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Aston House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Aston House is a residential care home providing personal care to up to 5 people with learning disabilities and autism. At the time of the inspection 5 people were using the service.

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

Right Support:

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 received care and support to maintain an environment that suited their needs and preferences.

Staff supported people to make decisions following best practice in decision-making. People were supported to carry out their daily living activities and pursue their hobbies and interests.

Staff supported people to access health and social care services. Staff supported people with their medicines safely and in their preferred way.

Right Care:

Some improvement was required to ensure that risks were fully assessed within people's lives. Improvement was also required to ensure that cleaning tasks were fully documented and overseen.

People received care that was person-centred, and dignity, privacy and human rights were promoted.

Staff communicated with people in ways that met their individual needs.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service employed skilled staff to meet people's needs and keep them safe.

Right Culture:

The ethos, values, attitudes and behaviours of the registered manager and staff team ensured people lead

confident, inclusive and empowered lives.

People received good quality care and support because trained staff and specialists could meet their needs and wishes.

People and those important to them, including social care professionals, were involved in planning their care. The manager and the staff team ensured people received support based on best practice, respect and inclusivity.

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 was requires improvement 6 May 2022.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check that the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aston House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.
Details are in our effective findings below.

Good 

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

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 Health and Social Care Act 2008.

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 1 inspector.

Service and service type

Aston House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Aston House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The registered manager had left their position with the service but had not yet de-registered with CQC. The deputy manager was managing the home and would be registering with the CQC.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 10 May 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we met 3 people who lived at the service. We spoke with 3 relatives of people who used the service. We also spoke with 2 staff, the manager, and the support manager. We looked at multiple documents including 3 people's care plans, medicine records, audits, and staff recruitment information.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained 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; Using medicines safely

At our last inspection systems had not been effective in monitoring and mitigating risks to the health, safety and welfare of people using the service. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, some improvements were still required.

- Risk assessments were not completed to support the safe management of flammable creams. This meant that people were at increased risk of burns. The manager told us this would be addressed immediately, and risk assessments would be put in place. Other risk assessments to address any risks present in people's lives had been created.
- The fire safety management of the building had improved, and appropriate checks were in place, which included fire alarm system checks, emergency lighting checks, and equipment checks.
- The physical environment of the building was safe and well managed. Appropriate window restrictors were in place on the first floor, and radiator covers had been installed.
- Risks present within people's lives had been documented in detail within their care plans, and staff felt safe supporting people.
- Medicines were administered by staff who were trained to do so. We looked at medicine administration records (MAR) and saw they were accurately completed by staff. Audits were in place to ensure management staff could identify any mistakes or omissions and take action as required.

Preventing and controlling infection

- We were not always assured that the provider was supporting people living at the service to minimise the spread of infection. We were not always assured that the provider was promoting safety through the layout and hygiene practices of the premises. There was not a clear and detailed cleaning record in place, to show specifically what cleaning tasks were required, at what frequency, and who had completed them. The supporting manager told us they were developing a new system, and would ensure there was a clear record of cleaning tasks undertaken, with checks in place.
- We were assured that the provider was preventing visitors from catching and spreading infections.

- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

Relatives told us they were able to visit the home freely. The service was following government guidelines regarding visiting.

Systems and processes to safeguard people from the risk of abuse

- People were supported safely by staff, and relatives we spoke with felt their family members were given safe support in a safe environment. One relative said, "[Name] is very safe. They have lived there for many years and always have been."
- Staff had received training and knew how to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following safeguarding or whistleblowing procedures.

Staffing and recruitment

- There were enough staff working at the service to meet people's needs and keep them safe. Relatives we spoke with told us they felt staffing levels were good, and they were always able to get hold of someone. During our inspection, we saw that sufficient staffing numbers were in place to meet people's needs.
- Safe recruitment systems were in place. This included employment references, ID checks, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Systems and processes were in place to discuss incidents and accident and share these with the staff team so lessons could be learned.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection, systems had not been effective in ensuring consent to care and treatment. This placed people at risk of receiving care and treatment without the legal authority required to do so. This was a breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity assessments had been created to ensure that people had the support they required to make decisions. This included family members input when appropriate. Family members we spoke with confirmed they felt their relatives were supported in the best way possible with decision making, and supported to be independent as much as they were able to be.

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

- People had their care needs and preferences assessed and identified before any care was agreed and

delivered. This ensured there were sufficiently trained staff to provide the care and support required.

Staff support: induction, training, skills and experience

- An induction programme was in place for new staff to ensure they were trained appropriately for the role. This included shadowing more experienced staff and getting to know the people using the service. Staff told us they felt the induction training, and ongoing training was good, and they were prepared for their role.
- Staff were well supervised in their roles. This included regular supervision of staff to support them in their roles and develop.

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

- People were well supported with food and fluids, although some recording in this area was inconsistent. We saw one person's care planning contain conflicting information with the daily recording that was kept. The manager told us this would be corrected immediately, and the appropriate information would be recorded.
- People had a choice of what to eat and drink, and relatives we spoke with said their family members were able to eat the things they liked, and had their preferences respected. Care plans detailed people's likes and dislikes in this area.

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

- People's rooms were personalised to their tastes, and contained the items that were important to them. Communal spaces were available for people to take part in activities of their choosing, watch television, and eat meals. There was a programme of re-decoration in place, with some communal areas due for re-decoration.

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

- People were supported to live healthy lives, and access any medical appointments and professionals as they required.
- A detailed record of people's health needs was documented within care plans, with prompt action taken to ensure that any medical needs were met.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, systems and processes had not been effective in maintaining oversight of the safety and quality of the service. This placed people at risk of harm. This was a breach of regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems and processes were now in place and effective to ensure that all areas of the service were checked and monitored. Action was taken following our last inspection.
- Staff felt well supported in their roles and told us they felt the service was well run. One staff member said, "I am well supported in my role, I can speak to the manager no problems. Communication is good. I have no concerns at all."
- Relatives reported that the service was well run and that communication with them was good. One relative said, "They have dealt with any minor issues very quickly." Another relative said, "All questions are answered, they keep me in the loop."
- Action had been taken as a result of our last inspection to improve the environment, and ensure that regular checks and audits were effective in continuing to drive improvement.

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

- Staff put people at the centre of the service and provided good quality care that focussed on people's care and support needs. Staff we spoke with had a good knowledge of the people they were supporting, and understood individual needs.
- Relatives we spoke with told us their family members were supported to reach good outcomes in their lives, and were positive about the support they received. One relative said, "It's a good place for [name] to be. I would take action if it wasn't."

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 management team maintained records of accidents and incidents, and responded to issues

appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.

- The management team understood information sharing requirements. We saw that information was correctly shared with other agencies, for example, when the service had identified concerns, and notifications about events which they were required to do by law.

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

- People and relatives were well engaged with, and kept up to date by staff. Relatives we spoke with told us they were in regular contact with staff over messaging services, and also face to face meetings and reviews.
- Staff also told us they were kept up to date using messaging services, which they felt was a good way to communicate any updates within the service.

Working in partnership with others

- The management team and staff worked with outside health professionals to help people achieve good outcomes. The registered manager and management team were open and honest during our inspection, and receptive to feedback we gave.