

Atlas Care Homes Limited

Aster Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service: Aster Care is a care home which provides nursing and residential care for up to 102 people. The service supports younger people, older people and people assessed as requiring a period of recovery in its residential reablement unit. At the time of this inspection 57 people were using the service.

People's experience of using this service: At the last inspection we found a breach of Health and Social Care Act 20018 (Regulated Activities) Regulations 2008 related to governance. We found a breach of the Care Quality Commission (Registration) Regulations 2009 as notifications had not always been made to the Care Quality Commission in a timely manner.

At this inspection the provider had made some positive changes. However, we identified three breaches of the Health and Social Care Act 20018 (Regulated Activities) Regulations 2008 related to dignity and respect, safe care and treatment and good governance.

We received mixed feedback from people about living at Aster Care. We observed that people were not always treated with dignity and respect. People's preferences were not always met because staff were often focussed on tasks. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice.

Medicines were not always managed safely.

Staff knew how to safeguard people and report suspected abuse.

The registered manager and provider carried out checks and audits and sought feedback from people and their relatives. Quality assurance systems were not always robust. People's confidential information was not always kept secure.

The management team worked with other agencies and professionals to best support people.

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

Rating at last inspection: At the last inspection the service was rated requires improvement (report published April 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up. We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will return to re-inspect this service within the published timeframe for services rated requires improvement.

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 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 caring?

The service was not caring.

Details are in our Caring findings below.

Requires Improvement ●

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 well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Aster Care

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector, an assistant inspector, a pharmacy inspector, a specialist nurse and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Aster Care is a 'care home'. People in care homes receive accommodation and nursing and 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 registered manager. 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: This inspection was unannounced.

What we did: We reviewed information we had received about the service, which included details about incidents the provider must notify us about. We considered the information the provider sent to us in the Provider Information Return (PIR). This is key information providers are required to send to us about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who worked with the service. We used all this information to plan our inspection.

During the inspection: We spoke with 22 people, four relatives, the registered manager, one nurse, nine care staff, the activity coordinator, a kitchen assistant and a member of the domestic staff team. We also spoke with the area manager and the two directors of the service.

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 13 people's care records, medicine records and various records related to recruitment, the building, and the management of the service. After the inspection we asked the registered manager for some more information which we considered when making our judgements.

Is the service safe?

Our findings

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

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.

At the last inspection we rated this question as requires improvement. This was because we found some gaps in records, maintenance issues, insufficient staffing at staff break times and medicine policies not being specific to the service. At this inspection we found these issues had been addressed however further improvement was needed to ensure people received safe care.

Using medicines safely.

- Medicines were not always managed safely.
- People had not always received their Parkinson's disease medicines within the recommended time frame. People did not tell us they had been affected by this. However, delaying medicines can cause people with Parkinson's disease to experience adverse effects such as worsening tremors.
- Medicines were not always administered as directed by the prescriber. For example, with or prior to food.

The provider had failed to ensure the proper and safe management of medicines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe Care and Treatment

- We discussed the medicine issues we found with the management team who said they would address the concerns raised.

Staffing and recruitment.

- We received mixed feedback from staff and people about staffing levels. One person told us, "It's more than adequate." Another said, "It's very fluctuating." We shared the feedback we received with the provider and registered manager. The registered manager told us they used a dependency tool to set staffing levels that kept people safe. The staff rota for the service met the dependency tool.
- We observed, and most people told us that call bells were usually answered quickly.
- The suitability of care staff was checked during recruitment to make sure, as far as possible, they were safe to work with people.

Assessing risk, safety monitoring and management.

- Risks to people such as their likelihood of falling had been identified. However, we found some risks to people for example, around their mental health required further detail.
 - Checks on the environment and equipment took place.
 - Plans were in place to ensure people were supported to leave the building quickly in an emergency.
- Systems and processes to safeguard people from the risk of abuse.

- Staff knew what to do if they suspected a person was being abused and were confident safeguarding issues they raised would be acted upon.

Preventing and controlling infection.

- People were protected from the risk of infection. Staff had received training and followed safe practices. Staff had access to personal protective equipment such as disposable gloves and aprons.

Learning lessons when things go wrong.

- The registered manager and provider critically reviewed incidents and events and determined if improvements were needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection we rated this question as requires improvement. This was because we found gaps in records related to people's health and insufficient evidence that some medical procedures had been carried out appropriately. At this inspection we found these issues had been addressed and the service was no longer in breach of its legal requirements.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support.

- People were assessed to ensure their needs could be met before they received support from the service.
- Comprehensive plans of support were in place for people. These covered areas of need such as personal hygiene and communication. Plans of care were reviewed and updated regularly.

Staff support, induction, training, skills and experience.

- At the last inspection we found staff did not have regular supervision meetings. At this inspection the issue had been addressed.
- Staff undertook a range of training the provider deemed mandatory. New staff received an induction. One member of staff told us, "I did so much training at the beginning."

Staff working with other agencies to provide consistent, effective, timely care.

- People were supported to access medical services and were accompanied to appointments if needed.
- The service worked with professionals from other agencies such as specialist nurses to best meet people's needs.
- Within the reablement unit care staff worked alongside health professionals such as physiotherapists and occupational therapists to help people recover from illness and return home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS applications were made appropriately and conditions were met.
- Where people lacked the mental capacity to make specific decisions staff worked with others to make sure decisions made were in the person's best interests.
- People staying in the reablement unit were supported in a part of the building kept secure by a key code. One person told us they were unaware that they could ask for this code or leave the reablement unit independently. We discussed this with the registered manager who confirmed that the code was not widely advertised but was available to people if they should want it. They told us they would make this clear to people on admittance to the unit in future.

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

- Staff supported people with their nutritional needs and meal preparation.
- People using the service were offered regular drinks and snacks.
- Kitchen staff understood people's individual nutritional need and adapted the menu accordingly.

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

- The service was adapted to meet the needs of people. A refurbishment plan was in place to develop this further.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

At the last inspection we rated this question as requires improvement. This was because we found people's drinks and call bells were not always within reach. At this inspection this issue had been addressed. At the last inspection people's privacy was not always maintained. At this inspection we found some changes had been made to ensure people's privacy and dignity were respected but further improvements were required.

Ensuring people are well treated and supported; Respecting and promoting people's privacy, dignity and independence.

- Staff were not always caring towards people and people's wishes were not always respected.
- At lunch time we observed some staff talking to each other but not to people. Staff did not reassure people that their food was coming despite it being served later than usual. One person was supported to eat by a staff member who did not speak to them whilst doing so.
- In one dining room people were not asked where they would like to sit and were often placed at tables alone. One person asked staff for their glass to only be half filled with juice. This was ignored, and the glass was filled despite the person also making hand gestures to stop this.
- We observed one person's individually pureed food was mixed together by staff. We discussed this was not best practice when it had been served separately by catering staff to make it look more appealing and appetising.
- There were no menus or pictorial menu displayed on the tables or on the wall to help people make choices about their food.
- We saw that staff sometimes moved people and carried out tasks without telling them what was about to happen or talking them through the process.

Staff did always not treat people with dignity and respect. They did not always offer reassurance to people when supporting them with tasks.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Dignity and respect.

- We received mixed feedback from people about staff. One person said, "Oh yes I have a right laugh with them they're more like sisters really." Another said, "Half and half some are good, and some are not." We discussed people's experiences and views with the management team who told us they would address the issues we highlighted with the staff team.
- Most relatives told us they found the staff were caring.
- People told us staff promoted their independence where they could. One person said, "They help me to help myself."

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

- We found at the last inspection that staff did not always consider the different ways they could communicate with people. For example, through use of assistive technology. At this inspection this issue had been addressed.
- Most people told us their views and opinions were considered.

Equality and diversity.

- The service had a policy on equality and diversity. Staff received training in this area.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- At the last inspection information was not available to people in a way which met the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. At this inspection we found some information was provided in an easy read format such as the complaint and fire procedures. The registered manager told us they planned to make additional information more accessible, such as the menus.
- We received mixed feedback about activities for people at the last inspection. At this inspection most people told us there were enough activities. One person told us, "There's enough activities going on, there's quizzes, painting, bingo, dominos and bowls."
- Care plans were detailed and person-centred. They contained information about how to support people to enable them to be as independent as possible.
- People's needs, and preferences were assessed before the service provided support. These were regularly reviewed and adjusted as people's needs changed. People and relatives were invited to meetings to discuss their care.
- People's spiritual and cultural needs were assessed. Adjustments had been made to meet these. For example, providing same gender care workers when this had been requested.
- People received bespoke plans of rehabilitation in the reablement unit. One person told us, "I have a new wheelchair, which I can propel myself along. I can also transfer now to the toilet myself, where I couldn't before I came here."
- Communication care plans were in place. Some people used technology such as skype to communicate with others.
- Staff received a handover about the people they were supporting when starting their shift.

End of life care and support.

- People were supported at the end of their life with dignity and respect.
- Staff ensured people's changing needs were reflected in their end of life care wishes.
- We saw thank you cards from relatives for staff who had cared for their loved ones during at the end of their life.

Improving care quality in response to complaints or concerns.

- Complaints were managed appropriately.
- Most people and their relatives told us that they knew how to make a complaint.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the last inspection we rated this question as requires improvement. Legal requirements in this area were not always being met. This was because robust procedures were not in place to effectively monitor the quality of the service. At this inspection we found systems were in place to check service quality. However, these had not identified all the issues we found on this inspection. At the last inspection we found the provider had not always submitted notifications of incidents to CQC in a timely manner. At this inspection this issue had been addressed.

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

- A walk round of the building showed that people's confidential information was not always kept secure. We saw people's files left in view or in unlocked cupboards. A computer screen was left open showing confidential information.
- Medicine audits had not addressed the issues we found on inspection. This included the controlled drug register having multiple loose pages. One page could not be found at the time of inspection. We discussed this with the registered manager who made a new register available. Nurses transferred the records on the day of the inspection.
- Audits had not identified that staff did not record the temperature of people's baths.
- Some of the staff we spoke with were not aware of safe bathing temperatures for people. We discussed this with the registered manager who told us no incidents had occurred where people were bathed at an unsafe temperature and the temperature of the water was thermostatically controlled. They informed us they would however refresh staff knowledge and maintain records in this area in future. Staff were not always aware of how time critical Parkinson's medicines were. These training issues put people potentially at risk.
- There was not an action plan in place to address the actions identified from the last fire safety audit of the service, including the replacement of cold smoke seals on doors.

Audits were not robust. Risks relating to the health, safety and welfare of people had not always been mitigated. Confidential information was not kept secure.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good governance.

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

- The provider was aware of duty of candour requirements.
- The management team had a plan to develop and improve service delivery.

Continuous learning and improving care.

- The provider and registered manager had made improvements since the last inspection of the service.
- The management team were responsive in addressing the issues highlighted at this inspection.

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

- The provider had sought feedback from people, staff and relatives.
- We received mixed feedback from staff about their relationship with the management team. One staff member told us, "Management are really supportive." Others told us they felt the management team were difficult to approach.

Working in partnership with others.

- The service worked well in partnership with a wide range of other agencies and professionals particularly in the reablement unit.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	10.1 People were not always treated with dignity and respect

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	12.1, 2 (a),(b), (g). The provider had failed to ensure the proper and safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	17. 2 (a), (b), (c), (d). The provider had failed to assess, monitor and improve the quality and safety of the services provided. The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. Accurate, complete and contemporaneous record were not always kept in respect of each person. Confidential information was not always kept

secure.