

A Star Support Services Ltd

A Star Support Services

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

A Star Support Services provides personal care and support to adults with learning disabilities and autism living in their own houses and flats in the community. This included people who lived on their own and in shared tenancies with communal facilities in the community. Not everyone who used the service received personal care. The Care Quality Commission (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. At the time of the inspection, eight people were receiving personal care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills, take positive risks and help out in the community.

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

Most people were unable to verbally communicate with us, however they used picture cards and body language to respond to some of our questions. Risks to people's health and wellbeing were proactively assessed, recognised and managed. There were enough staff with the right mix of skills to support people safely and effectively. Staff were recruited and selected safely. Medications were safely managed, administered and stored in people's homes. Incidents, accidents and near misses were recorded and monitored to ensure there was opportunity for lessons to be learned. People were protected from avoidable harm and abuse. Staff had all completed safeguarding training and knew how to raise concerns. Infection control and prevention was managed well at the service.

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. Some ongoing improvements were taking place to the application of the Mental Capacity Act (MCA).

Staff were supported and supervised, trained, and suitably skilled to meet the requirements of their role. There was a clear process for referring people to external services were required and this was applied consistently to ensure care was safe. Staff worked in collaboration with other agencies such as GP's and social workers to ensure people's needs were met.

People's privacy was respected, and independence was encouraged; family relationships and friendships were encouraged. Staff treated people with respect, kindness, equality and dignity. People were included as

much as possible in their day to decision making and choices around their care and support needs. Care plans contained information for each person which described how they liked to be involved in their care, and what their preferred routines were. People had signed their care plans if they were able.

A personalised care plan was developed for each person with their involvement or with their family members involvement if appropriate. People's interests and chosen activities were documented in their support plan. There was a complaints process in place which outlined response times and procedure. End of life care was discussed sensitively and with care and compassion.

The registered manager had a clear understanding of their role and responsibilities in line with regulatory requirements and had implemented a new auditing system. The service was open and inclusive and fully considered people's equality needs. There was a positive approach to positive risk taking and encouraging people to be part of the community.

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

Rating at last inspection

This service was registered with us on 1 March 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our approach to inspecting newly registered services.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

A Star Support Services

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

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the CQC. 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.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure someone would be in the office to support the inspection.

Inspection activity started on 26 February 2020 and ended on 27 February 2020. We visited the office location on 26 February 2019.

What we did before the inspection

Before the inspection, we looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. We also contacted local authority commissioners and asked them for their views about the service. This information helps support our inspections. We used all this

information to plan our inspection.

During the inspection

During our visit to the registered office we spoke with the registered manager, and the office manager. We contacted three staff by telephone. We looked at three people's care records and a selection of medication and medication administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records for three staff and other records relating to the management of the service. We spoke with one relative over the telephone, and visited one person in their home.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse.
- Some comments included, "I can't complement them enough" and "They are wonderful, I feel very reassured". One person gave us a thumbs up when we asked if they were happy.
- Staff had completed safeguarding training and knew how to raise concerns. The service had policies and procedures in place to ensure safeguarding concerns were managed promptly.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were proactively assessed, recognised and managed.
- Strategies for risk management were clearly and concisely recorded. For example, one person's risk assessment described how staff should support them if they were feeling 'not themselves' and how staff should intervene to help the person focus on things they like.
- Another risk assessment evidenced a consistent and safe approach to positive risk taking, by encouraging the person to compete in various competitions which were difficult, but they had expressed an interest in trying.

Staffing and recruitment

- There were enough staff employed with the right mix of skills to support people safely and effectively.
- Staff were recruited and selected safely.
- People were able to choose who supported them and were skill matched and 'temperament matched to people.'

Using medicines safely

- Medications were safely managed, administered and stored safely? in people's homes.
- Staff kept accurate Medication Administration Records (MAR)s in relation to people's medications, including topical medications (creams).

Learning lessons when things go wrong

- Incidents, accidents and near misses were recorded and monitored to ensure there was opportunity for lessons learned.
- Reviews took place of all incidents by the registered manager, and any patterns or emerging trends were highlighted for discussion with the staff.

Preventing and controlling infection

- Infection control and prevention was managed well by staff.
- Staff understood their roles with regards to infection control, and the importance of maintaining high standards of cleanliness.

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.

This is the first inspection for this newly registered service. At this inspection this key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service had been continuously trying to approve their approach to these principles and had now devised their own template for accessing capacity.
- Where appropriate people were involved in aspects of their daily living. For more complex decisions, the registered manager discussed how they would appropriately apply the principles of the MCA. Including a robust assessment of the person's understanding, best interest meeting, and referral to the Court of Protection if needed.
- Each capacity assessment was decision specific and included the person's advocate or relative in the process. Best interest meetings discussed the rationale for the decision and why it was in the person's best interest.

Staff support: induction, training, skills and experience

- Staff were supported, supervised, trained, and suitably skilled to meet the requirements of their role.
- Staff training, and induction was recorded which evidenced training the provider had deemed mandatory had been completed.
- Staff discussed their roles and responsibilities and confirmed they felt well supported due to regular supervision, and training.
- Feedback from professionals confirmed they felt staff had the right skill mix to support people. One person said they found the staff, "Excellent"

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

- People were assessed before they received support from A Star by the registered manager, and outcomes and choices were recorded and monitored to ensure consistency and good practice.
- Care plans and outcomes for people were regularly reviewed by staff and other involved professionals and relatives to ensure the service continued to meet the needs of each person.

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

- People were supported by staff to have sufficient food and drinks throughout the day and night.
- Some people had guidance and support from outside organisations, such as Speech and Language Therapists (SALT), to ensure their diet was suitable for them. Staff followed this guidance safely, and it was available to be viewed in people's care plans.
- People chose their own menus and shopped for their own ingredients. Most people were supported by the staff to shop and to make their meals.

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

- There was a clear process for referring people to external services were required and this was applied consistently to ensure care was safe.
- Staff worked in collaboration with other agencies such as GP's and social workers to ensure people's needs were met.

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.

This is the first inspection for this newly registered service. At this inspection this key question has been rated good. 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

- Staff treated people with respect, kindness, equality and dignity.
- Caring and respectful relationships had been developed between staff, people who used the service and their relatives.
- People and relatives spoke positively about the staff. Some of the comments included, "I would have no problem in recommending this service, they are excellent" and "The best ever". One person nodded and smiled when we asked if they liked the staff.
- Consideration had been given to people's cultural and spiritual backgrounds.

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

- People were included as much as possible in their day-to-day decision making and choices around their care and support needs.
- Care plans contained information for each person which described how they liked to be involved in their care, and what their preferred routines and daily activities were. People had given their signed consent to their care plans if they were able.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and independence was encouraged, family relationships and friendships were respected and promoted.
- Each care plan was written in a way which focussed on tasks the person could do, rather than what they could not. For example, 'I can go out on my own' and 'I like my own space'.
- The staff encouraged family to be involved in their relative's care and support. A family member we spoke with confirmed this. They said, "They always call and keep me updated."
- Confidential information was stored securely in the office.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- A personalised care plan was developed for each person with their involvement or with their family members involvement if appropriate.
- Care plans included people's individual preferences and interests, personal history, and staff understood these and gave people as much choice, control and independence as possible. One care plan stated, 'I like to choose where I go'; another said, 'My drawings are very important to me.' This person had paid employment which included selling their drawings and artwork. Another person was supported to attend Crafts every year, as this was something that was important to them.
- Family members told us they were involved in their relative's care plan, and they were written in a person-centred way. A family member said, "I have always been contacted when there have been reviews."
- Care plans were regularly reviewed and quickly updated following any changes in people's support needs.

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.

- The service actively encouraged and supported people to communicate in a style which was relevant for them, fully considering their equality needs.
- Communication information was in place for people, if needed, which described how they chose to communicate. For example, one person's care plan stated 'I can communicate using my cards, staff are to use these and I can make choices.' We saw the person had their cards in their home which had been adapted to suite their own lifestyle.

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's interests and chosen activities were encouraged and promoted by staff.
- The registered manager and staff team worked creatively to ensure shift patterns and call times reflected people's social lives and choices.

Improving care quality in response to complaints or concerns

- There was a complaints process in place which outlined response times and procedure.
- There had been one formal complaint which had been investigated. A relative told us they knew how to

complain should they need to.

End of life care and support

- End of life care was discussed sensitively and with care and compassion.
- Staff had received training in end of life care, however, there was no one currently receiving end of life support who used the service.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had a clear understanding of their role and responsibilities in line with regulatory requirement. They had implemented a new auditing system which scrutinised service provision and generated clear action plans for completion. Some of the actions had not been marked as complete, however, the registered manager rectified this during our inspection.
- Staff performance, learning and development was monitored through observations and regular contact with managers and senior staff with management responsibilities.
- The registered manager and staff understood their responsibilities to act in an open and transparent way by being open and honest with people when an incident occurred.

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

- The registered manager promoted a positive ethos and culture, which was centred around personalisation and positive risk taking..
- Family members were involved in planning their relative's care and support and people experienced good outcomes and support towards their chosen goals.
- Staff told us they enjoyed their roles and felt valued and supported. One staff member said, "It is a really good company to work for."

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 and provider understood their responsibility to inform people when care fell short or did not meet expected standards.
- Risks to people's health, safety and wellbeing was effectively managed.
- We checked records and found the provider had acted on the duty of candour regarding incidents and accidents. The local authority, CQC and families had been notified when needed.

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

- The service was open and inclusive and fully considered people's equality needs. People were encouraged to be part of the community and some people chose to volunteer and litter pick in their local area.
- People, family members and others were provided with opportunities to provide feedback about the

service through surveys, review meetings and regular discussions with managers and senior staff.

- Family members and staff felt involved and said there were good lines of communication. Their comments included, "I know I can always speak to [registered manager]."
- There was a positive approach to working in partnership with others including Clinical Commissioning Groups (CCG) and other health and social care professionals.

Continuous learning and improving care

- The registered manager had improved their approach to the MCA and quality assurance.