

Atlas Care Homes Limited

# Aster Care

## Inspection report

26A Belle Vue Grove  
Middlesbrough  
Cleveland  
TS4 2PX

Tel: 01642852324

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09 July 2021

13 July 2021

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Aster Care is a care home which provides nursing and residential care for up to 102 people. The service supports younger people, older people and people assessed as requiring a period of recovery in its residential reablement unit. People are supported in three separate units, each of which has separate adapted facilities. At the time of this inspection 28 people were using the service.

### People's experience of using this service and what we found

Medicines were not always managed safely. Quality assurance processes were not always effectively monitoring or improving the service.

Risks to people were assessed and addressed, though further and sustained improvement was needed in some areas. Staffing levels were monitored and staff were safely recruited. People were safeguarded from abuse. Effective infection prevention and control systems were in place.

People were supported with eating and drinking, though further and sustained improvement was needed in recording this. Staff received regular training, supervision and appraisal. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The provider was refurbishing the premises and reviewing how it could be further adapted to meet people's needs.

Staff spoke positively about the leadership of the manager. Feedback was regularly sought from people, relatives and staff. The manager and provider was working to strengthen links with external professionals and agencies.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 9 April 2021) and there were two breaches of regulation.

We imposed conditions on the provider's registration requiring action to be taken to improve the service. At this inspection enough improvement had not been made or sustained and the provider was still in breach of regulations.

### Why we inspected

We undertook this focused inspection to check whether the conditions we imposed on the provider's registration in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains inadequate. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aster Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicine records and quality assurance processes at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Aster Care

## Detailed findings

### Background to this inspection

#### The inspection

This was a focussed inspection to check whether the provider was now compliant with Regulations 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Three inspectors (including a medicines inspector) and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Aster Care is a 'care home'. People in care homes receive accommodation and nursing 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 service had a manager but they were not registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We reviewed information we had received about the service since the last inspection.

We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people about their experience of the care provided. We reviewed a range of records. This included eight people's care records and four medicine administration records.

We spoke with 15 members of staff, including the nominated individual, manager, nursing and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at medicine, care records and quality assurance records.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulations.

- Medicines administration records and accompanying documentation demonstrated medicines were not always administered as prescribed.
- Records for topical medicines were in place. However, we found some to be inconsistent and contain conflicting information.
- We found that care plans for people with a percutaneous endoscopic gastronomy (PEG) were not always followed.
- Staff did not always follow the provider's medicine policy in relation to the recording of when required medicines or when medicines were omitted.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

At our last inspection the provider was not effectively assessing or managing risk. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, further and sustained improvement was needed in assessing and managing risk.

- Risk assessments now contained more information on how people could be kept safe. However, in some care plans further detail was needed. The manager told us these plans were being worked on.
- The provider reviewed and monitored fire safety systems.
- Required test and safety certificates were in place.

### Staffing and recruitment

At our last inspection the provider did not have effective systems in place to ensure all staff

had the qualifications, competence, skills and experience to provide care safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider's recruitment process minimised the risk of unsuitable staff being employed. This included obtaining references and Disclosure and Barring Service checks.
- Staffing levels were monitored to ensure enough staff were deployed to support people safely. One person told us, "The staff are good and always around if I need them".

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safeguarded from abuse. All staff had now completed safeguarding training and said they would report any concerns they had.
- The manager monitored and reviewed accidents and incidents to see if lessons could be learnt to improve the service.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider was not ensuring people received effective support with eating and drinking. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, further and sustained improvement was needed in supporting people to eat and drink.

- Systems to monitor food and fluid intake had improved. However, records sometimes contained gaps in recording or inconsistent information. The manager said they were working with staff in improving records.
- We received positive feedback on meals at the service. One person said, "I love dinnertime!" and an external professional told us, "The food looks very nice and healthy".

Staff support: induction, training, skills and experience

At our last inspection the provider was failing to ensure staff had the knowledge and skills needed to support people effectively. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Additional training had taken place since our last inspection, and the manager was reviewing future training needs.
- Staff said they received the training they needed. One member of staff told us, "The training is great, I have done it all and am up to date".
- Staff were supported with regular supervision and appraisal meetings and spoke positively about these.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- External professionals said that the service had worked closely with them to improve standards at the service since our last inspection.
- Staff we spoke with understood the support needs of people and how to meet them. However, in one case we had to signpost staff and the manager to relevant national guidance. The manager said this would immediately be shared with staff.

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

- A refurbishment programme was underway at the service. The provider was reviewing how the premises

could be better adapted to meet people's needs as part of this programme.

- People were able to personalise their rooms as they wished.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services. One external professional told us, "They are very quick to get somebody in if they need to."

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS were sought when needed and were monitored.
- People were asked to consent to their care, and this was recorded. MCA assessments and best interests decisions were used when people were unable to consent themselves.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure good governance processes were in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The manager and provider carried out a range of quality assurance checks at the service. These audits had not identified or addressed the issues we found with medicines management or eating and drinking records.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After our last inspection we imposed conditions on the provider's registration, including restricting admissions without the prior written agreement of the Commission. An admission was made without our prior written agreement. We dealt with this matter outside of the inspection process.
- The provider had invested in quality assurance systems since our last inspection, including appointing a new quality assurance manager and area manager. They were introducing and reviewing new audits at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager joined the service in March 2021. People and relatives said they had seen improvements at the service since they started. One person told us, "They have put lots of plans in place recently. They want to put plans in to make things better."
- Staff told us morale had improved since the manager joined the service and that they felt the service would improve. One member of staff said, "[The manager] makes a huge difference, she is very positive."

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

- The manager sought feedback from people, relatives and staff. A feedback survey had been carried out in June 2021 and contained positive results.
- Staff said they now felt involved in how the service was run. One member of staff told us, "[The manager] said things will change, and they are. I'm happier and more supported in my role now."

Continuous learning and improving care; Working in partnership with others

- Since our last inspection the provider and manager had worked with a range of external professionals to bring about changes at the service. External professionals said the service had engaged with them and acted on advice.

This section is primarily information for the provider

## Action we have told the provider to take

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

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Medicines were not always managed safely. Regulation 12(1)   |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Quality assurance systems did not effectively assess, monitor and improve the quality and safety of the service. Regulation 17(2)(a) and (b) |