

Gemstone Properties Limited

# Aston House

## Inspection report

14 Lewes Road  
Eastbourne  
East Sussex  
BN21 2BT

Tel: 01323638855

Date of inspection visit:  
28 August 2018  
29 August 2018

Date of publication:  
09 October 2018

## 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 the 28 and 29 August 2018 and was unannounced.

This was the first inspection of Aston House following the change of provider to Gemstone Properties Limited on 15 September 2017.

Aston House is a 'care home'. People in care homes receive accommodation and nursing or 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 home is registered to provide personal care and accommodation for up to 15 people who require support with their mental health care needs. At the time of the inspection there were 12 people living there.

The registered manager was present during the inspection. 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.

An effective quality assurance system enabled management to audit the care plans and other records, such as medicines and accidents and incidents, to identify trends and take action when needed. People said the staff were very good, they provided the support they wanted and they had been involved in discussions about how the service was developing.

Robust recruitment procedures ensured only suitable staff were employed and there were sufficient staff working in the home to provide the care people needed. Staff had completed relevant training, including medicines, infection control and safeguarding. They demonstrated a good understanding of people's needs, how to protect people from abuse and what action they would take if they had any concerns. Supervision and staff meetings kept staff up to date with current best practice and they had a clear understanding of their roles and responsibilities.

Care plans were written and agreed with people and included risk assessments and clear guidance for staff to follow. Staff explained clearly how people were encouraged to be independent, make choices and plan the support they received with staff. People told us staff provided the care they needed and treated them with respect.

Staff had an understanding of the Mental Capacity Act 2005 and consistently asked if people needed support or assistance. The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS applications had been requested when required to ensure people were safe.

From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Staff were aware that people had different communication needs and were able to explain how they supported people to communicate.

People said the food was good, choices were offered and referrals were made to healthcare professionals if there were any concerns about a person's diet. Staff supported people to keep in touch with relatives and friends and visitors said they were always made to feel very welcome.

## 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 is safe.

Medicines were administered safely and administration records were up to date. Staff had attended safeguarding training and demonstrated an understanding of abuse and how to protect people.

Risk to people had been assessed and there was guidance for staff to follow to ensure people's safety.

There were enough staff working at the home to meet people's needs. Recruitment practices were robust and only suitable staff were employed.

### Is the service effective?

Good ●

The service is effective.

Relevant training was provided to ensure staff had a good understanding of people's needs and the support they wanted.

Staff had attended training for Mental Capacity Act 2005 and Deprivation of Liberty and were aware of current guidelines and their responsibilities.

People were supported to maintain healthy diets, choices were available and staff assisted people as required.

Staff arranged for people to see health and social care professionals when they needed to.

### Is the service caring?

Good ●

The service is caring.

People were treated with respect and staff provided the support people wanted.

People were involved in decisions about their care and made choices about all aspects of the support they received.

People were encouraged to maintain relationships with relatives and friends and visitors were made to feel very welcome.

### Is the service responsive?

Good ●

The service is responsive.

People received support that was based on their wishes and preferences.

People decided how and where they spent their time and what activities were organised.

A complaints procedure was in place and people and visitors knew how to raise concerns.

### Is the service well-led?

Good ●

The service is well led.

An effective quality assurance system enabled the registered manager to monitor the services provided.

The registered manager provided clear leadership and staff were aware of their responsibilities.

Feedback was sought from people, relatives and staff through regular meetings and satisfaction questionnaires.

# Aston 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 the 28 and 29 August 2018 and was unannounced. The inspection team consisted of one inspector and an expert 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.

Before the inspection we checked the information we held about the home and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that occurred at the service. We also reviewed the information sent in by the provider and registered manager in the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service; such as what they do well and any improvements they plan to make.

We observed the interaction between people, visitors and staff and the care and support provided in communal areas of the home. We spoke with eight people and three relatives. We spoke with the registered manager and five care staff.

We looked at the care plans and associated records for three people. We reviewed other records, including the provider's internal checks and audits, medicine records, accidents and incidents and staff files.

We asked the registered manager to send us copies of records after the inspection including policies and procedures for equality and diversity, complaints, data protection, minutes of meetings, supervision and staff training. These were sent to us as requested.

# Is the service safe?

## Our findings

People said they felt very comfortable and liked the recent changes to the environment at Aston House. People told us, "I am happy here" and, "They keep me safe, they know when I need help and look after me." One person said there were times when there was not enough staff to take them out, although we observed staff asking people if they wanted to go into town or out for a walk. Staff felt there were enough staff working in the home to provide the support people needed and ensure they were safe.

There were safe systems in place for the management of medicines and policies and procedures were available for staff to follow and refer to. Staff said they had received medicine training and records supported this. Staff competency was also assessed through observation of their practice by the registered manager, to ensure they were competent and confident when giving people their medicines. Staff showed medicines were ordered monthly and checked in before they were needed, to ensure they had received the correct ones. They were stored securely in lockable cupboards, in a locked room on the ground floor. If medicines had to be kept in a fridge these were stored and labelled appropriately and temperature checks ensured that medicines were safe to use. Medicine administration records (MAR) contained photographs of people for identification purposes, their GP and contact details as well as any allergies they had. Staff said they checked the MAR for errors each time they gave medicines out and the registered manager completed regular audits to ensure the records were correct. People were prescribed 'as required medicines, which were given when needed, such as for pain relief or anxiety. Records showed why the medicine was prescribed, the dose and the maximum amount used within 24 hours. We observed staff giving out medicines when needed; they asked people if they were in pain or anxious and asked if the medicines had worked.

People were protected from the risk of abuse because staff had attended training in safeguarding people and, they knew what steps to take if they thought someone was at risk of harm or abuse. Staff talked about different types of abuse and what action they would take if they had any concerns. They said they had read the whistleblowing policy and, were clear that they would not hesitate to talk to the registered manager or provider if they observed poor practice. Staff told us the contact details were on the notice board in the office, they said they would contact the local authority if they felt they needed to, but also said they were confident the registered manager would take action and refer concerns without hesitation.

Risks to people were well managed and people were supported to be as independent as possible. Where risk had been identified risk assessments and management plans were written with people, so that they were as safe as possible, but not restricted. These were recorded in people's care plans, which they had signed to show they had discussed and agreed them with staff. For example, one person was low in mood at times. This affected their ability to look after their own health and nutritional needs and had put them at risk of poor health. Staff provided appropriate reassurance when the person asked staff questions about their feelings. Staff asked the person if they wanted to join in activities with other people or assist them in the home as a distraction. The person played board games with other people and assisted staff with preparing the meals. We saw this was an effective way of reducing the person's focus on their feelings and their anxiety.

Other risk was managed safely. For example, people using walking aids were enabled to move around the home safely and, pressure relieving mattresses and cushions were used to reduce the risk of pressure damage for one person. Staff were very clear about how risks were different for each person and they demonstrated a good understanding of how to reduce risk, as much as possible, without affecting people's ability to make choices and be independent.

There were sufficient staff to ensure people received the support they wanted. Staff asked people if they wanted to go out for a walk or shopping and assisted them when needed. One person told us, "I feel there is always someone to talk to" and, another person told us, "Yes they are always around when we need anything, or just for a chat." Staff sat talking to people throughout the inspection, offered drinks and activities and sang along with them when they listened to music. Robust recruitment procedures ensured that only suitable staff worked at Aston House. Relevant checks on prospective staff's suitability had been completed; including references, interview records, evidence of their right to work in the UK and a Disclosure and Barring Service (DBS) check. The DBS check identifies if prospective staff are safe to work in the care sector.

Accidents and incidents were recorded and audited to look for trends or areas for improvement to reduce the risk. For example, one person fell in their room. The layout of the room was checked and with the person's agreement furniture was moved to reduce the risk of falls. This showed that staff learnt from accidents and incidents and action was taken to prevent a reoccurrence.

The home was clean and well maintained. The communal areas had been redecorated in contemporary colours and armchairs and cushions replaced in colours chosen by people living at the home. Staff had attended infection control training and used protective personal equipment (PPE) when needed, such as gloves and aprons. Hand washing and hand sanitising facilities were available throughout the home and laundry facilities had equipment that was suitable to clean soiled washing and keep people safe.

Environmental risk assessments and checks ensured the health and safety of people, visitors and staff. A gas safety check and electrical certificates had been completed for the kitchen equipment, lift and people's personal property, such as TVs and radios. Personal emergency evacuation plans (PEEPs) were available for each person to ensure they could exit the building, with assistance or independently. The fire alarm system was tested weekly, staff had attended fire training and knew how they would support people to leave the building safely.

## Is the service effective?

### Our findings

People said the staff had a good understanding of their needs and relatives told us staff had the skills they needed to support people. One person told us, "They are all very good and know when we need help." A relative said, "I don't have to worry about anything here. She is looked after with all her needs, healthcare appointments, personal care." Meals were freshly cooked, choices were provided and people said the food was just what they wanted. One person said, "They ask us what we want and if we don't like it we have something else." Staff had completed relevant training and regular supervision supported them to develop their practice.

People's needs were assessed and support was provided in line with current guidance. Staff received training from healthcare professionals to enable them to meet people's individual needs. For example, the diabetic nurse trained staff to support a person with diabetes. This included testing blood sugar levels and administering insulin as required. Staff demonstrated a clear understanding of the support the person needed and this meant they were able to remain at Aston House. People told us staff understood their needs and had the right training to look after them. One person said, "The good nature of staff, helpful if I need help. I know I can approach staff." Staff said the training was very good and they were supported to develop their skills and knowledge, so that they had a good understanding of people's individual needs. This included equality and diversity training and staff had a clear understanding of people's rights irrespective of their age, race or disability; moving and handling, health and safety, first aid, food hygiene and infection control as well as training specific to people's needs. Such as, awareness of mental health needs, challenging behaviour, depression and anxiety.

Supervision helped to ensure staff were aware of their roles and responsibilities. Staff told us, "We have supervision quite often but we are always asked if we need support" and, "I feel at ease talking with the manager. I can share whatever I feel without any problem." New staff completed induction training. This included an introduction to the home and the general day to day running, as well as opportunities to read policies and procedures and people's care plans. They were introduced to people and worked with more experienced staff until they were confident and competent to provide the support people needed. Staff had previous experience of working in the care sector and the registered manager said they would employ staff with no experience, but would expect them to do the care certificate. This is a set of 15 standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff were supported to work towards health and social care qualifications and staff said they had completed level 2, 3 or 5.

Staff said they had completed training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best

interests and legally authorised under the MCA. We checked whether the provider was working within the principles of the MCA. Staff said people made decisions about all aspects of the support provided and we saw staff asked people if they needed assistance and responded promptly to people's requests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. DoLS applications had been submitted to the local authority in line with current guidance.

People said the meals were good and they could have drinks and snacks at any time. The menu was on the notice board in the dining room and listed two choices, although people could have what they wanted, "If we the food in the home." One person told us, "We are always given a choice. I enjoy the meals, we sit together and talk if we want to." A relative said their family member, "Always commented on how good the food is." Another person had been shopping and shared their biscuits with other people and offered them to staff. Meals were relaxed, people used the dining room and sat where they preferred and it was a quiet sociable time. Staff worked with people to prepare and cook the meals. Specific dietary needs were met, such as pureed meals and staff assisted people with their food and drinks when needed. Staff were aware how much people ate and drank, if there were any concerns additional support was provided to ensure people had nutritious diets and advice was sought from GPs and dieticians if required.

People were supported to be as healthy as possible. Staff supported people to attend appointments and if necessary health professionals visited people at the home. For example, a referral had been made to the speech and language team (SaLT) to assess a person who had difficulties swallowing and was at risk of choking. Records had been kept of the visit; guidance for staff to follow to reduce risks was in the person's care plan and staff assisted the person to have a good diet. Appointments were also made for chiropodists, opticians and dentists as required.

People's individual needs had been met by adaptations to the home and equipment was provided to ensure they were as independent as possible. The lift enabled people to access all parts of the home and ramps ensures people had access to the garden, part of which was undercover. Fencing provided privacy for people using the front garden and also prevented people, who did not live at the home, from entering the garden without permission. People said they had been involved in decisions about the changes at the home and said they were, "Happy with the improvements." "I like the way the home is now" and, "I feel included." People chose the colour they wanted their rooms painted and brought their own possessions to personalise them if they wanted to.

## Is the service caring?

### Our findings

People were treated with respect and they were encouraged to be independent and make decisions about the support staff provided. One person told us staff provided, "Very good care. The staff are very good. I give them 100/100."

Staff knew people very well and spoke knowledgeably about their individual support needs. When people became anxious staff approached them and asked quietly how they were feeling and if they needed assistance. We saw that people trusted the staff; they were open about their feelings and responded positively to the suggestions staff made. For example, one person became unwell while sitting at the dining table talking to us and other people, staff noticed this and asked how the person felt and if they wanted to have a lie down. The person went to their room for a rest and joined us in the dining room a short time later, "Feeling much better." Staff told us people's needs may change quickly and, "We know the residents very well, we can see small changes in their behaviour and know that if we offer support promptly they can recover much quicker." One person said, "All the staff are friendly and helpful." A relative told us their family member was happy at the home and staff knew exactly how much support each person needed.

People were told that we were doing an inspection; the registered manager introduced us and asked people if they wanted to talk to us. One person was quite interested in the inspection; they wanted to know what we were looking at and talked about how well the staff looked after them and how they enjoyed spending time with other people. There was a homely, calm atmosphere at Aston House, people made choices about how and where they spent their time. One person preferred to spend most of their time in their room and staff respected this. Although they also told the person what activities had been arranged and offered to go out for a walk or shopping with them. One member of staff told us, "We respect their choices. It's them to choose and we follow."

Staff demonstrated throughout the inspection that they had a good understanding of dignity, equality and diversity. They were aware of the need to treat people equally irrespective of age, disability, sex or race. People's privacy was respected. When one person became distressed in the dining room staff quietly asked them if they wanted to talk and took them to another room. Another person asked to talk to the registered manager and they sat in their bedroom to talk in private. Staff had a good understanding of people's preferences, how they liked to spend their time and they supported people to maintain relationships with those who were important to them. Relatives and friends could visit at any time and told us they were always made to feel very welcome. One relative said, "They look after residents so well, and us too." People had developed their own friendships within the home and we saw people supporting each other when they showed signs of being anxious. Staff said people, relatives and staff were all part of the team that provided care and it was clear this was how support was organised.

Staff said records were stored in the office and information about people was treated confidentially. One member of staff said there were policies in the staff handbook that made it clear that information about people was confidential and protected. The registered manager and staff were aware of the new General Data Protection Regulation (GDPR); this is the new law regulating how companies protect people's personal

information and they had attended relevant training.

## Is the service responsive?

### Our findings

People received care and support that was responsive to their individual needs, preferences and choices. People said the staff provided the care and support they needed. One person told us, "All the staff do a good job and know how to look after me." Staff clearly understood people's needs and, when appropriate, relatives were involved in discussions about people's needs and how these could be met. A number of one to one and group activities were arranged to fit in with how people wanted to spend their time.

The registered manager discussed people's needs with them, and their relatives if appropriate, to ensure the staff could offer the support and care each person needed. The information from the assessment was then used as the basis of their care plan and risk assessments. The care plans included information about their mental and physical health needs as well as personal care, communication, mobility, how people liked to spend their time, their interests and hobbies. It was clear that staff had talked to people about their needs and people had been involved in writing and reviewing their own care plan.

Technology was available for people to use if they chose to and broadband enabled people to use the internet and keep in touch with friend and relatives. One person was very adept at using their tablet to keep in contact with relatives. People had their own mobile phones and staff passed the landline to people when relatives contacted the home to speak to them.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. Details about people's communication needs were included in the care plans and there was clear guidance for staff about how to communicate with people. For example, a pictorial passport enabled one person to show people how they felt and pictures were also used to record their needs in their care plan, in addition to written records. The person was able to point to choices and requests, mood and if they were in pain.

People decided how they wanted to spend their time and were supported to take part in activities in the home and in the community. People played a board game in the dining room or watched TV in the lounge or their own rooms on the first day of the inspection. On the second day people and staff listened to music together; they discussed different songs, their favourite singers, with considerable laughter about the music and their dancing. One person liked classical music while others preferred rock and roll and they took turns listening. External entertainers were arranged and included a singing session, which people enjoyed and, a monthly church service. One person planned to go on the Dotto train with staff the following day and another person was supported to join people in the dining room. People said there was always something to do, if they wanted to join in.

People and relatives knew there was a complaints procedure. It was included in the information given to people when they first moved in and was displayed on the notice board. One person said, "I know they are doing whatever they can. I can't complain." A relative told us, "I am aware of the complaints' procedure but I

never needed it." Another relative said they had nothing to complain about and, "I don't have any concerns."

End of life care was included in the care plan format and staff had attended training to support people when their health needs changed.

## Is the service well-led?

### Our findings

The culture at the home was relaxed and people were happy with the support and care provided. People said the home was very well managed. One person said the registered manager was, "Always around to talk to" and, a relative told us, "The management keeps me updated with everything." Staff said the management style was open and transparent. The registered manager and provider had discussed the improvements they wanted to make with people and staff, before any changes were made. One member of staff told us, "The new management is just brilliant. They have brought so many changes, renovations."

This was the first inspection of Aston House following the change of provider to Gemstone Properties Limited on 15 September 2017.

An effective quality assurance system was used to monitor the support and care provided and the facilities themselves. Audits had been completed to cover all areas, including medication, care plans, accidents and incidents, the environment and people's health and safety. The registered manager said they made changes as soon as they identified if any improvements were needed. For example, alarms fitted to all external doors informed staff that someone had left the building. People were able to open the doors and were not restricted or prevented from leaving; but may be at risk if they left the home without staff support. One member of staff told us, "The alarms are really only for us to support residents if they want to go out and may be at risk if they do so on their own." These risks had been assessed as part of the person's care plan and they included guidance for staff to follow to ensure people could be independent and safe.

The registered manager clearly knew people very well and she was available at any time if people wanted to talk to her. People said she listened and supported them to make decisions. Staff were equally positive and spoke highly of the registered manager and their colleagues. Staff told us, "It's only one month I am here but I feel already part of the team" and, "The staff here is very supported. The new management is making sure that all the procedures are in place."

Feedback about the care provided and the changes the provider had made to the home was sought daily from people and relatives. People were asked if they had the support they needed and staff asked relatives if they were happy with the care their family member received. Relatives said, "Aston House has a very welcoming atmosphere and very friendly staff" and, "We always feel at home and enjoy coffee and biscuits when we visit." The registered manager said they had given out satisfaction questionnaires and would collate the responses when they had been returned.

The registered manager had regular meetings with people to discuss particular aspects of their care, on a one to one basis and as a group. At the most recent residents group meeting they talked about the activities provided by an external entertainer who offered reminiscence and a sing-a-long. The feedback from people was positive and the registered manager agreed to book the session regularly. Changes were also planned to the duty rota, so that staff were available to support people to spend time in the community. One person asked to go fishing and other people were encouraged to think about where they would like to spend their time.

Staff said they had regular meetings with the registered manager, which kept them up to date and gave staff another opportunity to put forward suggestions. The minutes showed staff discussed staffing, staff rota, training and areas where improvements were needed.

The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to, it requires providers to be open and transparent and sets out specific guidelines providers must follow if things go wrong. The registered manager and staff said they kept people, and their relatives or representative if appropriate, informed about everything that happened at Aston House. A relative said staff kept them up to date about everything, "About any changes and if they are a bit under the weather. We are quite confident we are kept informed."

The registered manager was aware of CQC's revised Key Lines of Enquiry, introduced from November 2017 and used to inform the inspection process. Notifications had been submitted to CQC about events or incidents they are required by law to tell us about.