

Timeless Resources Limited

# Astor Care and Nursing Agency

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Astor Care and Nursing Agency is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection the service was supporting 187 people with personal care and support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and relatives of people using the service spoke positively of the service and the care and support that they received. They told us that they were supported by a regular team of care staff with whom they had developed caring and respectful relationships with.

People told us that they felt safe and confident living at home independently with the care and support that they received from care staff. Staff knew the signs to look for if abuse was suspected and told us of the actions they would take to protect people from abuse.

Care plans detailed people's identified risks associated with their health and care needs with clear guidance to staff on how to manage those risks to keep people safe.

Safe medicines management and administration processes in place ensured people received their medicines as prescribed and on time.

People and relatives confirmed that they were always supported by staff that they knew who arrived on time and always stayed their full allotted time. Recruitment processes followed ensured that only those staff assessed as safe to work with vulnerable adults were employed.

People were supported by care staff who had been appropriately trained and skilled in their role. Care staff told us they were regularly supported through supervision and annual appraisals.

People were supported to eat and drink enough where this was an assessed need. The service supported people to lead healthy lives and supported them to access relevant health care services where required.

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.

Care plans were person centred and detailed, giving care staff the appropriate information and guidance to

support people with their needs and wishes.

People and relatives knew who to speak with if they had any complaints and were confident their concerns would be dealt with appropriately and in a timely manner.

Management oversight processes in place enabled the service to monitor the quality of care people received. Where issues were identified these were addressed immediately with further learning and development implemented to improve people's experiences.

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

The last rating for this service was good (published 14 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Astor Care and Nursing Agency

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector and two Experts 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. The Experts by Experience made telephone calls to people and their relatives.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 January 2020 and ended on 30 January 2020. We spoke to people and relatives on 27 January 2020. We visited the office location on 28 January 2020 and we spoke to care staff on the 29 and 30 January 2020.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also spoke with six people and 18 relatives about their experience of the care they received. We used all of this information to plan our inspection.

### During the inspection

We spoke with the registered manager who is also the nominated individual for the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the finance manager and two field care supervisors.

We reviewed a range of records. This included 13 people's care records and seven people's medication records. We looked at eight staff files in relation to recruitment and staff supervision. We also reviewed records relating to the management of the service, including quality assurance records.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with eight care staff.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected by the service from the risk of abuse.
- People told us they felt safe with the care and support that they received. One person told us, "I do feel safe with them. I have a regular carer who is here five days a week."
- Relatives explained that they felt reassured and at ease in the knowledge that their relative received care and support from staff who ensured their safety. Comments from relatives included, "I am very happy that he is safe with Astor" and "Yes, I feel he is very safe with the carers. They are brilliant in the way they handle him."
- Care staff had received safeguarding training to ensure they knew how to keep people safe from abuse or harm. The service had processes in place to report their concerns to the appropriate authorities where required.
- Care staff described the signs they would look for if they suspected abuse and the steps they would take to report concerns. Care staff knew how to whistle-blow and named various external authorities including CQC who they could report concerns to.

Assessing risk, safety monitoring and management

- People were supported by care staff that were aware of their identified risks and knew how to respond to and manage those risks to protect and keep them safe from avoidable harm. One relative told us, "They [care staff] are aware of risk and take care to prevent things happening."
- Assessed risks included risks associated with falls, moving and handling, eating and drinking, specific health conditions such as diabetes and urinary tract infections and mental health.
- Risk reduction measures for each identified risk were clearly documented so that care staff had the relevant information to keep people safe.
- Environmental risk assessments were also in place which covered security, the condition of the property, fire safety and hygiene so that safety measures were in place to protect people and staff.

Staffing and recruitment

- People and relatives told us that they were supported by a team of regular and consistent care staff and there was always a care worker available to meet their needs.
- We were also told that care staff almost always arrived on time and stayed for their allotted time. Where staff were running late people were always informed of this and given a timeframe within which a care worker would arrive. One person told us, "They ring if they are going to be late for any reason."
- The provider was using an electronic call rota and monitoring system. This enabled the service to schedule and monitor people's care calls in real time and ensure that care staff arrived to their calls on time

and that calls were not missed.

- The provider completed a range of pre-employment checks before staff started to work to ensure only those staff assessed as safe to work with vulnerable adults were employed. These included identity, reference and criminal record checks.

#### Using medicines safely

- Systems and processes followed by the service ensured people received their medicines safely and as prescribed.
- Care plans detailed the level of support people required with the administration of medicines. Medicine administration records were complete and no gaps in recording were identified.
- Care staff received medicines training and their competence was assessed to ensure staff had understood their training and were implementing the correct procedures when administering medicines.
- Electronic care plan systems in place enabled the service to monitor and ensure people received their medicines on time. Where care staff had not logged medicines as given this was immediately picked up and the service alerted so that immediate actions could be taken to ensure people were given their medicines as required.
- Where issues were identified with people receiving their medicines, these were addressed immediately with the care staff involved.

#### Preventing and controlling infection

- People were protected from the risk and spread of infection. Care staff received training in infection control.
- Care staff had access to and used personal protective equipment which included gloves, aprons and shoe covers to help prevent and control the spread of infection.
- People and relatives confirmed that care staff used the required equipment to support people safely. One relative told us, "They always wear gloves and aprons."

#### Learning lessons when things go wrong

- Accidents and incidents were documented with details of what happened and the immediate actions taken to ensure people's safety.
- The registered manager analysed each accident or incident and used the information as a learning and development opportunity. Relevant information was shared with the care team so that future occurrences could be prevented.

# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service assessed people's needs, risks and wishes prior to delivering care so that based on the information gathered, the service could confirm that they could meet the person's needs effectively.
- The registered manager explained that based on information gathered at the pre-service assessment they were able to match the needs and wishes of people with the skills and personalities of their care staff team. This enabled effective delivery of care.
- Care plans were compiled from the information gathered at assessment and included people's needs and how they wished to be supported.
- Care staff told us that care plans gave them the detailed information that they needed to deliver effective and safe care. In addition, at the start of any new care package, they were also given an introduction in detail of the person's care plan, their needs and how they wished to be supported.
- People and relatives told us that they had been involved with the care planning process alongside any involved health and social care professionals where needed.

Staff support: induction, training, skills and experience

- People were supported by care staff who were appropriately skilled and trained to deliver care and support effectively.
- People and relatives confirmed that the care staff knew their jobs well and possessed the required skills to support them. Feedback from people included, "I cannot find any fault with them" and "I think my carer is very good." Relatives told us, "Absolutely they are well trained" and "I would say the staff are very well trained."
- Records confirmed and care staff told us that they received a comprehensive induction which included training, introduction to policies and procedures and a period of shadowing a more experienced member of staff.
- Care staff also told us that following on from their induction they received on-going training in a variety of topics which helped them undertake their caring role. Specialist training was also provided to meet people's specific identified needs.
- Care staff stated that they were very well supported through regular supervisions, annual appraisals and through ad-hoc one to one conversation with their field care supervisors. One care staff member told us, "They support you with everything constantly, they are very flexible, they give me constant support through training and advice."

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

- People and relatives told us that they were appropriately supported with eating, drinking and maintaining

a healthy and balanced diet where required. One person told us, "Sometimes she will help with my breakfast." Relatives feedback included, "They do his meals for him and always ask him what he would like, offer him options including doing a fry up for him" and "They heat up meals from foods we've bought; they make him what he likes and they let us know if he gets fed up with certain foods."

- People's likes and dislikes about food and drink had been documented within their care plan. Where people had specialist dietary requirements or cultural and religious preferences these had also been clearly recorded.

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

- The care staff team worked proactively with a variety of health and social care professionals to ensure people received the required support to lead a healthy and active life.
- People's health and medical conditions had been recorded within their care plan with information on how they were to be supported with these.
- Care staff knew the people they supported well and were quick in identifying issues or concerns with people's health and reporting these concerns so that action could be taken. Care staff told us that they always checked the care plan and daily entries of care provided to be aware of and respond to any significant concerns that may have been identified.
- We saw records confirming that the service had made referrals on behalf of people to specialist services where a specific need had been identified.
- People and relatives were confident that the care staff that supported them would always seek appropriate help and support, if concerns were noted about their health and the health of their relative. One relative stated, "They are quick to let me know of anything that they think might need medical attention."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People had signed their care plans consenting to the care and support that they received.
- Where people were unable to sign, their relatives told us that they had been involved in the care planning process on behalf of the person.
- Care plans recorded people's capacity to make decisions. Where people lacked capacity to make decisions, the service recorded decisions that had been made in the person's best interest.
- Staff demonstrated a good level of understanding of the MCA and explained the importance in involving people in all aspects of their care delivery, in line with the key principles of the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were overwhelmingly positive about the caring nature of the care staff who supported them and the service overall. One person told us, "I am very fortunate to have them. It lifts my heart when I hear them come in and call out hello." Relatives feedback included, "They seem very caring; she has a variety of carers and they seem very pleasant" and "Very caring. Every time they go in they run through what's happened in his life and they take him through what's going on with his life."
- We were told of how some people had been receiving care and support from Astor Care and Nursing Agency for a number of years and had developed positive, loving and respectful relationships with their care workers.
- Care staff knew people well and told us of how they had built caring relationships with the people they supported. Care staff spoke passionately of their role and told us that working for Astor Care and Nursing Agency was like being as part of one big family. One care worker told us, "I seem to have lots and lots of time with people, I know a lot about their lives, I love the job."
- People's diverse needs, as defined under the Equalities Act 2000, were respected. For example, people's religious and cultural needs had been documented in their care plan and staff were aware of these.
- Care staff understood people's needs in relation to equality and diversity and that each person was different and possibly had different needs and requirements due to their religion, culture or sexual orientation. One care worker told us, "We have been brought up to believe everyone is a human being and everyone is to be treated equally."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us that care staff always supported and encouraged them and their relative to express themselves and make decisions about how they wished to be supported. One person told us, "They always ask me what I want done and if there's anything else they can do for me." A relative explained, "She's [person] is adamant on certain things that she doesn't want to do, so they [care staff] respect her wishes."
- Care plans were written involving the person and where people wanted, their relative or named representative.
- During the inspection we heard field care supervisors speaking with people and relatives and dealing with their requests and concerns. The registered manager explained that they were in regular contact with people and their relatives to obtain feedback on the care and support that they were receiving and to ensure the service was meeting their needs and expectations.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us and gave examples of how care staff respected and always upheld their privacy and dignity. One relative told us, "They treat him with respect, it helps maintain his dignity."
- Care staff also gave us various examples of how they respected people's privacy and upheld their dignity. One care staff explained, "I take this very seriously and Astor do as well. We keep their dignity, not to be too direct, or to expose people, always keep them covered up, close the door to keep it private."
- Care plans promoted people's independence and guided staff on areas where they were able to do things for themselves.
- Care staff told us and explained how they encouraged people to do as much for themselves as they were able and comfortable in doing. One staff member said, "By encouraging them as much as possible in what they want to do and how they want to do it."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support that had been designed and planned to meet their needs and preferences.
- Care plans were comprehensive and detailed their health and care needs as well as their likes and dislikes and how they wished to be supported.
- Alongside this information the service also asked people and involved relatives to complete a 'About my life' document which gathered personal information about the person's life, important people in their life, their hobbies and life history. This gave care staff the opportunity to get to know the people they supported, so that care and support could be tailored to meet their individualised needs.
- People and relatives told us that the service regularly reviewed their care needs and they were fully involved in the review process. We were also told that the service was extremely responsive to their needs and where issues were identified, or change required, the service responded promptly and accordingly. One person told us, "They have been very flexible in their approach. If I need extra help I call and they will sort it out for me."
- Care staff were attentive to people's changing needs and explained that they too were involved in the review and updating of people's care plans and would inform the office of any such developments. One care worker explained, "We as a team participate in helping to improve the care plans, if there is something missing I can call my supervisor and the care plans get updated. We communicate. Things change every day, we must be on top of it."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people had specific needs relating to the way in which they communicated or the support required around their communication, this was recorded within the person's care plan. This included information about any support aids that the person may use to support them with their hearing or their eyesight.
- Staff we spoke with were aware of and knew how to support people with their communication needs.
- The registered manager understood their responsibilities around following the AIS and had policies and processes in place to support the provision of accessible documents where required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People we spoke with told us that they were supported to engage in social activities and follow their interests by their relatives.
- However, we were given various examples of where care staff had gone out of their way to encourage and support people to take part in social activities and events to avoid social isolation which included attending family and community events.
- One person told us, "They are so willing to put themselves out for me, they offer to go shopping, all sorts." A relative explained, "Some of the carers sit and talk to her about the birds in the garden; she's quite chatty and she enjoys a chat."
- The registered manager gave us other examples of where a care staff member introduced the person they supported to a health specific centre where the person was able to participate in various activities including art and woodwork. Another care staff member had supported the person they cared for to visit the local café so that the person could meet and spend time with his friends.

#### Improving care quality in response to complaints or concerns

- Policies and processes were in place to receive, investigate and respond to complaints in ways which promoted openness, transparency, learning and improvements.
- Where complaints had been received these had been documented with details of the actions taken and responses to those who had complained explaining actions and resolutions.
- People and relatives told us that they knew who to speak with if they had any complaints or concerns to raise and were confident that these would be addressed immediately. One person told us, "I would call the agency. I think they would take my concerns on board." A relative explained, "I've no complaints, they are very helpful and responsive."

#### End of life care and support

- The service was currently not supporting any person with end of life care and support.
- All care staff had received training on end of life care.
- End of life wishes were discussed with people and their relatives as part of their needs assessments. Where people had wanted to discuss their wishes these had been recorded in their care plan.
- The registered manager explained that they had worked very closely with multiple professionals as part of a multi-disciplinary team approach, to support people responsively at the end of their life.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke highly of the service that they received and told us that the service was well managed especially by the field care supervisors and care co-ordinators who communicated well and were responsive to their requests. We were told overwhelmingly that people and relatives would not hesitate in recommending this service.
- We asked people and relatives if they knew who the manager of the service was. Most referred to the field care supervisors and the care co-ordinators as the managers, as those were the individuals that they spoke to on a regular basis.
- Feedback from people included, "I would recommend them to anybody because I think they are very good" and "Absolutely brilliant, a very good company. I wouldn't change them. I have a good rapport with them and they go out of their way to meet my needs." Relatives told us, "They have a good attitude and are compassionate nice people. Very professional and I wouldn't hesitate to recommend them" and "I know the Manager. I am very impressed; I find her efficient and helpful and quite easy to talk to."
- The service had also won an award in 2018 for being one of the top 10 recommended home care agencies in the UK and the South East of the country.
- Care staff spoke highly of the office staff and the overall management systems in place stating that they felt confident and empowered to approach management at any time and were well supported in their role.

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 registered manager clearly understood their legal responsibilities in relation to being open and honest with people when something went wrong. Complaints and safeguarding records confirmed this.
- Where required, the registered manager was also clearly aware of their responsibility of informing the CQC and other involved agencies where specific incidents had taken place or allegations of abuse had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Electronic management systems in place enabled the registered manager and field care supervisors to monitor and oversee the quality of care people received in real time. The service was able to continually monitor and check that care staff arrived at their care calls on time and people had received their medicines on time.

- The electronic system also alerted them to when reviews of care plans were due or when care staff were due for supervisions or their annual appraisal.
- Staff were observed in their usual work practice during 'spot checks'. These were to check that staff were working to the required standards.
- The registered manager also had systems in place to review and check all new staff recruitment files and analysed all safeguarding concerns, complaints and accidents/incidents to implement improvements and promote further learning and development of the service.
- There was a clear management structure in place and all staff clearly understood their roles and expectations placed upon them.
- There was an on-call system in place for any out-of-hours issues that may arise. Staff told us that they were always able to access a member of the management team.
- The registered manager and management team present were all positive about the inspection and welcomed the opportunity to receive feedback. The service was keen to focus on further learning and development to continually improve the quality of care people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and care staff all told us that the service continuously encouraged them to be engaged and give their feedback about the quality of care they received and how the service was managed. One relative told us, "I have feedback forms once a year. They [service] are caring, friendly, diligent, conscientious people who listen to what their clients want and they are reliable."
- People and relatives were involved in regular reviews of their care.
- People and relatives stated that they regularly received calls from field care supervisors to check how everything was and if there were any concerns to raise. We also saw records confirming people and relatives had completed satisfaction surveys to express their views of the service. Completed surveys were positive.
- Relatives had also posted their positive reviews on a national website about their experiences of the care and support that they received from Astor Care and Nursing Agency.
- Care staff told us that there were several ways in which the service engaged with them to obtain their feedback as well as exchange vital information about changes and updates. This included supervisions, ad-hoc one to one meetings, team meetings, quarterly newsletters and emails.
- Care staff told us that they could approach the management team at any time and that they were always listened and where concerns were identified these were acted upon. One care staff told us, "They do they send out a quarterly newsletter and organise fundraisers, meetings where you can go if you want. We often get text messages, or any extra requests they keep us all updated. There is very good communication."
- The service worked well in partnership with a variety of health care professionals such as GPs, district nurses and social workers, to maintain the health and wellbeing of the people they supported.
- In addition to this, the service also told us that they worked in partnership with the local authority by attending provider meetings and training sessions where providers from the locality were invited to engage with the local authority and each other to learn and share experiences and practices.
- Where there had been referrals, appointments or ongoing engagement with other health care professionals, this was clearly documented in people's care files with details of outcomes and actions to be taken.