

## Galaxy Management Solutions

# 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

## Overall summary

The inspection took place on 4 and 5 February 2015 and was unannounced. At the last inspection on 14 July 2014 we found that the provider was meeting the requirements of the Regulations we inspected.

Morning Stars are a residential care home providing accommodation for up to 20 people with mental health needs. At the time of our inspection 19 people were living there.

The registered manager had resigned and a new manager had been appointed. 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 and associated Regulations about how the service is run.

Everyone who lived at the home told us they felt safe. Relatives and staff spoken with all said they felt people were kept safe. We saw that the provider had processes and systems in place to keep people safe and protected them from the risk of harm.

The provider had identified that improvements were needed with how they managed medicines and had taken some action to address these shortfalls.

# Summary of findings

We found that there were not always enough staff to meet people's identified needs. People did not have enough opportunities to take part in activities and hobbies they enjoyed. The provider ensured staff were recruited safely.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA), the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Acts protect the human rights of people by ensuring that if there are any restrictions on a person's freedom and liberty, they have been appropriately assessed. Some staff showed they had limited understanding of the MCA 2005 and DoLS legislation.

We saw that people were supported to have choices and received food and drink at regular times throughout the day. People spoke positively about the choice and quality of food available.

People were supported to access other health care professionals to ensure that their health care needs were met.

People told us the staff were very caring, friendly and treated them with kindness and respect. We saw staff were caring and helpful.

People were given the opportunity to maintain and promote their independent living skills.

The home was clean and well maintained so it provided a pleasant place for people to live.

People told us they were confident that if they had any concerns or complaints, they would be listened to and addressed quickly.

The provider had management systems to assess and monitor the quality of the service provided. This included gathering feedback from people who used the service, their relatives and health care professionals. However these were not always effective in identifying the concerns we noted during our inspection.

# Summary of findings

## 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.

People told us they felt safe. Procedures were in place to manage risks and this ensured people's safety.

There were not always sufficient numbers of staff to provide care and support to people.

Staffs were not always clear when people should receive their as required medicines.

Requires Improvement



### Is the service effective?

The service was not always effective.

Some staff had limited understanding of some legislation about peoples rights.

Arrangements were in place that ensured people received a healthy diet.

People were supported and had access to health care professionals.

Requires Improvement



### Is the service caring?

The service was caring.

People said staff were caring and kind to them.

Staff took the time to speak with people individually, encouraging them to make decisions about their care.

People said the staff maintained their dignity and independence.

Good



### Is the service responsive?

The service was not always responsive.

People had their care and support needs regularly reviewed.

People were not always supported to participate in group and individual activities that they liked.

The provider responded to complaints appropriately.

Requires Improvement



### Is the service well-led?

The service was not always well led.

People were happy with the quality of the service they received.

People said the manager and staff were accessible and friendly.

Requires Improvement



# Summary of findings

Quality assurance processes were in place to monitor the service so people received a good quality service but they were not effective in identifying all areas for improvement that we found.

# 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.

The inspection took place on 4 and 5 February 2015. Both days of our inspection were unannounced. The inspection team included one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we reviewed the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We requested information about the service from Birmingham Local Authority who are responsible for monitoring the quality and funding people's care at the home. We used the information to inform our inspection.

On the first day of our inspection we focused on speaking with people who lived in the home, staff and observing how people were cared for. We returned to the home to look in more detail at some areas and to look at records related to the running of the service.

We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how people were supported during their lunch and during individual tasks and activities.

Before our inspection we received concerns about the service, to include the cleanliness, staffing and the welfare of people and looked at these matters during the inspection. We met with ten people who lived at the home, four care staff, the deputy manager and Director, one relative and three health care professionals. We looked at safeguarding records, maintenance records, audits, complaints records, medication records and sampled four people's care records. Following our inspection we spoke with two relatives and a health care professional by telephone.

# Is the service safe?

## Our findings

All of the people we spoke with said that they would tell staff if they were worried about anything and felt safe living in the home. Some people told us of incidents where people living at the home had upset them and described how staff had responded to these situations to keep them safe. We saw records that confirmed that staff had acted to protect people from bullying or harassment. One person said, "It's a very safe place." Another person told us, "It is a safe place. We always tell the staff anything we might get worried about. All my things are safe." One person's relative said, "[Persons name] is safe at the home, I have no worries about them."

Staff had received training so they had the skills and knowledge to keep people safe. All staff spoken with knew the different types of abuse and how to recognise and respond to allegations. One member of staff said, "I have not seen anything that is abusive." Staff knew the different agencies that they could report concerns to should they feel the provider was not taking the appropriate action to keep people safe. However all staff were confident that the managers would report and respond to allegations of abuse appropriately.

The provider had followed safeguarding procedures where allegations had been made and had notified the Local authority and us.

People were involved in some decisions about their care and had some involvement in deciding and agreeing how risk would be managed. Staff spoken with knew the risk to people and the actions they needed to take to manage this risk. This was because the known risk to people had been assessed and they had the information they needed to minimise risk. In addition staff said that the managers kept them informed of changes to people's needs at the daily handover meeting. Records of accidents and incidents were maintained and analysed so that steps could be put in place to minimise the risk of a reoccurrence.

Staff knew what action to take in an emergency situation because they had received training. Staff gave us examples of how they would manage different incidents. Records showed that staff had completed fire safety training and first aid training. This showed that staff had some knowledge and skills to ensure people would be supported safely in an emergency situation.

One person told us, "Sometimes there are less staff. I can't always see staff, but they are around." Another person said, "There is not always enough staff." People told us and records confirmed that the staffing levels meant that they could not always do the things that they wanted to do. For example attend places of worship. The majority of staff spoke with said that people would benefit from more staff so that they could spend more time talking to people and involve them in more individual activities. We saw that staff were busy especially when people became anxious and upset. At times people were left without supervision in the lounges for periods of up to 10 minutes. The provider had their own bank staff to provide cover for sickness and annual leave so that the providers staffing levels were maintained.

All staff spoken with told us that employment checks were carried out before they started to work at the home. These included a police check and references so that the provider could assess their conduct in their previous employment to determine if they were suitable to work at the home.

Most people required staff support to take their medication. Some people were able to manage their own medication and systems were in place so that people were supported to do this safely.

We saw that medicines were given to people from the treatment room where they were stored securely in locked cabinets and a trolley. One person said, "We get out tablets on time." Another person said, "Staff remind you when your tablets are due and you go to the door."

We were told that only staff who had been trained administered medication. The provider had recently changed their pharmacist and system of medication administration. We looked at some people's Medicine Administration Records (MAR), to see whether their medicines were available to administer to people at the times prescribed by their doctor. We found that medicines were available to people as prescribed.

We saw some gaps in people's MAR records where medication had not been signed for as given but we could see that the medication had been given. This indicated that people had the medicine but it had not been signed as given. The providers own audits had identified these and other discrepancies. In response to these discrepancies we saw that the provider had arranged further training for staff with an external company.

## Is the service safe?

Some people required some medication on a 'when required' basis. We saw that protocols for 'as required' (PRN) where available but the information for staff was very brief. This meant that staff did not have the information they needed to know when to give people their medication. Staff we spoke with were unable to give a consistent account of when the PRN medication should be given. This meant that there was a risk that people may not always get their PRN medication in a timely way.

Before our inspection we received concerns that the home was not clean. We decided to look at the providers systems for maintaining cleanliness and infection prevention. One person told us, "It's clean enough here. I clean my bathroom, it was dirty, and they do help sometimes. They do room checks." Another person said, "It's clean and tidy here."

We saw that the communal areas of the home were clean and tidy. Three people showed us their rooms and these

were clean. Staff told us that depending on people's individual needs they either cleaned their rooms for them, or helped them to do it. Some people were able to undertake these tasks independently and staff prompted them to achieve this. We saw that there were cleaning schedules in place that ensured staff were aware of what their responsibilities were. Staff spoken with were aware of their responsibilities for cleaning the home and how to support people to maintain the cleanliness of their rooms. We were made aware that one person declined staff support and their room was unkempt. Staff had respected this person's decision but did not have guidance at what point they would need to intervene to keep the person safe. The home has appointed a member of staff to be responsible for the prevention of infection control and there were policies and procedures in place to inform staff what their role was and how they should carry this role out.

# Is the service effective?

## Our findings

People were complimentary about the staff and said they thought staff were knowledgeable and trained about people's needs. One person said, "They know me inside out."

All staff told us they had received training from the provider to support them in their role so that they were able to meet people's needs. A lot of training is delivered by watching a DVD. Some staff felt that a range of different training methods should be available to meet individual learning styles. One member of staff said, "[Provider] is strict with training; they make sure we do it." The provider had a training and development plan in place and a system to monitor when staff are due refresher training to maintain their skills. We saw that when a person became distressed and agitated staff had the skills to diffuse the situation in a calm and sensitive way.

A staff member told us, "We do have supervision every four weeks and I can ask for extra if I need to." Another staff member told us, "I feel well supported." New staff were required to complete an induction over an eight week period to ensure that they have the knowledge and skills to undertake the role.

The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions to consent or refuse care. Most staff told us they had undertaken MCA training. We saw that staff asked people for their consent before providing care. Where it was believed that people may lack capacity to make a decision an assessment had been completed.

Where people lacked the capacity to make an informed choice about their care an application had been made for a Deprivation of Liberty Safeguards (DoLS). DoLS requires providers to submit applications to a 'Supervisory Body' for permission to deprive someone of their liberty in order to keep them safe. The provider was waiting for the supervisory body to come and assess these applications. Some staff spoken with were unable to explain the principles of Deprivation of Liberty Safeguards (DoLS). Their limited understanding of DoLS showed us that staff may

not always recognise a situation that could be a restriction on people. We saw some restrictions in place that had not been considered as a deprivation of liberty. For example restricted access to all parts of the home.

Most people told us that they liked the food. One person said, "I never get hungry here. They do make nice food - you get a variety of things on the menu. They change the menu every day, and at teatime." Another person said, "[Staff name] knows what I like and dislike." One person said, "You don't get given anything that you don't like." Another person commented that the food was bland and they would like more spice. Some people told us that they had a fridge in their room so that they could keep their own snacks in there room and have the things that they liked.

Our lunchtime observations confirmed that people were given a choice of sandwiches. If they did not like the choice offered, chef proposed an alternative meal. We saw that people were offered second helpings. We saw that one person prepared their own meal. Where people required support staff provided one to one support and we saw that people were not rushed which enhanced their mealtime experience.

The chef confirmed that there was a four week rotational menu so that people had a varied diet. Chef was aware of which people required a special diet and we saw that people were offered food that was suitable to their needs. One person told us, "With my condition I have to go on a diet. I have to eat certain food. I eat plenty of fruit; have fruit juices and diet food, staff make sure I have this food." Some cultural appropriate food was provided but not on a daily basis. This showed that people's nutritional needs were met.

People told us that they could make themselves a drink when they wanted one. We saw people access the kitchen to make their own drinks. Where people needed more support we saw that staff offered people regular drinks so that that they remained hydrated. Most people told us that they were not allowed to drink coffee. Some people told us they liked coffee and would like some but had been told that they couldn't because of a medical condition. Staff spoken with confirmed that most people were not given coffee. We looked in some people's care plans and could not



## Is the service effective?

see any recorded reason why they could not have coffee. We spoke to the Director who assured us that she would clarify with staff that people were allowed coffee.

People's health care needs were met. People told us they were regularly visited by health care professionals. One person said, "Going to the doctor's, I go on my own, and I see my psychiatrist when they make the appointment. I go to the dentist every 6 months - my sister takes me." Another person said, "They would make any appointment for me if I was unwell."

One visiting health care professional told us that staff sought help with people's physical health needs. "They said, "They are quick to ask for advice and follow our

instructions." Another health care professional commented that they had monitored her client's physical health condition well, and the person was now stable." Another healthcare professional confirmed that staff were quick to seek advice when people's mental health declined. They said, "Staff work well with some complex and challenging people."

Staff confirmed that each person had an assessment of their care needs. We saw that care records were in place to support staff by providing them with clear guidance on what action they would need to take in order to meet the people's individual care needs.

# Is the service caring?

## Our findings

People who were able to tell us said that they were happy with their care and that staff were kind. People told us that they would talk to staff about the things that worried them. One person told us, "I think staff is very good." One person told us, "Yes, they're kind and thoughtful. They are kind. They're not horrible. We laugh together." Another person said, "They are kind to me. They do talk to me, and they let me know anything I ask about."

We observed staff spoke to people in a kind and caring way. We saw that staff responded when people spoke with them in a friendly and respectful way. We spent some time in communal areas and observed the care provided to people and their interactions with staff. We saw that staff were respectful and spoke with people kindly. We saw that staff knew people and were able to respond to them in a way that ensured people could understand.

People told us that staff assisted them when they needed it. They were given choices about what time they went to bed and got up, what they wore. One person said, "I go to bed late, and I can wake up as I feel like. When I get up and it's dark, I go back to bed." Most people said that they were listened to. One person said, "Last Saturday, the managers talked to me and bought me a bed as the other one wasn't suitable for me I sleep better now." Another person said, "They know what I like. They don't make you do anything." Where people were able to they went out independently and we saw several people go out independently on the day of the inspection to do activities they enjoyed.

Staff spoken with knew the people they cared for. Staff told us that information was available in people's care plans for them to refer to so that they had the information needed to meet people's needs in the way that they wanted. In addition they attended a daily handover where they were kept informed about how people were and of any changes to their care. Staff said that senior staff were always there to ask for guidance if they did not know about a person's care needs. This meant that staff had information to support people meet the needs of people living there.

People spoken with told us that staff respected their privacy. Each person had a single occupancy room so that they had their own private space. Rooms all had locks and where people were able they had a key to their room so that they could maintain their privacy. One person was pleased to show us the key to his room and tell us he locked his room so only he could go in there. People told us and we saw that staff knocked on people's doors and waited to be asked to enter before going into their room. A visiting healthcare professional confirmed that staff ensured that they had privacy to see their client so they could discuss their worries and anxieties.

People were supported to be as independent as possible. Staff supported people to clean their room and do their laundry. One person said, "Sometimes with some help I do my washing."

Some people were given a budget to buy their own food and cook it to enable them maintain their independent living skills. One person said, "I buy and cook my own food but staff help me if I need it." Another person said, "I clean my own room."

# Is the service responsive?

## Our findings

People were satisfied with how their needs were been met. One person told us, "I would talk to staff and ask them to do anything". Another person told us, "The staff know me well and are willing to help". We saw that staff responded promptly when people approached them and to the requests made by people.

Staffs were able to tell us about people's individual needs, interests and how they supported people. We saw this information had been set out in their care records and staff were aware of the person's preferences and knew how to respond to the person's needs. One staff member told us, "We take the time to get to know each person, so we know people well to meet their needs". One person told us, "Staff always try to give me what I have asked for."

People were supported to maintain the relationships that were important to them. A relative confirmed that there were no restrictions on visiting. Some people told us that they were supported to maintain personal relationships. We saw that staff did not engage with one person and they had become socially isolated and this had not been recognised by staff. The person spoke a minority community language, no staff spoke this persons first language. The provider had not secured an advocate from the person's community to find out their views of how they would want their care delivered.

People told us that they attended meetings to talk about what they wanted to do and plans for the home, such as redecoration. One person said, "We have service user meetings, and we agreed to buy new furniture - the directors are buying that for us." Records confirmed that these meetings took place and the topics discussed. However where people had made suggestions that about what they wanted to do, that these ideas were not consistently implemented, or people were not informed why they would be unable to implement their suggestion.

People told us they could take part in some activities if they wanted to. We saw that some people did some drawing, with staff encouragement. Most people spent their time in the lounge watching TV. We did not see any organised

activities. Where people were able to go out independently people felt that they had enough to do. Some people told us that sometimes outings were arranged, such as meals out or trips. However a number of people many of whom were unable to go out independently they told us they did not have enough to do. One person said, "I don't get much to do here." One said, "I can't remember the last day trip - it must have been Blackpool." Another person said, "You do get bored here." We looked at some people's records and these confirmed that most people had limited opportunities to take part in any activities. Where activities had taken place the majority of these were group activities. Staff told us and their records showed that one person said they liked to go to a place of worship. Records showed that in a six month period they had not been supported to their chosen place of worship.

Staff told us that there were not enough staff to enable them to spend quality time with people. One staff member told us, "Activities are done when staff are free; this is usually a weekly group activity." Another member of staff said, "There are not enough staff to take people out." The Director told us that she was aware that activities were an area that required improvement. They had recently appointed an activity coordinator and were waiting for the pre-employment checks to be completed. They said that when this person was in post the opportunities for people to take part in activities would improve.

People told us they knew how and who to complain to. One person told us, "If I was not happy I would talk to management. I have done and they did something about it." Another person told us, "I'd tell them if I had concerns. Not that there's anything I can remember." Staff spoken with told us how they would handle complaints and confirmed they would follow the complaints process. Staff told us that they were confident the manager would respond to people's complaints and concerns appropriately. We looked at the records of complaints. We saw that where complaints had been made these had been investigated and the complainant had received a formal response. Staff explained how they would respond if people made a complaint and this was in line with the providers complaints process.

# Is the service well-led?

## Our findings

People, staff and health care professionals were complimentary about the way the home was managed and the quality of the service. The registered manager had recently left the home after a number of years in post. The Director had recruited a new manager and was waiting for the pre-employment checks to be completed before the new manager started work. In the meantime they were spending more time in the home and had appointed a member of staff to act up to provide oversight of the home. The provider had notified us about events that they were required to by law.

Most people said they knew who the managers were and they could speak with them whenever they wished. One person told us, "I know them [managers]. Yes, I keep track with them. I'd go see the manager if I want to. It's a good atmosphere in the house." Another person told us, "I speak to the head staff. They ask if you're happy." One staff member told us, "If I have a concern or am worried about something I can always speak to the management and would be confident that they would act upon what I had said." Another staff member told us, "Managers are very flexible." Another member of staff said, "The managers and the Directors are approachable and caring." This showed that management were approachable and prepared to listen to concerns raised.

Staff all said they were very happy with their job and that the managers had a, "Hands on" approach. One staff member told us, "We can always contact a manager at any time, they will always help us." Staff commented that there was a good morale and good team work in the home. One member of staff said, "We work well together". Staff were clear about what their individual responsibilities were.

Some people told us they attended resident meetings. They also told us if they needed to discuss anything with the manager, they would not hesitate to speak to them and believed that their views would be acted upon.

The provider completes an annual survey. The last survey was conducted in November 2014 and 19 people using the service had responded. The feedback provided had been analysed and a report written identifying what action needed to be taken in response to the feedback. We saw that some of the identified actions had already been taken to improve the quality of the service. For example One person had been bought a larger bed to meet their needs. The feedback showed that the majority of people were very happy with the service and support they received.

The provider completed a quarterly report on the quality of the service. The reports following these visits were brief and at times repetitive. For example the provider spoke to the same people on each occasion. There was no formal action plan prepared in response to the issues identified although the Director assured us that actions were taken.

Regular internal audits were completed, for example of health and safety, care records, staff training and medicines. This ensured the provider had procedures to monitor the service. However the providers systems had not identified all of the areas for improvement that we identified in our inspection, to ensure the safety and wellbeing of people living at the home. For example, staff did not offer all people coffee, this had not been identified by the management team. One person was socially isolated and no steps had been taken to seek additional support for this person. The providers systems had not identified that MCA training had not been effective as not all staff were clear about the responsibilities under the MCA. We saw that where people became distressed records were made of the things that they were doing at the time. However, there had been no analysis of these records so that themes and trends could be identified and steps could be taken to minimise the likely hood of a reoccurrence.