

## Galaxy Management Solutions Limited

# Morning Stars

### Inspection report

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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 caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

Our inspection was unannounced and took place on 6 and 7 April 2016. At our last inspection on 4 and 5 February 2015 the service needed to make improvements to the arrangements in place for staffing levels, improve opportunities for people to take part in activities, ensure staff had an understanding of Deprivation of Liberty Safeguards and ensure that monitoring systems were effective.

Morning Stars is a care home which is registered to provide care for up to 20 people. The home specialises in the care of people who have mental ill health needs. At the time of our inspection there were 19 people living at the home.

There was a registered manager in post and they were present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found some improvements had been made since our last inspection. However, we found that the service did not consistently implement effective quality monitoring processes to ensure that the risks to people's health, safety and well-being were identified, monitored or addressed. Therefore appropriate actions were not always taken to reduce the risk of harm happening to people. You can see what action we told the provider to take at the back of the full version of the report.

The registered manager was not always fulfilling their responsibilities for sharing information with us that they were legally required to do so. However, action was taken at the time of the inspection to ensure the important information was shared with us.

Recruitment procedures were in place but were not always robustly applied.

People were supported by staff that were kind, caring and respectful and knew them well. People were treated with dignity and respect. Staff understood people's needs well. Staff received the training and support they needed to carry out their role.

Medicines were stored and administered safely, and people received their medicines as prescribed. People were supported to have their healthcare needs met.

People were supported to make everyday decisions themselves, which helped them to maintain their independence.

People were supported to eat and drink food that met their dietary requirements and that they enjoyed eating.

## 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

Not all risks to people were assessed and systems in place to minimise risks to people were not always effective.

There were adequate numbers of staff to support people.

People received their medicines safely.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

People's consent was sought before they were provided with care. key processes in place had not been fully followed to ensure people were not unlawfully restricted.

People were supported by staff that had the skills and knowledge to meet their needs. Staff received the training and support needed to carry out their role.

People received food and drink they liked.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People told us that staff were kind and caring. Staff responded quickly to people's requests for assistance.

People were treated with kindness and respect.

People were supported by staff that knew them well and understood the things that were important to them.

**Good** ●

### Is the service responsive?

The service was responsive.

Care was delivered in a way that met people's needs and preferences.

**Good** ●

People were able to do things that they enjoyed.

People knew how to complain if they were unhappy.

**Is the service well-led?**

The service was not consistently well led.

Systems in place to access and monitor the quality of the service had not always been effective at identifying where some improvements were needed.

The registered manager was visible in the home and knew people needs . Staff told us that they were supported by the manager.

People benefitted from an open and inclusive culture in the home.

**Requires Improvement** ●

# Morning Stars

## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 06 and 07 April 2016 and was unannounced on the first day. The inspection was carried out by one inspector.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authorities that purchase the care on behalf of people, to see what information they held about the service and we used this information to inform our inspection.

We met with 14 people who received support from the service. We spoke with three relatives, three health care professionals, the registered manager, deputy manager and five support staff.

We looked at the care records of three people who received support from the service including, medication records. Other care records looked at included staff training records, two staff recruitment files, safeguarding records, complaint records, staff rotas and quality audits completed by the registered manager.

# Is the service safe?

## Our findings

Staff told us that they knew how to minimise risks to people on a daily basis. For example, staff knew how to support people in a variety of situations. This included responding to risks associated with people's wellbeing for example, mental health relapse. We saw that there had been a recent incident which had resulted in an injury to a person from the temporary use of a portable heater in their bedroom. The person received the appropriate support following the incident and risk assessments were put in place and the heater was removed. However, we saw that there were other potential risks to the person in their bedroom that had not been assessed. There was an unguarded radiator which was found to be hot to touch. We also saw a trailing lead from window blinds which were a potential hazard. Although procedures were in place to assess and monitor the risks to people, they were not sufficiently effective to ensure people were safe at all times.

Staff told us that prior to commencing employment the required employment checks had been completed. We looked at two staff files and spoke with the registered manager about the recruitment process. However, we saw that application forms requested only five years' work history and not a full employment history. In addition we found that a risk assessment had not always been implemented when needed to ensure that the provider had measures in place to manage any known risks disclosed by a staff member.

At our last inspection people told us that there were not always enough staff available and we saw people were left for periods without supervision. At this inspection people we spoke with told us that there were enough staff on duty. One person told us, "There is always staff around day and night to help us". We saw that staff were busy. However, staff were always available to respond to request from people for their support. Staff told us that staffing levels were adequate. A staff member told us, "It would be good to have more staff as there is always something for them to do. However, I feel we have adequate staff on duty". The registered manager told us that staffing levels were determined by the needs and dependency levels of people and if needed staffing levels would be increased. The registered manager told us that they had their own bank of staff to support the service, and to cover for sickness or annual leave. This ensured people were consistently supported by staff they knew.

People told us that they felt safe living at Morning Stars. One person told us, "I do feel safe, staff keep me safe and they make sure nothing happens to me". Another person told us, "I feel very safe living here".

People were cared for by staff who recognised the types of abuse people could be at risk from. Staff told us that they had received training that enabled them to identify the possibility of abuse and take the appropriate actions to keep people safe. All staff spoken with were able to describe different types of abuse. Staff told us that they knew who to report to if they had any concerns that people were at risk of abuse. Staff were aware of how to escalate any concerns if they felt that action had not been taken. An incident occurred between two people living at the service during our inspection. The registered manager took action by reporting the incident and told us what measures were in place to prevent reoccurrence.

People were kept safe in emergencies. All staff spoken with knew what to do in the event of an emergency. A

staff member told us, "I am clear about what we need to do. We call the emergency services if we are concerned. The manager or owner is always available on call and we would let them know". Another staff member said, "The procedures are drilled into us. The numbers are displayed for us to refer to". Staff knew how to report accident or incidents so these could be managed effectively. Records showed that staff had completed fire safety training and first aid training. This showed that staff had the knowledge and skills needed to ensure people would be supported safely in an emergency situation.

People told us that staff reminded them to take their medicines. One person told us, "I always get my tablets on time and I know what the medicines are for". We saw that medicines were stored safely. We were told that all of the people required support to take their medication and that only staff that had received training administered medicines in the home. We saw that most medication that was prescribed on an 'as and when required basis (PRN) had protocols in place and action was taken by the second day of our visit to ensure this was in place for all.

## Is the service effective?

### Our findings

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. We checked whether the service was working within the principles of the MCA. We saw that staff listened to what people wanted to do and respected the decisions they made. Staff told us they had received training in MCA and could give an explanation of how they applied these principles within their role. We saw that people's care was provided with their consent. We heard staff asking people what they wanted to do and how they wanted to spend their time. We saw that some people that lived at the home may not have the mental capacity to make an informed choice about some decisions in their lives.

Deprivation of Liberty Safeguards (DoLS) requires providers to identify people in their care who may lack the mental capacity to consent to care and treatment. At our last inspection we were told that the provider was waiting on the supervisory body to assess the applications that had been made to the supervisory body for people where they believed people were deprived of their liberty to in their best interest to keep them safe. At this inspection we found that the registered manager and staff were knowledgeable about DoLS. However, there was no effective system in place to monitor the date the applications had been made and the outcome of any decision of the supervisory body. The registered manager took action at the time of our inspection to ensure an effective system was implemented.

People spoke positively about the staff who supported them. One person told us, "The staff are caring I think they do have the training they need". One person told us that they had been involved in recruiting staff. They told us that they showed people around the home and also asked them some questions. They told us, "We have some good staff we pick the best ones". Staff were able to describe to us how they provided care to people and they demonstrated that they knew people's needs and preferences well. The staff we spoke with told us that they had the training they needed to do their job and records seen confirmed this. The registered manager had a training plan in place and this showed that the training needs of staff had been reviewed and training had been planned accordingly. Staff told us that they felt supported in their role and that the registered manager was supportive and approachable. Staff told us that they had supervision and could approach the manager for support whenever they needed to. A staff member told us, "The manager is really good and explains things to us. She is really supportive we can ask her anything".

People told us that they were able to see the doctor when they were not very well. One person told us, "I tell the staff and they will make an appointment for me". One person requested to see a doctor during our visit and we saw that the staff responded to this and contacted the doctor on their behalf. We saw that people were supported to medical appointments and we saw that these were planned by staff in a way that ensured people were well supported on these appointments to ensure their needs could be assessed effectively. For example, they were supported by staff that knew their needs well and people were reassured by staff and the reason for their appointments were explained to them. We saw staff sat and took time to listen and speak with people who were anxious or feeling unwell. Staff knew people's needs well and told us that they recognised the signs when people's mental health was deteriorating. People had regular



appointments with other health care professionals. For example, community psychiatric nurse and psychiatrist. A staff member told us, "I think that people's health care needs are more to the forefront now. We are following things up much more and making sure people's health care needs are met.

People told us that they liked the food. One person told us, "I think the food has really improved. It is a lot nicer now". Another person told us, "We have a brunch on a Saturday I really enjoy that and we also have a take away on the evening". Menus showed that people's preferences, religious and cultural needs had been considered. We observed a meal time and found that people were offered choices and the atmosphere was calm and relaxed. We spoke with the chef who told us that the menu had been updated in consultation with people and they had introduced a more varied menu. A wider variety of drinks had been provided so people had a choice of both hot and cold drinks including fruit juice and herbal teas. Also a system for ensuring water bottles were provided in people's bedrooms had been introduced so that they had access to drinks through the day and night to keep them hydrated.

## Is the service caring?

### Our findings

We saw that interactions between people and staff were kind, caring and respectful. Staff were attentive to what people were saying so that they felt listened to and involved in their care. We heard friendly conversations between people and staff and saw people laughing and enjoying friendly banter. We also saw friendly interactions between the people living in the home and we saw acts of kindness between people. For example, we saw people helped each other by passing drinks and helping to clear away each other's plates after a meal. We heard a person thank another person for some pakora they had made and they told them how much they enjoyed it and that their cooking was 'delicious'.

A relative told us, "I know [Person's name] is well looked after by the staff. It is a nice home and you are always made to feel welcome here by all the staff". A health care professional told us, "It's a lovely friendly welcoming atmosphere here".

Staff knew people's history, preferences and needs and we saw that staff cared for people in a dignified way. Staff understood the importance of clear and effective communication with people. For example, the way that they approached a subject with people so that they did not become anxious or distressed. We saw that communication passports were in place for some people and these ensured that staff had the information they needed to know about communicating effectively with people. For example, one person's communication passport informed staff to use short sentences and to use clear and specific language and we observed that staff followed this guidance.

Staff were able to describe to us how they would respect people's privacy and dignity when providing personal care to people. We saw that staff were respectful towards people they supported. For example, staff respected people's views and opinions, referred to people by their preferred name and asked for permission to go into people's bedrooms.

Records of residents meeting showed that the registered manager had asked people if they felt that staff treated them with Dignity. The minutes had recorded people's responses and included "Staff can't do enough for you, they always listen to you and make sure that you have everything that you need" and "Staff talk nicely to you". It was also recorded that staff explained to people that they should inform the registered manager if they felt that staff had not treated them in a respectful way.

Staff recognised that it was important that people were supported to develop their independent living skills so that they could be as self-sufficient as possible. One person told us that they cooked a meal every week with support from staff. Some people told us that they now made their own breakfast in the morning. One person told us, "The staff do encourage us to do things. I clean my own room. The staff do help me make my bed. I also get my own breakfast now in the morning. I suppose it is a good thing".

People told us that they were supported to maintain relationships that were important to them. Staff demonstrated that they understood and respected the importance of these relationships. A relative told us that they were happy with the care and support their family member received. They told us that staff were

caring and approachable and that they were kept informed about their family members care.

## Is the service responsive?

### Our findings

At our last inspection we found that a person who spoke a minority community language had become socially isolated. At this inspection we found that the registered manager had involved an advocate and interpreter to find out the person's views about the home and the care they received. They had also ensured that social activities in relation to their culture were explored. However, the person had declined these. The person told us during our visit that they were happy at the home. We saw that they looked relaxed and comfortable in the presence of staff.

People were supported by staff that were knowledgeable about their needs. They were able to describe to us how people liked to be supported and the things that people liked to do. Staff were able to give explanations about people's needs as well as their life history, their likes and dislikes and preferred routines.

During our visit we saw staff engaging with people and taking part in a Zumba activity. People really enjoyed the session and were laughing. One person told us, "I love to dance. I have been dancing since I was four years old". We saw that staff joined in with people and encouraged and supported people and showed people that they were also enjoying themselves. We saw that one person took part in a cooking activity. They told us they loved cooking and chatted to us about what they had done and how to chop the vegetables correctly. Staff told us that this person had worked in a catering role previously and had acknowledged and supported the person to be involved in an activity that was important and fulfilling to them. We saw that some people went out independently to the local shops. A number of people went out on a planned pub lunch trip that had become a popular and regular activity. One person told us that a new pool table had been ordered and that this was something that people had wanted. The registered manager confirmed to us the delivery date and showed us a room that was going to be developed into an activity room for people to use. We saw that there was an activity board displaying information about activities and one of the people told us that it was one of their jobs to look after the information board.

We saw that staff involved people in decisions about their care and how they spent their time. We saw that staff were alert to changes in people's behaviour or mood and knew how to distract them to minimise any anxiety. The registered manager told us that they work with health care professionals so that they can support people to manage their complex behaviours.

The manager showed us that records of incidents of behaviour were recorded and she reviewed these so that they could identify themes and trends to enable them put measures in place to minimise the risk of a reoccurrence.

Meetings with people that lived in the home were held regularly. Some of the people we spoke with told us that went to the meetings. Records we looked at showed that these meetings were an opportunity to discuss a wide range of things including activities and menu planning. It was recorded in the records of the meetings that people were asked if they had any concerns and they were reminded to let the registered manager know if they were unhappy about anything.

People told us that they would speak to the registered manager or staff if they were not happy about something. Staff told us that they were confident that the manager would respond to people's concerns appropriately. We saw that the complaints procedure was displayed around the home and in people's bedrooms and was in a format that was easy for people to understand. Records showed that there had been one complaint from a neighbour and this had been dealt with and resolved.

## Is the service well-led?

### Our findings

We saw that there were systems in place to monitor the service and quality audits were undertaken. This included audits of medicine management and health and safety. However, we found that these systems had not always been operated effectively. We saw that following an incident where a person had been harmed action to assess, monitor and mitigate other risks to the person had not been taken. For example, we saw other potential hazards in the person's room including an unguarded radiator which was hot to the touch and trailing cords off window blinds. We saw in another person's bedroom that their mattress and bed base had been damaged and had partly collapsed. We saw that a smoke detector in the room designated as a smoking area for people was not operational and the fire risk assessment did not specify the reason for this. This did not ensure that systems were operated effectively to mitigate risks relating to the health, safety and welfare of people. This is a breach of regulation 17 Systems or processes must be established and operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of people.

We contacted West Midland Fire Service following our inspection and shared our findings with them in relation to fire safety. They agreed to contact the service and offer support and advice to them.

The registered manager demonstrated to us that she knew the individual needs of the people that used the service well. She understood her legal obligations including the conditions of their registration. Although appropriate DoLS applications had been made to the supervisory body where the registered manager believed that there were restrictions in place to keep a person safe, we had not been notified of the outcome of the decisions. When this was brought to the registered manager attention she took immediate action to ensure that we were notified of these decisions. The registered manager told us that their policies and procedures had been updated to reflect this requirement.

The registered manager had previously been the manager at Morning Stars and after some time away in a different role she had returned to manage the home in July 2015. The registered manager demonstrated to us that she knew the individual needs of the people that used the service well. We saw throughout our inspection that the registered manager led by example supporting staff and modelling a positive response to people's needs. The registered manager told us that they attended relevant training and spent time seeking information about best practice in relation to the needs of the people who used the service.

There had been some recent safeguarding investigations following concerns raised by a health care professional. We were advised by the local authority that these had been closed. The registered manager told us that they had welcomed the input from health care professionals as a result of their investigations and had responded where improvements needed to be made. The registered manager told us that she had also been given support and advice from health care professionals regarding how people's care records could be improved and the systems in place for carrying out reviews of people's care needs were to be more robust. When we visited we saw that a new computerised record system was in the early stages of being implemented and staff were in the process of transferring information from people's paper records.

All of the people we spoke with told us that they were generally happy with their care and they knew who

the registered manager was. One person told us, I can speak to the manager if I need to about anything".

Staff told us that communication arrangements were good and that they received support to maintain a good quality service. Staff told us that they enjoyed their work and had the opportunity to contribute to the running of the home through regular meetings. A staff member told us, "Things have really improved since [Registered managers name] has been here. She is really on the ball and explains everything to us".

We saw that presentations had taken place for a person who had lived at the home for ten years and they were presented with a meal out for two. Two staff members were also awarded for ten years service at the home. This acknowledged their commitment to the service.

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation and how they reflected this within their practice. We saw that a number of policies and procedures had been revised by the registered manager to ensure that they reflected the current regulations.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not operated effectively to mitigate risks relating to the health, safety and welfare of people.