them self. It is things like that make the service effective because it is completely tailored to the individual's needs". This reflected staff were aware of the need to ensure information is shared to provide a responsive service.

The service was provided to people who needed a minimum of a six hour continuous service. The service completed a range of pre admission assessments before people received a service to ensure the person's needs could be met. From these, care plans were developed and reviewed to include a person's need, preferences and choices. Plans included information on maintaining people's health, likes and dislikes and their daily routines and how these should be met. Plans included potential risks to the person and management plans were devised to minimise these risks such as, mobility and risk of malnutrition and dehydration. Care plans were in place on how the person communicated their wishes and how to support people with managing their emotional wellbeing. Care plans were regularly reviewed in consultation with the person, their representatives and their key worker to ensure they were up to date and met their needs accordingly. Where any changing care needs had been identified they had been documented in their care plan and communicated with the staff team.

Staff used daily notes to keep each other informed of what had happened on each shift. Any changes were highlighted, so staff were aware if there was a change in the person's needs and care plan. Staff understood the importance of supporting people with their independence. A staff member told us, "I feel it's very important to promote independence and let the person do as much for themselves as possible as long as it is safe to do. I work with a person who I take shopping; they like to push their own trolley. We write a list together, but when we get to the shops they like to pick up the items and pack their own bags. I am always there ready to help but they like being independent." Another staff member told us how they supported a person. They told us, "I work with a person who has religious and cultural diversity needs. I support this person by the use of head scarfs and the prayers. I respect their beliefs and their home".

To ensure confidentiality all records were held in the office and at the person's home. Daily notes were maintained in books which made it very difficult to take pages out of to ensure there was continuity in the record keeping. When completed the records were stored in the office.

The service had a complaints policy and procedure which was given to people and was displayed in the service user guide. There had been one complaint in the last twelve months, which had been investigated. The service also had lots of compliments which had been collated. These included, "XX is a perfect match for

my wife. They get on so well that I can go to work and not have to worry about her as I know she is in good hands". A care manager had stated, "'XX has informed me that you do not employ carers, but people who care". Staff understood the importance of listening and reporting people's complaints. A staff member told us, "We always listen to our service users views and opinions because we are here to lead a person centred approach to care; anything they may raise will be listened too and investigated especially if it is a cause for concern".

Is the service well-led?

Our findings

Staff and professionals told us the management team created an open and positive culture. They felt their views were valuable and appreciated. Comments from staff included, "The culture of the service is transparent, supportive, open and their feedback is constructive and motivating." Another said, "The management and the leadership of Aster is very supportive and they are always available whenever you need them". A health professional told us, "Overall, my experience has been positive. I find Aster Care easy to get hold of and I receive timely replies to enquiries - the importance of both of these should not be underestimated. I find staff to be professional and courteous in their manner."

The service had a positive and open culture. The management team at the service included the, registered manager, director of operations and the managing director. All were in the office on a daily basis and all had specific roles. They felt this allowed them to be 'at the heart of service delivery' and ensured the service worked well. The management team worked closely together and there was clear leadership within the service. Staff were positive about the support they received from the leadership at the service. Comments included, "The vision and values of the service of Aster Care is to promote person-centred care by training new staff directly with all service users. They also take pride in treating all people as individuals and respecting their wishes". A social care professional told us, "I feel Aster Care is well-led from what I have observed. I have met the operations director, on two occasions, and had email/phone contact with them. They present as very professional, knowledgeable, and a good role model for their team". Another staff member told us, "The service is well led because I feel that I can be open with the office staff and they will listen and support me with any concerns I may be having. They are very flexible allowing staff to have a personal life. We are also offered chances to progress in the company whenever possible. I enjoy working as part of the team here."

The service had a range of quality assurance processes to ensure the service gathered as much information as possible to ensure people's needs were being met. This included monthly and quarterly audits which covered areas such as record keeping, staff training and supervision, care plan reviews and people's views, management of medicines and incident recording. The audits showed that the service used the information they gathered to improve and enhance the quality of care people received. Surveys had been completed with people who used the service and staff members. These were based on the five domains in this report and the results showed people and staff were happy with the service. Where one negative comment had been made the managing director had been out to meet the person and resolved the issue. It was possible to establish the service learnt from incidents and accidents. For example the service had realised there was a potential risk for staff and a service user in the event of a possible incident. This had been addressed by the service and a procedure had been put in place, which staff had to follow daily to ensure people's safety.