Aster Living

Aster Living - Link House

Inspection report

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24 January 2017

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 16 January and 24 January 2017. The provider was given 48 hours' notice because the location provides an extra care service at several locations and we needed to be sure that someone would be available in the office.

Aster Living – Link House is part of Aster Group and operates three extra care schemes for people across Dorset. Their office is in Poole. Extra care schemes enable people to be supported while living independently. The service provides care and support to people in their own homes and is 24 hour. The care is delivered by a team of staff working in a building where people live in their own flats. There are communal areas where people can meet and a communal dining area where people are provided with meals if they wish. There are also a variety of activities and groups which meet in the communal area. There is a dedicated staff team to provide personal care and support. At the time of the inspection the registered manager was responsible for three locations. We visited people in one location and spoke to people at another location.

There was a registered manager in post. 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.

The provider supported staff through training on how to safeguard the people who used the service from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe.

There were risk management assessments in place to enable people to lead their own life and maintain control. These risk assessments also protected staff and took account of the person's environment.

There were sufficient numbers of staff to meet the needs of the people who used the service. Recruitment practice was robust and the provider was developing different strategies to ensure there was a steady stream of new staff with the right attitude and skills to support people effectively.

Where people required assistance to take their medicines, there were arrangements in place to provide this support safely. Staff had also received appropriate training.

The provider had a system of induction and on going training and supervision to support staff developing their knowledge and skills in providing care and support that met people's changing needs.

Staff understood the importance of consent in supporting people day to day.

Where people required support to eat and drink there were plans in place to ensure people's needs were met.

People were supported to maintain their health and wellbeing. Staff responded quickly when people needed health services.

People told us they had positive and trusting relationships with staff and management.

People told us that care was provided following consultation and that care staff respected their wishes and preferences.

People told us that care staff respected their homes and respected their privacy.

The flexibility of the service ensured that people were supported at the times they needed.

The provider actively listened to people's experiences and took steps to improve quality based on their feedback.

The provider had a culture of openness and transparency where staff were encouraged to acknowledge both their successes and their errors and ensure they were part of developing a person focused service.

Management were visible in the service and approachable. People told us they knew who was responsible for the service and that they trusted they would make improvements when necessary.

Quality assurance systems were robust.

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.

Staff understood how to keep people safe and report possible abuse.

There were sufficient numbers of skilled and knowledge able staff to meet people's needs.

Risk assessments were carried out to ensure people were supported safely and were able to maintain their independence.

Is the service effective?

Good

The service was effective.

There was a robust system of induction, training and supervision to monitor and support staff in their role.

People were always asked for their consent before care was given.

Staff supported people to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People had positive relationships with staff that were based on respect and promoting people's independence.

People were treated with dignity at all times.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who understood their individual

care needs and preferences.

Care plans were regularly reviewed to ensure they reflected people's changing needs.

People felt able to raise concerns and were confident they would be listened to and the concern addressed.

Is the service well-led?

Good

The service was well-led.

The provider, registered manager and staff team were committed to providing people with a good quality service.

There were robust systems in place to monitor the quality of the service.

The provider was developing culture of accountability with the focus on people's experience of care.

Aster Living - Link 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 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.

This inspection took place on 16 January 2017 and 24 January 2017 and was announced.

The provider was given 48 hours' notice because the location provides an extra care service and we needed to be sure that someone would be available at the office.

The inspection was carried out by one inspection manager.

Before the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 the information we held about the service and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the provider's website.

During the inspection we visited four people in their own homes. Following the inspection we contacted a further three people who were using the service by telephone, to discuss their experience of using the service and two external health professionals who were involved in supporting people who used the service. We spoke with one member of the senior management team, the registered manager, two team leaders and four members of staff.

We looked at the care records of four people who used the service and recruitment records for three staff. We looked at records which related to people's individual care and the running of the service. Records seen included four care and support plans, quality audits and action plans, and records of meetings and staff training. We also looked at the management and administration of people's medicines, health and safety, quality assurance, competency checks and policies.

Good

Is the service safe?

Our findings

People told us; "I am happy and feel safe with the staff who support me" another person told us; "I feel safer here than my previous home".

Staff were trained in safeguarding people and new how to protected people from harm. The agency's PIR stated; 'Training in Aster's Safeguarding policy and procedure is mandatory for all staff. Safeguarding is an agenda point at every team meeting, with opportunities for staff and Registered Manager to discuss any concerns.' One member of staff told us:" I know what to do and would not hesitate to seek advice if I was unsure".

Risks to people's personal safety were assessed. Initial risk assessments were completed and a rating given, this also included information about other agencies that were involved with the individual and gave a rounded person focused view ensuring that all aspects of the person's care package were known. Risk assessments were reviewed with the person and updated when situations and people's individual risks changed. For example, where someone's medicines changed or their mobility needs changed.

There were sufficient numbers of suitable staff deployed to meet people's needs. There were enough care staff on duty to ensure people were supported. Service leaders plan and allocate all care visits, and manage rotas. Rotas were completed four weeks in advance, using IT software, which showed where there was availability for care calls and sufficient staff. There was one member of staff at night which gave people peace of mind there was someone available if they needed support. People told us they thought there were enough staff to meet their needs. One person said the staff always turned up at the time they were expected. Another person valued that staff would check up on them throughout the day especially when they were feeling unwell.

Staff were recruited safely. The registered manager told us that they were working with their Human Resources department on initiatives to reduce the use of agency staff. The provider had developed a protocol with a recruitment agency to move staff from temporary to permanent over 12 weeks. The registered manager told us they were reviewing all person specifications and job descriptions to ensure they recruit staff with the right skills and experience. They also acknowledged it was difficult to recruit the right people in some locations which is why they had developed different ways of recruiting staff and using the 12 week period to establish both if they were right for the job and give the person the opportunity to find out if the job was right for them. Each service leader has two days training in recruitment. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people started work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

Medicines were managed safely. The PIR stated mandatory medicine training was a day workshop and further competency assessments of staff were carried out by service leaders every six months. Copies of the provider's medication policy and procedures were available and accessible to everyone. Medicine Administration Records (MAR) were checked and audited monthly. For example, the registered manager told us that they had found a discrepancy between the GP and pharmacy information, with the prescription instructions on the medicine being different from those in a book. They took immediate action and sought advice, and following discussion with the person concerned and the community nurse the record was amended and the instruction on the medicine amended so there would be no confusion. The error was communicated to the staff team and used as an example in the next medication training delivered by the registered manager.

Good

Is the service effective?

Our findings

In discussion people told us," She (member of staff) is someone you would give a gold star to."

There was effective induction, training, supervision and development to ensure staff could support people well. Staff told us that training was "Top Notch". All staff had a small laminated carers guide which details information they may need while working such as safeguarding information. What to do if there is a medicine error. There was also guidance on mental health issues, symptoms of depression, reminders about their duty of care and key numbers to contact local if emergency repairs were needed. Staff told us that information about safeguarding was accessible and they knew who to contact. Induction was thorough and detailed and included shadowing of experienced staff. One person told us that a new member of staff had attended a care visit and this reassured them that new staff would understand how they liked to be supported. The person said "I won't have to explain myself."

Training ensured staff had the right skills to support people. Induction was completed within the first four weeks. There was also an induction checklist for agency workers. During induction, the new worker shadowed care calls, and read care plans, became familiar with documentation and the person's specific needs before lone working. Probation review meetings were held at two week, three month and five months after starting work. All new care workers complete the Care Certificate if they had not already done so. Dependent on the workers confidence and capability the service leader would review the time spent shadowing and change it according to the care worker's confidence. Staff development was important to the provider and setting objectives was part of supervision.

The provider's mandatory training was completed within the first six months which was monitored quarterly by the registered manager. Mandatory training covered topics such as, administering medicines, understanding equality and diversity, how to support people with specific needs such as dementia. All care staff were required to read policies and procedures which was also monitored and reported to senior management on a quarterly basis. This ensured that management had an overview of where their care staff were on their development pathway and what additional support they needed.

Specialist training was offered to enable staff to support people with specific conditions. Staff told us that training was available to enable them to have a better understanding of people's individual health needs. For example, if someone had mental health needs there was training available and they were able to use their carers guide if they were unsure. People we spoke with told us that staff understood their needs well. One person said;" I feel confident that staff understand my sensory impairment and respect my limitations."

Consent to care was sought from people in line with legislation and guidance. People told us that care staff never assumed anything when they came into their home. One person told us:" staff always check I am ready, they never assume they ask first for my agreement." Mental capacity act training was also mandatory for all staff. Team leaders observed staff practice on obtaining consent whilst providing care. The registered manager told us;" When care staff believe a person lacks capacity, a best interest decision will be recorded, with the involvement of other agencies in the assessment and the decision". The person's care plan lists

health professionals involved with their care, and the person signs to give consent for the provider to contact them regarding their needs.

Staff ensured people were supported to have sufficient to eat and drink. People were able to eat in the communal dining area if they wished. One person told us; "I don't like the food I prefer to eat in my flat, but I do like to join people for a chat." The meals were provided by a separate provider and the care staff told us that the registered manager was aware of the quality of the meals provided and was advocating on behalf of the people living in the scheme to get improvements to the quality of the food.

Staff were aware of people's health care needs and liaised with specialist health care professionals, such as district nurses and GPs when necessary. People told us they knew they would be cared for when they were unwell.

Staff told us they felt supported by the service leaders, the registered manager and the provider. Staff confirmed they received regular supervision, and spot checks. Staff also confirmed they did not need to wait for their supervision if they had any issues they wanted to discuss. The registered manager told us they had begun to use a performance tracker. They explained this was a digital tool to help support and strengthen one to one supervision sessions, set up staff reviews, objectives and personal development plans online and staff were able to access this online information to reflect and plan for their reviews.

Good

Is the service caring?

Our findings

People told us; "staff are very caring nothing is too much trouble". Another person told us: "care is tip top". Another person who had been unwell wrote;' while waiting for the ambulance to arrive the Aster staff were very helpful and caring and kept checking on me'

People were supported by caring staff. For example, people told us that there was regular communication with family who did not live locally which gave reassurance especially when people were unwell. There were examples during our visits were staff demonstrated thoughtful care from simple things like a smile when they walked by to asking if they were alright when they had a heated discussion with a friend that left the person visibly upset.

People had positive and caring relationships with the care workers who supported them. When staff spoke with people we could tell they knew them well. They showed an interest in their daily routines and activities. For example, a group of people were enjoying coffee in the lounge, staff joined them in conversation and shared information and joked together. There was genuine warmth and affection.

Staff worked hard to promote people's independence. People told us how staff supported them with personal care and that this gave them confidence. One person told us:" staff help me with personal care because I can't reach my feet, they never make me feel like it is too much trouble". Another person told us that staff were thoughtful and never made them feel they were they were a burden. They said; "I know they care about how I feel." Another person told us how staff had suggested they use a wheeled trolley to transport their food from the kitchen area to their lounge. They told us; "this has given me something to do and help with my walking".

People told us they were treated with respect. Everyone we spoke with had positive words to say about staff respecting their wishes in their own home and making them feel comfortable. One person told us that "staff never assume anything they always ask".

Good

Is the service responsive?

Our findings

People told us; "Very impressed with the standard of care". Another person told us; "Care staff are flexible and will come when support is needed." We spoke with another person who said, "Staff are older and understanding when you talk to them."

Staff were knowledgeable about people's life history and used this knowledge to assist people with their day to day activities which were meaningful to them. Behaviour support plans were in place for some people to guide staff in understanding individual triggers which may cause people anxiety. For example, one person did not like to be asked a certain question, so staff know to avoid this topic as it can trigger a challenging behaviour.

People's care records included care plans which guided care workers in the care that people required and preferred to meet their needs. For example, care records were specific about people's personal care needs and how they liked to be supported; because staff knew people well they felt confident even when new care staff were visiting them. One person told us "the new care worker observed how I liked things done". Through their person centred care planning, the provider had developed a one page profile which included their life history, to understand and respect what is important to them and how they want to be supported. The older person's Extra Care Star enabled the provider to gain an overview of the person's experiences including if they felt positive, if they felt they were treated with dignity, and if they were keeping in touch with family friends and felt part of their community. They would then be able to take positive action to support the person if they needed it. For example, one person liked to eat their own food in the communal dining area at lunch time they told us this was important to them as they could catch up with friends. Staff knew this and checked to see the person was in the dining room because they knew the daily experience was important to their wellbeing.

The provider sought people's feedback and took action to address issues raised. For example, one person told us that they had been unhappy with one care worker. They said they had spoken to the registered manager about it and felt they were listened to and that the response from the registered manager addressed their concern. Staff we spoke with told us they were able to discuss any issues of concern with the team leader. One member of staff told us that they felt able to express their views in staff meetings. The people living in one of the schemes asked if there could be a board in the communal area with photographs of all the care staff on duty on each shift. They asked for this because it caused some people concern that they did not know who was in the building each day. People were happy their feedback had been acted upon and it gave them peace of mind which they appreciated and it made them feel valued.

Complaints were taken seriously and acted upon. Complaints were recorded in a Complaints book and those that cannot be resolved immediately through day to day care conversations, were registered on Aster's on-line complaints system. Complaints and compliments were discussed at team meetings. A noticeboard by each care office lists when the Registered Manager will be on site, and gives their contact details for people to contact them at other times. Written information on how to complain is available in all

schemes and given to people when they move into the scheme. Duty of Candour was discussed at team meetings, ensuring staff were aware of their role and culture of being open/honest when mistakes happen.

Good

Is the service well-led?

Our findings

People told us;" You couldn't ask for better staff, helpful in every way." We were told that the registered manager was visible in each of the schemes. Staff told us the registered manager visited weekly. We could see from their interactions with both people using the service and staff that they knew people well.

The provider supported management development. The registered manager told us they felt very supported to gain qualifications and experience within the organisation. Service leaders told us they were supported in their role and encouraged to develop their skills and given the opportunity to be promoted. The registered manager told us they were given the autonomy to take the initiative and do what the scheme needed. For example, a recent incident had highlighted the different expectations between the extra care scheme and health care professionals and the registered manager was working with them to reach a solution which would benefit both care staff and people in the scheme. The registered manager also told us that they work with other managers in the providers group and had developed an interactive toolbox so care staff could have training in staff meetings and supervision and there was a consistency across the different schemes.

The values and culture of the agency were shaping the quality of the service. Training in the vision and values of the service was mandatory for all staff, covered in Role of the Care Worker; Person centred planning, and professional boundaries. The provider had signed up to the social care commitment and recently encouraged all staff to make their own commitment, publicising it at the quarterly briefing for all staff.

The provider had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. The provider promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Management structure was clear and accessible. There was a clear management structure for the service. All care and support staff had an allocated line manager, who was line managed by the registered manager, and who conducted supervisions, spot-checks and observations. Additional support was given to the service from the Quality Assurance Manager, Head of Service and Director of Operations, all of whom regularly visited the extra care schemes.

Accidents and incidents were closely monitored to ensure people were safe. The provider had introduced a new on-line system for reporting incidents, accidents and near misses. This was to improve the efficiency of reporting, and tracking the stages of investigations and resulting actions. Staff were given guidance at team meetings on how to use the new system. Staff we spoke with found the IT systems difficult at times and had raised this with the registered manager.

The management team kept up to date with current good practice. They did this by ensuring that the registered manager was a member of the Dorset Home Care Providers association, and attend regular

meetings and conferences. They also attended the Older Peoples Housing Strategy Group. The registered manager told us they worked in partnership with Live Well Dorset which was an initiative to support people living in their own homes.

The provider had a visible presence in the community. The Registered Manager attended local partnership forums such as the Dorset Partners in Care network. The Registered Manager also met quarterly with the Registered Managers of Aster's other two regulated services, and attends the Compliance Meeting to review Aster's Care Quality Improvement Plan.

A robust quality assurance programme drove continuous improvement. There were monthly auditing of care logs, support plan reviews and files which were reviewed by the service leaders and overseen by the registered manager. These audits across the service were then discussed at the Service Leader meetings with the registered manager to see if there were any trends and identified patterns that need addressing. The Quality Assurance Manager visited all three schemes once a year to inspect the quality of care, including meeting with people both as a group and individually. From these visits an action plan was drawn up and monitored weekly until all actions were completed.

The registered manager monitored the schemes through online systems which gave live updates throughout the week making responses to issues very quick. There were monthly meetings at each scheme to review care logs, care support plan updates and reviews, training, and observations, as well as care hours. The registered manager also chaired quarterly staff meetings, and communicated with care staff through email and video link.