

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Astor Care and Nursing Agency

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Tel: 01483797950

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	Timeless Resources Limited
Registered Manager	Mr. Andrew Lord
Overview of the service	Astor Care and Nursing Agency provides personal care and domestic services to people in need enabling them to remain in their own homes. It also includes a small registered nurses agency.
Type of service	Domiciliary care service
Regulated activity	Treatment of disease, disorder or injury

Contents

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We made an unannounced visit to Astor Care and Nursing Agency and looked at the care and welfare of people who used the service.

We looked through the files in the office and talked with the registered manager and office staff. We then carried out telephone interviews with ten people who used the service to see what they thought of the service. We also spoke to eight care staff on the telephone, or in person, to check their understanding of their job role and how they support people.

All ten people we spoke to said that staff treated them with respect. They also told us that staff listened to what they said. They told us they had been involved in the planning of their care, and that if they were unhappy about anything they could tell the staff and something would be done about it. Comments from people included "This is the best agency I have come across" and "Staff are a companion to me, I have someone to talk to and they treat me like an individual." Another person said "They are a very nice bunch of people."

A relative told us that the "Quality of service is marvellous. They think of the person's wellbeing all the time; my relative has thrived since being supported by Astor Care."

During our visit to the office we heard staff talking respectfully to people on the telephone. If the person who the caller wanted to speak to was not available the staff member would offer to help, take a message, or ring back later. The telephones were answered in good time.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We asked people if they felt respected by staff and all ten told us that they did. We were given examples where in the past staff had not treated them as they liked. They told us that they reported this to the manager, and that staff member was never sent to them again. One person told us that "Staff have never been anything else but charming and well behaved." We asked another person if they felt staff respected them and protected their dignity they said "Oh yes, definitely." The staff we spoke told us the ways that they showed respect to people, for example calling them by their preferred name, listening to what people said and acting on what they were told. Staff also told us how they respected people's dignity when providing personal care. During our visit to the office we heard staff talking respectfully to people on the telephone. If the person who the caller wanted to speak to was not available the staff member would offer to help, take a message, or ring back later. The telephones were answered in good time. From what people and staff told us, people were respected and their dignity protected when receiving care.

We asked people if they had been involved in making decisions about the care they receive. People told us that before joining the service staff had met them and discussed their needs. People also told us that they were involved in reviews and could say if they want anything changed. We could see that people were involved in the planning and delivery of their care.

People told us that staff help them to remain independent. We asked staff how they encourage people to remain independent. One staff member said "The care plan tells us what support people need. I ask people if they would like to help with tasks I am doing." Another said "I ask people what they would like to do, and encourage them to do tasks like washing their face themselves. If you take away someone's independence by doing everything for them it is very bad." People were encouraged to do things for themselves, and staff assisted where needed, and as identified in care plans.

We asked staff how they ensured the care they gave took into account peoples beliefs, racial origin, and disability. Staff told us that the information was in the care plan. They

also said that they would ask the person if they had any special requirements when providing support for the first time. We checked the files for six people and could see that religion and other individual needs were recorded where they had been identified. People's beliefs and other individual requirements were taken into account when planning and delivering care.

We looked at the information that the agency gives to people. Each person was given a green folder with information about the service, costs, and contact information. The file also contained information about how to make a complaint and clear guidelines on what care staff could do to support people. The people we spoke to all told us that they had this file. People also told us that they could speak to staff about their care, for example if they have any questions. The registered manager said that the information could be provided in large print or different languages as required. The information was also available electronically on the agencies website. People were given information about the service, and the care they would receive, in a format that they could understand.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People told us that they were happy with the service provided by Astor Care and Nursing Agency.

We looked at the care files for six people who used the service. We saw that care plans were in place in the files we checked. These detailed what support was needed and how it should be given. We saw that some files contained very detailed instructions on how to meet people's individual needs and preferences. These ranged from how to wash somebody in a particular way, to how to lay out the table when making meals for someone. One person we spoke to said "My carer is absolutely brilliant, they get everything done and know in advance what I need." All the people we spoke to said that their individual needs were being met. They also told us that they had been involved in the planning and review of their care. The planning and delivery of care was carried out in a way that met people's individual needs.

We saw that staff were recording what they had done at each visit by the use of a 'report of care' form. Staff told us that they check these when they arrive at a person's house to check what support was given previously, and if there were any issues they should be aware of. This showed that the care being given was recorded, and the information was used by staff to ensure people's needs were being met.

We asked people if there were times when the support worker had not arrived at the time specified. Most people said that this had happened on occasion. Most were happy with the response by the agency. They told us that the office or the care worker would ring if they were going to be late. Most people also said they were told in advance if the usual care worker was not available. Two people told us that on occasion in the past they had not been told when staff were not coming. When they telephoned the office to ask what was happening a replacement had been offered. Most people we spoke to said that they had regular carer workers so they did not have to keep having new people in their house. The agency had arrangements in place to minimise unnecessary disruption to the care and support of people.

We saw that risk assessments had been carried out for each person. These included risk of falls, use of hoists, infection control, and health and safety. The assessments covered risks to the people being supported and to the staff supporting them. The agency had a

system which identified if care was essential. In the event of bad weather, or other emergency that could affect the availability of staff the agency could prioritise those most in need of care. The risks to peoples welfare and safety had been identified and controls put in place where needed.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

All the people we spoke to said that they felt safe with the staff that supported them.

The registered manager explained that the agency had introduced psychometric testing of all potential new staff. An attitude assessment provided an integrity and aggression score. This ranked staff as good, questionable or poor. This evidence informed the recruitment decision by identifying those people who were more likely to become violent or commit a crime. The manager was trying to identify the possibility of abuse and prevent it before it occurs.

We talked to staff about their understanding of safeguarding. The eight care staff we spoke to were able to explain to us what abuse was. They also told us about the signs that they had to look out for. Examples given included "a change in people's behaviour such as becoming withdrawn, or unexplained bruising." Staff told us that if they suspected abuse they would contact the office immediately. Most staff were able to identify what action the office would take. Two staff were unsure what the office would do apart from investigating.

We saw a copy of the staff handbook . This contained information on confidentiality, code of conduct and whistleblowing. It also contained the safeguarding policy, which detailed the signs of abuse, and instructions for staff if they suspect it happening, such as contacting social services or the police. Safeguarding was also included in induction training and mandatory training updates for staff. Information was available to staff about the safeguarding and whistle blowing processes.

The provider may like to note that while all staff we spoke to knew what abuse was, the signs and their responsibilities with regards to reporting. Some were unclear on what happened next, for example, contacting the Surrey Safeguarding team, or the police.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We interviewed eight staff and the registered manager during this inspection. The manager told us that area coordinators were in contact with staff and service users on a daily basis. Staff and people who used the service confirmed that this happened. All the staff we spoke to said they enjoyed working for Astor Care and Nursing Agency. This meant that staff were supported and able to ask for help and advice where needed.

Staff told us that they did receive supervisions and appraisals. They explained that they had completed appraisal self assessment forms and returned them to the office. Some staff told us that they had not received feedback from these completed forms. They felt this was due to them not raising any issues that they wanted to discuss. Staff also told us that the area care co-ordinators also carried out observational supervisions. This was where their line manager observed them as they gave care and support to someone. They told us that they were given feedback after the supervision was completed. Staff also told us that they were kept informed of training on offer within the agency, as well as free training that may be on offer from time to time by the Surrey Care Association. The manager told us that Astor Care was also a training provider for other agencies. Staff were given and had access to appropriate training, supervision and appraisals to ensure they were appropriately supported.

The manager and the staff we spoke to explained the induction and mandatory training process. They also described the training that they had undertaken to meet people's individual needs. This was appropriate to the job they did. All the people we spoke to said that they felt staff had the correct skills and training to support their individual needs.

We looked at the training records which were stored on the agency's computer system. These identified mandatory training that staff had undertaken, and when it was due to be renewed. The provider may like to note that records of specialist training that staff had completed to meet peoples individual needs was not yet recorded on the training records computer system. Examples included training staff had completed on Peg feeding and Stoma care.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

From talking with people and relatives we could see that people were given opportunities to raise any issues they may have with staff on a regular basis. People told us that where issues had been identified action had been taken.

We asked if views of people were gathered to find out how well they thought the service was running. People who used the service told us they were. We saw that the agency had carried out surveys to get feedback from people and relatives who use the service. We saw that for the previous year's survey the agency had reviewed the feedback and sent a letter to people giving them the results. We saw that the replies to this year's survey had also been reviewed, and key points had been identified. One person had written "Have scored the overall rating as excellent as a result of the fantastic care staff who come to us."

There were approximately fifty six replies to the survey seen. The majority of comments were very positive. There was a very small amount of negative feedback (four people) about notification of changes in staff giving support to people. One comment was "being informed of changes of carers and who will be covering their holidays much sooner please." We saw that the manager had taken action over this. We also noted that the manager had reviewed the format of the questionnaire sent out. They were planning to change the form to make it more user friendly, and offer other ways to give feedback to better meet individual needs. This showed us that the agency was seeking comments about the quality of service and was acting on the feedback received.

We saw that complaints were being monitored, documented and responded to. We could see responses had been given and action was taken where required.

We looked at the records of accidents and incidents. We saw that details of accidents or incidents were recorded, along with any action that had been taken as a result. From looking at the records we could see the manager was monitoring, and appropriate action was being taken in response to accidents and incidents.

We saw that the registered manager carried out a self assessment of the service using the Provider Compliance Assessment tool produced by the Care Quality Commission. We

could see that the service was being reviewed regularly and action was being taken where needed.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People we spoke to also told us that they would tell staff if they were unhappy about anything, and that they knew something would be done. People gave us examples where they had raised issues and told us the agency had responded quickly. They said they were happy with how the agency reacted to their concerns.

All the staff that we spoke to told us that if they were made aware of a complaint they would tell their manager. We saw that information on how to complain was displayed in folders given to each person using the service. We saw this by looking at two files that were about to be sent out. There was an effective system in place for receiving and dealing with complaints.

We looked at the records for complaints and compliments. We saw that there had been five complaints recorded and approximately forty five compliments recorded since January 2012. In all five complaints cases we saw that action had been taken to investigate and resolve the matter.

We noted that two of the five complaints recorded were where the agency had recorded safeguarding issues. The manager explained this allowed them to monitor action taken by outside agencies. The safeguarding alerts were to do with Astor care staff identifying possible abuse. This was not caused by the agency or its staff.

We saw that complaints had been responded to in the timescales recorded in the agencies complaints procedure. The forms also recorded if the person was happy with the response. We saw information was available to people about other agencies they could contact if they were unhappy with the agencies response.

We saw that the agency was reviewing the complaints. There was a section on the completed complaints forms we checked for an 'auditors comment'. This meant that the provider was monitoring the effectiveness of the complaints system.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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