

Ashmead Healthcare Limited

Aster House

Inspection report

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Date of inspection visit:
11 May 2017

Date of publication:
21 June 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

Aster House is a care home that provides services to people with mental health needs. The home can accommodate up to eight women. At the time of the inspection there were eight women using the service.

At the previous inspection, the service was rated Good. At this inspection, we found the service remained Good.

People continued to be protected against the risk of harm and abuse. Staff were aware of the different types of abuse and how people may present when being subjected to abuse. Staff received on-going safeguarding training that gave them the skills and understanding on how to respond and report suspected abuse. The service developed comprehensive risk assessments that identified risks and gave staff clear guidance on how to support people safely.

People continued to receive their medicines in line with good practice. The service had systems in place that ensured people received their medicines as prescribed. The storage, administration and recording of medicines were effective.

People were supported by sufficient numbers of suitable staff who met their needs safely. The service maintained robust employment processes that ensured only suitably vetted staff were employed. Staff received on-going supervisions and appraisal where they reflected on their working practices.

People's care was delivered in line with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff sought people's consent to care and treatment and respected their decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People continued to have their dietary and nutritional needs met by the service. People had access to sufficient amounts of food and drink that met their preferences in line with their health care needs. People had their health needs monitored in line with guidance from healthcare professionals.

People were encouraged to make decisions about their care. Staff supported people to develop their life skills to enhance their independence. People were supported to maintain their dignity and were treated with respect. People continued to be encouraged to participate in activities of their choice both in the service and in the local community. Where appropriate people were supported to seek employment.

People continued to receive care and support that was person centred and tailored to their needs. People had access to their care plans which were reviewed regularly to reflect their changing needs. People were aware of how to raise a concern or complaint and felt their complaints would be addressed in a timely manner.

People told us the registered manager was approachable and accessible throughout the day. The registered manager had embedded a culture of transparency, empowerment and inclusion for all within the service.

The service continued to carry out audits of the service to drive improvements. Records confirmed daily, weekly and monthly audits relating to the maintenance, fire, medicines and care plans were undertaken regularly with issues identified acted on in a timely manner.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Aster House

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 checked 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.

This inspection took place on 11 May 2017 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection we spoke with three people, two staff and the provider.

We looked at four care plans, three staff files and four medicines records. We also looked at the fire file, health and safety, audits and other records relating to the management of the service.

After the inspection we received feedback from a healthcare professional.

Is the service safe?

Our findings

People told us they felt safe living at Aster House. One person told us, "I feel safe, yes. The staff keep the front door locked at night. Staff are always here at night and there's an on call manager. I'm never alone here." Another person said, "Yes I do feel safe here. The staff are very supportive especially at night when I feel less safe."

People continued to be protected against the risk of harm and abuse because staff were able to identify the signs of abuse and how people subjected to abuse may present. Staff confirmed they would raise any concerns immediately with the registered manager and should they find their concerns were not addressed, would escalate it to the local authority safeguarding team. Records confirmed staff received safeguarding and whistleblowing training.

The service maintained comprehensive risk assessments that gave staff clear guidance on how to manage identified risks. People told us they were confident staff protected them when faced with known risks. A healthcare professional told us, "[The service] works closely with the multi-disciplinary team, the service users and their families to assess risks and formulate risk management and care plans. These are updated at CPAs or as required. The staff are skilled and have the knowledge to support high needs and high risks service users." Records confirmed risk assessments were reviewed regularly to reflect peoples changing needs. Incidents that occurred at the service were documented and a 'debrief' meeting held with staff involved to review the incident and put in place measures to minimise the risk of a reoccurrence. Staff confirmed debriefing meetings were helpful in identifying areas of improvement and provided them with support.

People continued to be supported by sufficient numbers of suitably vetted staff. Prior to commencing employment the service ensured staff had two satisfactory references, photo identification and Disclosure and Barring Service's (DBS) checks. A DBS is a criminal record check employers undertaken to enable them to make safe recruitment decisions. We received mixed feedback regarding staffing levels with one person telling us, "For the number people here there are enough staff. If the house was unsettled staff would call the registered manager and call in extra staff." A second person said, "I think there's enough of them [staff]." However a third person told us, "Staffing levels are debatable. There could be more [staff] at night." We spoke with staff who confirmed the registered manager had an effective 'on-call' system in place whereby the registered manager or provider would ensure adequate staff cover should sickness or staff absence occur.

People continued to receive their medicines in line with good practice. People confirmed they were supported to receive their medicines. Staff carried out twice daily audits of people's medicines, this meant that any errors identified were reported in a timely manner and where necessary action taken to minimise the impact on people. We looked at the medicine administration records [MARS] for people and found that records were signed for correctly and medicines were stored safely. Staff were aware of the importance of reporting medicine errors in a timely manner to reduce the impact on people.

Is the service effective?

Our findings

People and a healthcare professional told us people received effective support from staff that were skilled and knowledgeable. One person told us, "The staff are excellent and an enjoyment to be with, caring and fabulous." A healthcare professional told us, "The [registered] manager is an experienced qualified nurse and the staff receive appropriate training and support."

People received care and support from staff that underwent a comprehensive induction to familiarise them with the providers policies and their role. Staff told us the induction process was invaluable in ensuring they were ready to deliver safe care to people. Staff were supported to complete competencies prior to delivering care without direct support. The service maintained a comprehensive training schedule for staff to ensure they delivered effective care and support to people. One staff told us, "I'm learning all the time. I'm doing my National Vocational Qualification (NVQ) five and my training is up to date." Staff confirmed they could request additional training should they feel they required support and the registered manager would provide the training. We looked at the service training matrix and found staff training covered for example, safeguarding, medicine, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and recovery model and inclusion.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People's care was delivered in line with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff sought people's consent to care and treatment and respected their decisions. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The staff and provider understood their responsibilities in line with the MCA. Staff were able to identify the process they would follow should they feel someone's capacity was fluctuating. Records confirmed the registered manager and staff followed guidance and support provided by the mental health team. One staff member told us, "We [staff] all work in line with the MCA 2005. The MCA is about assessing if the person has the capacity to make a specific decision."

People continued to have access to sufficient amounts of food and drink that met their dietary requirements. Where people wished they were supported to participate in meal preparation. People told us the food met their preferences however felt that they would like a more diverse selection. We raised this with the provider who showed us a wide range of meals was provided by the service and where people wished they could select alternative options.

The service had a culture that encouraged people to maintain a healthy lifestyle and make positive lifestyle choices. People confirmed they could access healthcare appointments as and when required with the support of staff or independently. Records showed healthcare professional involvement was actively sought. One healthcare professional we spoke with told us, "Aster House works closely with the Multi Disciplinary

Team (MDT) to support service users to improve their wellbeing in their recovery and to step down to less supported accommodation." Guidance and support given by healthcare professionals was implemented into people's care plans to ensure they received up to date care in line with their healthcare needs.

Is the service caring?

Our findings

People and a healthcare professional told us the service delivered care that was compassionate, caring and empowering. People received care and support from staff that respected their privacy and dignity. One person told us, "They [staff] treat me with respect." Another person said, "This is a very respectful house. Staff treat me with respect and speak respectfully." A healthcare professional told us, "I find Aster House treats service users with dignity, compassion, respect and involves them in their care." The service had a homely and relaxed atmosphere where people were free to access all communal areas. People appeared to be at ease with staff and sought guidance and reassurance from them throughout the day.

People continued to be encouraged to make decisions about their care and treatment prior to it being delivered. People confirmed they could make decisions about their everyday life. For example, if people wanted to take their medicines, access the local community and if they wanted support. Staff were aware of the importance of ensuring people were involved in the development of their care and support and the negative implications if people were not involved or their decisions not respected. People developed their care plans with the support of staff regularly. People confirmed that staff supported them to make decisions and gave them information to enable them to make the right decision for themselves as and when required.

Throughout the inspection we observed staff speaking to people respectfully and knocking on their bedroom doors and seeking authorisation before entering. People confirmed and our observations concluded that staff did not invade people's privacy and actively encouraged people to maintain their dignity.

The service had an embedded culture that encouraged people to maintain their independence and life skills. One person told us, "I have freedom here. Staff encourage me to be independent. Sometimes when I am at a loss as to what to do, staff will come out [in the community] with me." Another person said, "They [staff] help support me with my money, so that I don't waste it." The service worked with people to develop their independence skills with an aim of moving to less dependent services in the near future. For example, one person self-administered their medicines with minimal support from staff. At the time of the inspection one person was being supported to move to more independent services.

People's information was kept confidential with only those with authorisation having access to them. The service kept all confidential records relating to people and staff in a locked cabinet in a locked office. Staff were aware of the importance of maintaining people's confidentiality. People confirmed staff did not speak about confidential matters in front of others.

Is the service responsive?

Our findings

People continued to receive person centred care that was tailored to their individual needs. One person told us, "I've seen my care plan in my keyworker meeting. My care plan is shared with me and I sign it." Another person said, "Yes, I have seen my care plan and I see it when I have my meetings." A healthcare professional told us, "The home would inform the Consultant Psychiatrist and the care coordinators of any changes in the needs of the service users and appropriate plan would be put in place to manage those needs." We found care plans were comprehensive and detailed people's history, medical needs, diagnosis and healthcare needs. Care plans were reviewed regularly to reflect people's changing needs and information shared with staff. Staff confirmed they were kept abreast of all changes to care plans through team meetings and handovers. Care plans gave staff clear guidance on how to support people in line with their healthcare needs and preferences. People could access their care plans should they wish. Records confirmed healthcare professionals were involved in the development of people's care plans and guidance given was implemented.

People were encouraged to participate in activities both in-house and in the local community. People confirmed they were supported to access the community if they wished. Records showed the registered manager had assessed people's needs when accessing the community and risk assessments were devised when identified. During the inspection we observed people accessing the community to go out for lunch and to go shopping. One person told us they enjoyed the freedom the staff gave them and appreciated the guidance on how to keep themselves safe when in the community. Staff told us they encouraged people to engage with their peers and in the community wherever possible and that one person carried out voluntary work in the community.

People were aware of the provider's process in reporting concerns or making a complaint. One person told us, "We [people] are given the option of making a formal or informal complaint. I would feel confident making a complaint and it would be acted on." Another person said, "If I had a complaint I would speak to the registered manager of the owner [provider]. I do know I could contact my nurse and I find that reassuring." Staff were aware of how to respond to complaints and escalate them in line with the provider's policy. There was documentation on the main noticeboard in the hallway that advised people about the steps to take to raise a concern including, contacting the registered manager, the local authority or the CQC.

The registered manager and staff worked closely with healthcare professionals to ensure people received care and support that was responsive to their needs. Contact with healthcare professionals was clearly documented and records confirmed health care professionals including the mental health team and psychiatrists were instrumental in planning to support people moving onto independent services.

Is the service well-led?

Our findings

The service continued to be well-led. People and healthcare professionals told us they were satisfied with the care and support provided and they found the registered manager and staff approachable and helpful. One person told us, "She's [registered manager] is very funny but very nice. I would be sad if she left. She's approachable but so are all the staff here. I would recommend here to anyone that needed residential care." A staff member told us, "The registered manager is a good manager with good organisational skills. She's keen for us to learn and is approachable and very professional." A healthcare professional said, "The manager is hands-on. Aster House works with the recovery model to support service users towards their goals, aspirations and wishes. Aster House welcomes feedback in order to make sure that they continue to improve and provide a high quality of service."

The service had a registered manager in place. 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.

People received care and support from a service that had a culture of auditing the service to drive improvement. The service maintained records for daily, weekly and monthly audits of care plans, first aid equipment, fire safety management, medicines and health action plans. Information gathered during the auditing process was then used to identify any areas of concern to enable the service to take action to mitigate any risks in a timely manner. For example, we found maintenance audits carried out for repairs to a person's bedroom were documented, actioned and repaired swiftly.

People were encouraged to share feedback on the service. Quality assurance questionnaires were sent to people, their relatives and healthcare professionals to gather feedback of the service and improve the service provision. We looked at the returned questionnaires for 2016 and found feedback was positive about the care provided, staff and support received.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager informed the CQC of all significant events in a timely manner. By doing so, we were able to ensure appropriate action was taken by the service. This meant we could check that appropriate action had been taken.