Astoria Homecare Limited

Astoria Homecare Ltd

Inspection report

139 Vicarage Farm Road
Hounslow
Middlesex
TW5 0AA

Tel: 02085771777
Website: www.astoriahomecare.com

Date of inspection visit:
20 February 2018

Date of publication:
15 March 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We undertook an announced inspection of Astoria Homecare Ltd on 20 February 2018. We told the provider 24 hours before our visit that we would be coming because the location provided a domiciliary care service for people in their own homes and the registered manager and staff might be not be available to assist with the inspection if they were out visiting people.

The service was registered on 30 January 2017 and had not been inspected before.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of our inspection there were three people using the service, all of whom were older adults with a range of care needs, including those related to mental health and dementia.

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 risks to people's wellbeing and safety had been assessed, and there was information on people's records about how to mitigate these risks, however, individual risk assessments were at times basic and lacked information. The provider agreed to address these promptly.

People's needs were assessed prior to receiving a service and care plans were developed from the assessments. Care plans contained the necessary information for staff to know how to support people. However some sections were basic and lacked detail.

The service employed enough staff to meet people's needs safely and had contingency plans in place in the event of staff's absence. Recruitment checks were in place to obtain information about new staff before they supported people unsupervised. However, not all gaps in staff's employment histories had been explained.

Staff followed the procedure for the management of people's medicines and people told us they were receiving their medicines as prescribed.

There were procedures for safeguarding adults and staff were aware of these. Staff knew how to respond to any medical emergencies or significant changes in a person's wellbeing.

The provider had systems in place to manage incidents and accidents and took appropriate action to minimise the risk of reoccurrence.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act 2005 (MCA) and staff had received training on this. People had consented to their care and support and had their mental capacity assessed prior to receiving a service from Astoria Homecare Ltd.

People's health and nutritional needs had been assessed, recorded and were monitored to ensure these were met.

Care staff received an induction and appropriate support before delivering care and support to people.

Feedback about the service from people and their relatives was positive. People said they had regular staff visiting which enabled them to build a rapport and get to know them.

People we spoke with and their relatives said that they were happy with the level of care they were receiving from the service.

There were systems in place to monitor and assess the quality and effectiveness of the service, and the provider ensured that areas for improvement were identified and addressed.

There was a complaints procedure in place which the provider followed. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

People, staff and relatives told us that the registered manager and senior team were approachable and supportive. There was a clear management structure, and they encouraged an open and transparent culture within the service. People and staff were supported to raise concerns and make suggestions about where improvements could be made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The risks to people's wellbeing and safety had been assessed, and there was information on people's records about how to mitigate these risks, however, a few individual's risk assessments were basic and lacked information.

The service employed enough staff and contingency plans were in place in the event of staff absence. Recruitment checks were undertaken to obtain information about new staff before they supported people unsupervised. However not all gaps in employments were explained.

Staff followed the procedure for the management of people's medicines. People said they were receiving their medicines as prescribed.

There were procedures for safeguarding adults and staff were aware of these.

Is the service effective?

Good

The service was effective.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and these were regularly reviewed.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act 2005 and understood its principles. People had consented to their care and support.

People were supported by staff who were well trained and regularly supervised.

People's health and nutritional needs had been assessed, recorded and were being monitored. People's healthcare needs were met.

Is the service caring?

Good

The service was caring.

Feedback from people and relatives was positive about both the staff and the management team.

People and relatives said the care workers were kind, caring and respectful. Most people received care from regular care workers and developed a trusting relationship.

People and their relatives were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

Care plans contained enough detail for staff to know how to meet peoples' needs. However, some sections were basic and lacked detail.

There was a complaints policy and procedures in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

Is the service well-led?

Good

The service was well-led.

There were systems in place to assess and monitor the quality of the service, and these were effective.

People and their relatives found the management team to be approachable and supportive.

The provider encouraged good communication with staff and people who used the service, which promoted a culture of openness and trust within the service.

Astoria Homecare Ltd

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 20 February 2018. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection we looked at the care records of all three people who used the service, four staff files and a range of records relating to the management of the service. We spoke with the registered manager, the nominated individual and a care worker. We spoke by telephone with a person who used the service, the relative of another person and a healthcare professional. We also emailed a social care professional who was involved with the service on a regular basis to gather their feedback but did not receive a reply.

Requires Improvement

Our findings

People told us they felt safe receiving care from the agency. One person said, "Oh yes I feel very safe. They are excellent." A relative agreed and stated, "They are excellent. The help and care my [family member] has been receiving is great. He is very happy and so are we."

Where there were risks to people's safety and wellbeing, these had been assessed. There were general risk assessments of the person's home environment to identify if there would be any problems in providing a service. This included checking for trip hazards and risks associated with electrical and gas appliances. Risks were assessed at the point of the initial assessment and regularly reviewed and updated where necessary.

Individual risks were assessed and included, those related to moving and handling and medicines management. One person who was managing their own medicines had a thorough risk assessment in place. However we saw that some risk assessments consisted of tick boxes and did not always include clear instructions to staff on how to minimise the risks identified. Therefore staff might not have all the information they needed to manage risks. We discussed some examples with the registered manager who told us they would review risk assessments and make instructions clearer.

There were appropriate procedures in place for recruiting staff. These included checks on people's suitability and character, including reference checks, a criminal record check and proof of identity. Staff confirmed that they had gone through various recruitment checks prior to starting working for the service. The staff files we viewed confirmed this. However we saw that some application forms did not always provide an explanation for gaps in employment. We discussed this with the registered manager who told us they would address this and ensure to obtain this in future.

Staff told us they received training in safeguarding adults and training records confirmed this. The service had a safeguarding policy and procedures in place and staff were aware of these. Staff we spoke with demonstrated a sound knowledge of safeguarding procedures and were able to tell us what they would do if they suspected someone was being abused. They told us they would report any concerns to their manager or the local authority. There had not been any concerns since the service had registered in January 2017.

Staff confirmed they knew what to do in the event of an accident, incident or medical emergency. One staff member told us, "If anything happened, I would always record and report, and call the emergency services." Incidents and accidents were recorded and analysed by the registered manager and included an action plan to address any issues or trends identified. There had not been any accidents recently.

We saw evidence that appropriate action was taken when people were unwell or there were significant changes in their wellbeing. For example, a care worker told us they had noticed a change in a person's breathing, and reading their care plan, they had identified that the person had an underlying health condition. They called the emergency services and the person was admitted to hospital for treatment. The care worker said, "Because I knew him well, I could see something wasn't right and acted straight away." A relative told us, "The two staff members are attentive and listen to him and us without taking any of his independence away which is really important."

There were enough staff employed to visit people at the time their care was planned and to stay the length of the visit to meet people's needs. Staff we spoke with told us they lived nearby and supported people in their catchment area which prevented them from being late. One person told us they received their support at the agreed time and were happy with the length of their visits. The registered manager told us that staff were expected to call the office if they were running unexpectedly late, then they would immediately inform the person using the service.

People told us they received their medicines as prescribed. Staff had received training in the management of medicines. Medicines administration record (MAR) charts were in place and included details of the person, their prescribed medicines, dose and frequency and the person's allergy status. We looked at the MAR charts for all three people who used the service which had been completed for the last month. We saw that these were completed appropriately and there were no gaps in staff signatures. However where the code 'F' was used, meaning 'other', staff did not record what 'other' meant. We discussed this with the registered manager who told us they would address this and ensure an explanation was recorded at the back of the MAR chart in future.

The registered manager told us they undertook regular checks of people's medicines and MAR charts and called people regularly to ensure they received their medicines as prescribed. However they did not keep records of these audits. Following a discussion about this, the registered manager told us they would put a medicines auditing system in place without delay. The registered manager collected people's medicines weekly from the pharmacy. The pharmacist told us that the service was "very responsive" and added, "They are quite involved with people's care. [Registered manager] collects the medicines. We have a good working relationship and there is a good level of care."

People were protected by the provider's arrangements in relation to the prevention and control of infection. People told us that staff adopted high standards of cleanliness and hygiene and always put on fresh gloves and aprons during personal care. The provider supplied the staff with aprons and gloves and they were able to request additional supply when needed. The provider had a procedure regarding infection control and the staff had specific training in this area.

The registered manager told us they continually aimed to improve the service by learning from complaints, incidents and accidents and feedback. They told us they took concerns seriously and by using effective communication, they shared information with staff and ensured staff were supported and kept safe. We saw evidence of this in the records we viewed. They acknowledged that they were a very new service and still had a lot to learn and improve but believed in building strong foundations before growing the service.

Good

Our findings

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and people and/or their representatives had been involved in discussions about the care, support and any risks that were involved in managing the person's needs. Areas assessed included personal care, continence, communication, living arrangements and level of support required at each visit. People and relatives we spoke with told us they were happy with the care and support they were receiving. One person said, "They are great. They try to encourage me and help me. A distinct improvement from my last agency." Staff told us they knew people well and had developed a good rapport with each person who used the service.

People were cared for by staff who were appropriately trained and supported. All new staff undertook an induction programme which included training in the principles of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The registered manager told us the length of the induction varied according to the experience of the staff member but they would not be expected to work alone until they felt ready and had been assessed as competent. Subjects covered during induction included policies and procedures, personal development, person-centred care and manual handling. New staff were assessed at the end of their induction to ensure they were sufficiently trained and able to support people in their own homes. One staff member said, "I had a good induction, full of information. It was good. I am all up to date with my training."

People and relatives we spoke with thought that staff were well trained. Records of staff training showed that they had received training in areas the provider identified as mandatory. This included training in safeguarding adults, medicines management, food hygiene and infection control. They also received yearly refresher courses. We saw evidence that training was monitored and kept up to date. The registered manager held 'train the trainer' qualifications and was able to deliver training to staff in a range of subjects, including moving and handling, food hygiene, safeguarding adults and equality, diversity and human rights. Staff also attended training organised by the local authority, and often had the opportunity to take part in training courses delivered by the organisation's other service.

Staff told us they were supported through one to one supervision meetings and the staff records we looked at confirmed this. One staff member told us, "We do get regular supervisions. We also receive call checks and visits from the manager." The registered manager told us they had not yet started staff's appraisals as they were still a new company. However they were planning to start these very soon.

People's care records included information about their dietary requirements. Some people told us that staff supported them by preparing meals for them or warming up already prepared meals. One relative said, "They help [family member] make meals and they encourage him. They give him the time he needs." People's nutritional needs including their likes and dislikes were recorded in their care plans. However these lacked details and did always include instructions to staff as to how people wanted their food and drinks served or prepared. We discussed this with the registered manager who told us they would review each person's record and improve these to make them more personalised. However people and relatives told us staff knew their likes and dislikes and they were happy with the support they were receiving with their meals.

The provider told us they had developed a good working relationship with other organisations to ensure they delivered effective care and support to people who used the service. We saw evidence in people's records that communication with healthcare and social care professionals was effective and had started at the point of assessment. A healthcare professional confirmed this and said, "The management is very good. They communicate well with us."

People told us that staff met their healthcare needs. Care records contained information about people's health needs and how to meet these. A healthcare professional told us, "They are very involved in people's care. There is a very good level of care. They are on-board and proactive. It is very reassuring to know people are well cared for."

Staff told us they would know what to do if they thought a person they supported was unwell. They said they would inform the office straight away, or call an ambulance if it was urgent. A staff member told us, "One of our clients had swollen ankles, so I told [registered manager] who acted immediately." We saw evidence of this in the records we viewed. For example, when a staff member had found a person unwell during a visit, they had informed the office and the person had been hospitalised for further tests.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager was aware of their responsibilities under the MCA. People's capacity to make decisions had been assessed and they had been asked to consent to their care and treatment. Staff told us they received training in the MCA and understood its principles. They explained what they would do if they suspected a person lacked mental capacity to make a specific decision. They described possible signs people could demonstrate if they lacked capacity and told us they would report this to their manager.

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. We checked whether the service was working within the principles of the MCA. The registered manager told us that where people lacked the capacity to consent to their care and support, mental capacity assessments were undertaken and decisions were made in their best interests. Where a person's next of kin was involved in decisions, we saw evidence that the provider had ensured they had the legal authority to do so and had requested evidence of this.

Good

Our findings

People and their relatives were complimentary about the service and the care they received. People said they had regular staff and had built a good rapport with them. People said the staff who supported them were kind, caring and respected their privacy. Their comments included, "Oh yes they are very kind and friendly. They tell me about their lives. We chat all the time" and "I am very pleased with them." A relative echoed this and said, "They help with the little things like maintenance, such as his light. They are invaluable. He needs his medication, something cooked for him etc. It gives me peace of mind."

People told us that staff respected their privacy and dignity at all times. The registered manager told us, "We talk to our clients and their relatives and encourage them to tell us if they are unhappy with anything to do with their care. We also include 'Dignity and Privacy' in staff's induction.

The agency and the registered manager had achieved the 'Dignity Champion Certificate of Commitment'. A Dignity Champion is someone who actively promotes the concept that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. The registered manager and staff told us they strived to deliver a service according to these values. The feedback we received confirmed this.

The staff we spoke with demonstrated a good knowledge about the needs of the people they supported and how to meet these. They spoke about people in a respectful and kind manner. Their comments included, "I love helping people, it is very rewarding and it brightens up my day." People told us they were supported to express their views and make decisions about their care and support. The registered manager said that they spoke to people regularly to find out if the agency was meeting their needs and liaised with relatives and external professionals to discuss any changes in a person's needs. We witnessed several telephone conversations on the days of our inspection where a person's care needs were discussed.

During the initial assessment, people were asked what was important to them. People's religious and cultural needs were recorded. The registered manager told us that people were given a choice of the gender of the staff who visited them. People we spoke with and care plans we viewed confirmed this.

The provider kept a record of compliments received from people, relatives and stakeholders. These indicated an overall satisfaction with the service provided. Comments we saw included, "Very satisfied and pleased with the personal care provided for [Person] by the Astoria carers" and "They are always very pleasant and willing and have obviously been well trained."

Daily care notes were recorded by staff every day. We viewed a range of these and saw that people were given choices and their wishes were respected when they were provided with care and support. Care notes were written in a person centred way, and included social interactions and the wellbeing of the person who used the service.

Good

Our findings

Records we viewed showed that people had taken part in the planning of their care. People and relatives told us they were happy with the input they had into organising and planning their care and felt involved. People told us they received the care and support they wanted.

Care plans we looked at were clear and contained enough information for staff to know how to deliver the care and support people needed. However some sections of the care plans were basic and some did not always contain detailed information. We discussed this with the registered manager who told us they would review each care plan and improve these sections to include more detailed information.

Care plans were developed from the information gathered during the initial assessments and were based on people's identified needs, the support needed from the care staff and the expected outcomes. These took into consideration people's choices and what they were able to do for themselves and what support they needed. For example, in a person's care plan, we saw, "[Person] usually has cornflakes, but may wish to eat something different. Carer to ask what she may want."

Care plans contained information about the person's background, communication needs, routines, personal care needs, access arrangements and anything specific to the person such as their religion, ethnicity and cultural needs. People received a variety of support from the service. Those we asked thought that the care and support they received was focussed on their individual needs. We saw evidence of this in the records we looked at.

The registered manager told us that review meetings were undertaken regularly and as and when there were changes to a person's health. This prompted an immediate review to ensure the service could continue to meet people's needs. Records showed that the service worked closely with health and social care professionals when people's needs changed. The professionals we spoke with confirmed this. On the day of our inspection, we saw that there was telephone contact with a person who used the service and the relative of another person. We spoke with both people who confirmed to us that this was the usual practice, communication was good and they regularly had telephone contact with the registered manager. A healthcare professional told us, "Since Astoria took over, they have been very responsive. Things have improved."

People were encouraged to raise concerns and we saw evidence that these were addressed and feedback provided appropriately and in a timely manner. For example, a person using the service had made a

complaint about a staff member because they had not been offered a choice of food. The registered manager had conducted an investigation and had addressed this with the staff member in a supervision meeting. Meanwhile, another staff member had been allocated to the person, who expressed to us they were very happy with the outcome. This indicated that the service was responsive to people's complaints and put systems in place to rectify areas of concern.

The registered manager told us they had not approached people to discuss their end of life wishes yet but was planning to gently start discussions about this with people and their relatives. As part of this planning, they told us they intended to seek appropriate training for staff to ensure they felt confident discussing this subject with people.

Good

Our findings

Staff spoke positively about the registered manager and senior manager. One staff member told us, "I think it is great. They respect both our needs and the service users' needs. Respect is so important. I know they are always just a phone call away."

The registered manager told us they had worked hard to create strong foundations before expanding the service. They said, "We want to be an exceptional provider, and a 'learning' organisation. We want to make sure we learn and listen and keep improving. We also want to make sure our staff are well trained and supported." They added, "I feel very well supported by my manager. He is very good and available anytime for me if I need support."

The registered manager was involved in audits taking place in people's homes. These included medicines audits, spot checks about the quality of care people received, environmental checks and health and safety checks. The service carried out quality monitoring visits and telephone calls to people who used the service and relatives to check if they were happy with the service and if the staff were being punctual. The registered manager conducted regular unannounced observational assessments of the staff. These included medicines administration, dignity and respect, choice, communication skills and personal hygiene. Where concerns were identified, actions were clearly recorded and addressed with the staff member. For example, we saw that a staff member was required to 'write more clearly'.

The provider promoted a culture that was positive, inclusive and empowering. There were processes in place for staff to feedback their views of the service and to be engaged and involved in its development. Staff we spoke with told us they felt valued, involved and listened to. The registered manager told us, "I talk to them [staff] and communicate regularly. I listen to staff. I ask them, "How can we improve? Do things differently?" I phone carers to ask about the people they support."

The provider was planning to introduce an electronic system by March 2018 for the planning and management of visits. This would enable them to organise the staff rota and scheduling of visits to meet people's requirements in preparation for the service to grow. The nominated individual told us, "This system is almost ready to go live now. It's a really good system."

There were regular meetings organised at the service including staff meetings. Items discussed included safeguarding, health and safety, training, policies and procedures, inspections and any concerns relating to people who used the service. There were regular management meetings which included discussions about

concerns, business related issues, audits, complaints and recruitment.

The registered manager told us they attended provider forums, seminars and workshops so they could keep themselves abreast of developments within the social care sector. They told us, "I do a lot of reading. I also keep up to date with the Care Quality Commission (CQC), NICE and Skills for Care updates." They told us they also worked in partnership with other organisations and this enabled them to share ideas and improve their knowledge.