

Atlas Care Homes Limited

Aster Care

Inspection report

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Date of inspection visit:
24 November 2021
02 December 2021
09 December 2021

Date of publication:
20 December 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

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 with a learning disability. 25 people were using the service when we inspected.

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

Medicines were managed safely but we have made a recommendation about record keeping associated with medicines management. People and relatives said people were safe at the service. Risks to people were assessed and action taken to prevent them. Staffing levels were monitored and staff were safely recruited. Effective infection prevention and control systems were in place.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe, effective and well-led the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

Quality assurance systems were used to monitor and improve the service. People, relatives and staff said their feedback was sought and acted on. Effective working relationships were in place with external professionals and community groups.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 3 September 2021) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer 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, and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 has changed from requires improvement to good. This is based on the findings at this inspection.

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.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 five people and seven relatives about their experience of the care provided. We reviewed a range of records. This included six people's care records and three medicine administration records. We spoke with 12 members of staff, including the nominated individual, manager, nursing, care staff and kitchen 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 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed 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.

- Administration records for oral medicine demonstrated that medicines were given as prescribed. However, we found some topical medicines were not administered as prescribed.
- Guidance to support staff in the use of when required medicines were in place however some could be improved to be more person centred.
- Medicines were stored securely, and the appropriate monitoring was taking place
- Processes to administer and record insulin had improved since our last inspection and now kept people safe.

We recommend that the provider review when required guidance to include more person centred information, and guidance and records for topical medicines should be reviewed to ensure staff have sufficient information to apply as prescribed.

Preventing and controlling infection

- Effective systems were in place to prevent and control infections. However, we did see some staff not following rules on the use of personal protective equipment. The manager took immediate action when we discussed this.
- Visitors to the service were checked and tested for COVID-19 to prevent them from catching and spreading infections.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Assessing risk, safety monitoring and management

- At our last inspection we found sustained improvement was needed in assessing and managing risk. Improvements had been made at this latest inspection.
- Risks to people were assessed and action taken to address them. Recognised risk assessment tools were used to help keep people safe.
- Regular checks of the premises and equipment were carried out to ensure they were safe to use. One person told us, "All the staff are good at keeping us all safe I think."

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse, and staff said they would not hesitate to report any concerns they had. One person told us, "I am very safe here."
- Accidents and incidents were monitored to see if lessons could be learned to keep people safe. One relative told us, "[Named person] is very safe."

Staffing and recruitment

- Staffing levels were regularly reviewed to ensure there were enough staff in place to provide safe support.
- Recruitment checks were carried out to minimise the risk of unsuitable staff being employed. These included seeking a full employment history and Disclosure and Barring Service checks.

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 improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At our last inspection we found sustained improvement was needed in supporting people to eat and drink. Improvements had been made at this latest inspection.
- People were effectively supported with eating and drinking. Nutritional needs were assessed and met.
- People and relatives spoke positively about the support people received with eating and drinking. One person told us, "No complaints with the food. We get a menu, and a good choice with snacks and drinks whenever I want."

Staff support: induction, training, skills and experience

- Regular training gave staff the knowledge and skills needed to provide effective support. One relative told us, "Staff are all well trained."
- Induction training was completed by staff who were new to the service. This included completing training and observing more experienced members of staff in their roles.
- Staff were supported with regular supervisions and appraisals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments took place to ensure the service could meet people's needs and choices. People, relatives and external professionals were involved in completing assessments.
- People and relatives said staff were knowledgeable about people's needs and preferences. One person told us, "They (staff) do understand my needs"

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with a wide range of external professionals to ensure people received the healthcare they needed. People and relatives said staff effectively managed their appointments for them.

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

- A major refurbishment of the service was underway when we inspected, which included rebuilding and refurbishing areas of the home. People were regularly updated on the progress of the works, and involved in deciding the names of different parts of the building.
- People's rooms were customised to their own tastes and preferences. One person told us, "My room is clean and tidy. I have all my personal bits in it."

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.

- Staff obtained people's consent before supporting them. One person told us, "Staff respect the decisions that I make. It's my home, staff respect that. They might not feel a decision is right, they will respect it"
- Where people were unable to consent, best interests decisions were made and recorded.
- DoLS were applied for where needed, and were monitored.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The manager and provider carried out a range of audits to monitor and improve standards at the service. Plans were put in place to ensure action was taken where issues were identified.
- The provider was taking steps to appoint a registered manager to the service.
- Staff told us they were happy in their roles and enjoyed coming to work. One member of staff said, "I love the residents and I love my job."

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 and a new deputy manager was appointed in October 2021. People, relatives and staff said they were improving the home. One person told us, "Things are even better since [Manager and deputy manager] have taken over. The positivity is so much better.
- People and relatives told us staff worked effectively to help people achieve their goals and good outcomes. One person said, "I can do what I want when I want. Staff will assist me. I wanted to go on holiday so the staff took me."

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

- Feedback was sought from people, relatives and staff. Minutes from meetings showed that open and inclusive conversations took place to ensure people's voices were heard. One person told us, "Management are sound, very approachable. I have no complaints, we have residents' meetings."
- Staff said they felt valued and included in the service. One member of staff told us, "We work like a team."

Continuous learning and improving care; Working in partnership with others

- The manager and staff had worked to build links and partnerships with a range of external professionals

and community services.