

Postflux Limited

North Star Foundation

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 

Overall summary

We undertook an announced inspection on 20 and 21 April 2015. We gave the registered manager 48 hour's notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes and or the family home we needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care and support for people with learning disabilities who live in their own homes. At the time of our inspection 55 people received care and support services.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People who used the service were safe as the provider, registered manager and care staff had a clear understanding of the risk associated with people's needs as well as activities people chose to do. There were sufficient numbers of suitably qualified staff, who had a good understanding of protecting people from the risk of abuse and harm and their responsibilities to report suspected abuse. Medicines were administered by care staff that had received training to do this. The provider had procedures in place to check that people received their medicines as prescribed to effectively and safely meet their health needs.

Care staff had been recruited following appropriate checks on their suitability to support people in their homes and keep them safe. The provider had arrangements in place to make sure that there were sufficient care staff to provide support to people in their own homes and when going out in the community. People told us they received reliable care from a regular team of staff who understood their likes, dislikes and preferences for care and support.

People told us they were supported by staff to make their own choices and decisions about their care and support. We saw people were actively involved in how their care was planned and their needs met. Staff understood they could only care for and support people who consented to being cared for and knew when people were unable to consent best interest meetings were held so that decisions were made by those who knew people well and had the authority to do this.

People told us that they were happy with the way in which care staff supported them with cooking their meals, learning about different foods to keep them healthy and in accessing health and social care services when they needed them.

People who used the service, their relatives and a social work professional described the care people received as meeting people's needs in a positive way. Staff were caring and showed a genuine warmth and commitment to the people they supported. People felt they mattered to staff and were involved in every aspect of their lives. Where communication and people being supported to lead independent lives could have been a barrier for people the provider and the registered manager led by example to find ways to ensure people could lead fulfilled lives and communicate in a way that suited them.

People's needs were assessed and staff understood these needs and responded appropriately when people's needs changed. People's interests and preferences were documented and they were encouraged to pursue social events and areas of interests. Social inclusion was an important priority for people and the staff who supported them.

People were encouraged to share their opinions about the quality of the service through telephone conversations, visits with the management team and regular satisfaction questionnaires.

The provider and the registered manager had a clear vision for the service that was shared by the staff team. This vision was about complete inclusion and involvement of people and care staff in shaping their lives and the service. This vision was being embedded within staff practices and evidenced through the conversations we had with people and their family members.

Leadership of the service at all levels was open and transparent and supported a positive culture committed to supporting and enabling people with learning disabilities.

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?

People said they felt safe with the care staff who supported them, and care staff knew how to keep people safe in their own home and when out in the community.

People were confident that care staff knew and managed risks to their wellbeing and safety.

People said that they received reliable care from a regular team of care staff and they were allocated enough time to meet their needs and support people with their social interests.

People were happy with how staff supported them with their medicines.

Good



Is the service effective?

The service was effective.

People were supported by staff who were well trained and supported. Care staff received appropriate supervision and training.

Care staff had a good understanding of their responsibilities when people did not have the capacity to make decisions; the correct process was followed to ensure decisions were in people's best interests.

People said care staff supported them to access different health professional's as needed and we saw care staff supported people to attend healthcare appointments routinely or when their needs changed.

Good



Is the service caring?

The service was caring.

People said they liked the care staff who supported them and they were kind to them. Care staff showed that they respected people's human rights when providing support to people.

People were involved in their care planning and were informed about the service and options available to them.

People benefited from a culture that held maintaining, improving and enabling people's independence as a key feature of the service.

Good



Is the service responsive?

The service was responsive.

People told us care staff responded to their needs and the service they received was responsive. We saw care staff identified people's changing needs and involved other professionals where required.

People knew who to talk to if they had any concerns and felt there would be a quick and positive response.

People were supported to regularly access fun and interesting things to meet people's choices of how they wished to spend their time and also plan events such as holidays.

Good



Summary of findings

Is the service well-led?

The service was well led.

People said that they liked the provider and the registered manager and felt able to approach them to resolve any issues. We saw there was genuine warmth between people and the registered manager.

Care staff felt supported and motivated by the management team, which encouraged them to provide a good quality service.

The leadership throughout the service created a culture of openness and wanting to hear from people about how they found their care and support that made people feel included and well supported.

Good



North Star Foundation

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 was an announced inspection which took place on 20 and 21 April 2015 by two inspectors. The provider was given 48 hour's notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or

injuries to people receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

We asked the local authority if they had any information to share with us about the services provided at the agency. The local authority are responsible for monitoring the quality and funding for people who use the service.

We spoke with four people who used the service, three care staff, the provider and the registered manager. We also spoke with three family member's and a social work professional by telephone.

We looked at the care records for four people including medicine records, three staff recruitment files, training records and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe when they received support from care staff who they knew and liked. They all said they could go to the registered manager if they had a problem. One family member said, "I want [my relative] to be safe and happy. I am sure I would sense it if [my relative] was not."

Care staff we spoke with had a good understanding of the types of abuse people could be at risk from. They were clear about the steps they would take if they had any concerns. Care staff told us they were confident to report any concerns with people's safety or welfare to the provider or the registered manager. A member of care staff told us, "If I had any concerns, I would report them to the office. [Registered manager's name] would take me seriously and take action."

The registered manager had a clear understanding of their responsibilities to identify and report potential abuse under local safeguarding procedures. For example, we saw when people were at risk due to care staff practices the provider and registered manager had notified the local authority and us so that people were protected from harm. The training information for all care staff working for the service showed that safeguarding formed part of their required and on-going training.

People spoken with said that care staff discussed all aspects of their care with them including any identified risks to their safety and welfare such as the risks crossing the road and when cooking their meals. Care staff provided examples of how they managed risks to people's health and welfare in a way which supported people's freedom and enabled them to maintain control over their lives. For example, the risks to one person were identified which enabled alternative equipment to be considered. This supported the person in pursuing their interests safely.

Care staff told us how they supported people's behaviour which challenged. A member of care staff explained to us it was important to take note of a person's facial expressions and gestures they made as these could provide early signs to confirm the person's unhappiness and or anxiety. Care staff told us they did not use any physical interventions with people but would distract people. For example, talking with people about their interests to support people in

feeling reassured and keep people safe. Our discussions with care staff showed they had a good understanding of the risks to people's health and well being and how risks were reduced which reflected people's risk assessments.

People who used the service told us they received care and support to access the community and be supported safely within their homes by care staff who they knew. People told us this was important to them as it meant care staff were familiar with their routines. This was echoed by a family member who said, "Worked together with staff, in partnership to have continuity of care in [person's name] own home with regular people coming into [person's name] life." Family member's who we spoke with told us that care staff's availability and reliability was good. Care staff we spoke with said they worked in small teams which ensured continuity of care for people they supported. Care staff also told us their schedules allowed for them to spend the full allocation of time with each person they supported. The staff rotas the provider showed us confirmed this was the case. The provider and the registered manager told us there was a system in place that was

responsive to people's needs. They said staffing levels were based upon the assessment of people's needs a making sure they had enough staff, and who would be available at the times people needed care and support.

We saw the provider's records of the checks they made to ensure care staff were suitable to deliver care and support before they started working at the service. Staff told us they had completed an application form and were interviewed before they commenced their employment. The provider checked with care staff's previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The care staff records we looked at showed the results of these checks which helped the provider to make sure that suitable people were employed so that people were not placed at risk through their recruitment practices.

Some people we spoke with told us they needed support from care staff when taking their medicines. One person told us, "It's good they (care staff) tell me if I need to take any tablets as it helps me." We saw people's support plan guided care workers in supporting people with their medicines. This included medicines which some people needed at certain times to meet their mental and emotional needs so that staff understood the circumstances about when to give these medicines. Care

Is the service safe?

staff told us they had been given training to support people in taking their medicines, which included an examination to ensure they were competent. They were able to explain the procedure they would follow to make sure there were

no mistakes and people had been supported with their medicines correctly. We saw medicines were checked weekly and any problems reported to the team leaders and the registered manager.

Is the service effective?

Our findings

People we spoke with felt the service was effective, as care staff knew how to meet their needs. One person told us, “My support workers are brilliant, they understand me.” One family member said, “The staff are very good at what they do, very professional”. A social work professional told us staff had a good induction period with people and were well trained, and knew people’s needs really well.

All new care workers received an induction prior to working independently with people. This included specific training around meeting people’s individual needs as well as shadowing more experienced colleagues. Care workers told us they felt prepared when they had begun working on their own. They told us the quality of the training they received equipped them for their role. A care staff member told us, “Training topics covered everything we need to do our role with service users to enable them to have a fulfilling life as possible.”

Care workers also confirmed they had additional training and felt competent to carry out support to people with complex needs. A care staff member described to us how they would support a person who had epilepsy to ensure their needs were met and they were safe at times when they had seizures. We also heard from care staff how they had received training in how to use people’s preferred method of communication which enabled care staff to communicate effectively with people. For example care staff said they used gestures or signs. We saw the provider’s records reminded them when care staff were due to attend refresher training so that their skills and knowledge continued to be updated so that people received consistent effective care and support.

Care staff told us they felt supported and were encouraged to improve their skills and to consider their professional development at one to one and group meetings. Care staff told us the provider and registered manager were approachable and they were comfortable talking with them at any time. A care staff member told us, “We are always welcome to come into the office for a chat and tea and to see other staff.”

People told us they were asked before receiving support to ensure they consented. One person told us, “They are very good like that, they respect my decision.” Care staff we spoke with were also clear they would not assume

something was acceptable to do without asking a person first. A care staff member told us, “I wouldn’t dream of doing something to someone without asking first.” We observed a number of occasions where care staff and the registered manager sought people’s consent before offering support to people while they spoke with us.

Care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and had received training in this area. The MCA provides a legal framework to assess people’s capacity to make certain decisions, at a certain time. Care staff told us if people did not have the capacity to make choices and decisions they would be supported through a best interest meeting which would involve family members and other professionals as required.

The registered manager had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service or to deprive them of their liberty. Care staff we spoke with were aware of what this law was and how it may apply to people they supported to ensure people’s liberties were not restricted unlawfully by the care and support they received.

People were encouraged to be involved with shopping for their meals, meal planning and cooking and staff offered different levels of support according to people’s needs. Some people we spoke with told us care staff supported them with their meals. One person said, “I’m very happy that they (care staff) know what I like to eat.” Another person told us, “I have help with my cooking, I am gaining cooking skills.” Care staff we spoke with confirmed that they were aware of people’s needs in relation to eating and drinking enough and knew how to report concerns back to the team leaders and registered manager. Care staff also confirmed that they were clear about what was expected of them because the care records gave them detailed instructions about people’s routines for meals and where they needed support. For example, where a person had been identified at risk of possible choking, a detailed care plan had involved the speech and language therapist. This provided care staff with access to records where specialist advice was detailed to enable them to effectively meet people’s needs.

People were supported to stay healthy and well. Everyone receiving care and support had a health action plan in place. These plans reflected people’s on-going health needs and provided staff with guidance on how to support people and recognise any deterioration in their health.

Is the service effective?

Records showed referrals to dentists, psychologists, and speech and language therapists had been made for

specialist advice. One person said, “If I am not well staff help me to sort it out and make an appointment to see someone.” This showed that people had received appropriate healthcare support.

Is the service caring?

Our findings

People were positive about their relationships with the care staff who helped and supported them in their everyday lives. One person said, “We have good support” and “They have been the most helpful and caring agency I have ever had.” Another person told us, “I am happy” and “[Staff name] is fantastic, I like her.” Family members of people who used the service told us the registered manager and care staff were particularly caring in their approach. A family member said, “They are brilliant, really committed and genuine people, they not only do their job but make [my relative] very happy.”

The registered manager and care staff showed they cared about people who used the service as we saw they made every effort to respect people’s choices and listened to what mattered to people. An example which illustrated this was people were enabled to come into the office with the support as they wanted to share their own experiences of the care and support they received. Some people chose to have their care staff with them when they spoke with us and we observed a genuine warmth between care staff and the people they supported.

People told us they had support from the same care staff who were part of their support team. A family member confirmed their relative received support from the same team of care staff who understood their history and their preferences. Another family member told us care staff always knocked on the door and checked with people before they entered people’s personal spaces. During our conversation staff were able to describe people’s likes and preference and these indicated that they knew people well and understood people’s individual communication abilities. For example, when people found it hard to explain a point they were making staff gently helped them. This was done in a respectful way and the person responded positively to this support

The management team were fully committed to finding innovative ways to ensure people who used the service were at the centre of the support they received. The management team and care staff showed us they strived to support people to express their views so that they could understand things from the perspectives of people who

used the service. For example, a person who used the service spoke about how they interviewed potential new care staff and used their own questions which they had devised. This person also shared with us how they met with the registered manager to review the statement of purpose and guide which informed people who were considering using the service what they could be supported with.

The registered manager and care staff showed they had a caring approach when they spoke about the people they supported. They showed an interest in people and their individual likes and dislikes. Care staff demonstrated the importance of spending time with people to get to know the person. They described how they supported people with their own individual lifestyles which included assisting people to remain as independent as possible. For example, one person told us they were being supported by care staff to develop their skills around cooking meals.

The care staff we spoke with had a good appreciation of people’s human rights including treating people as individuals and supporting people to have freedom of choice in all aspects of their life as much as possible. How much people could do for themselves was assessed as part of the planning of their care and support. We saw support plans had been developed using pictures, photographs and key words to support people’s understanding of the information. The plans provided a story about each person and were written from their perspective. People’s plans also identified new things for people to try and outcomes for people to aim for, supporting people to develop their skills and independence. One person told us, “They have helped me a lot to improve a lot of skills and help us around the community to make sure keep to a good budget if we did not have them working well with us we would be stuck in our life.” Care staff we spoke with reinforced this approach and a social work professional also confirmed that people were encouraged to lead independent lives.

People we spoke with knew about their care and support plans and records. We saw records were signed by people they belonged to where possible and one person photocopied one of their plans to take home with them. This showed people were given ownership of their plans.

Is the service responsive?

Our findings

People told us they received care and support from care staff who understood their individual needs. One person told us, “We have good support from them (care staff).” Another person said, “They (care staff) are helpful” and “Support me well.” A family member told us, “As far as we are concerned [my relative] is happy and well with the support provided. They (care staff) put themselves out.” A social work professional told us they felt staff understood people’s needs and provided appropriate support in response to people’s needs.

Although care staff we spoke with had a good understanding of people’s preferences, routine's and support needs people still had choice and control over the care and support they received on a daily basis. For example, people told us they were supported and enabled to manage and have fun and interesting things to do. We saw people made decisions about when and where they went in the community to follow their individual hobbies, interests, work and learning opportunities. The provider also had a ‘training flat’ where care staff supported people to increase their daily living skills and independence. This showed the provider worked flexibly with people and their family member’s to provide the care and support they wanted. There was a detailed assessment of people’s needs which formed their support plan. This included people’s preferences and routines which had been compiled in conjunction with the person and their family.

We saw when people needed care and treatment from other professional's the management team and care staff supported the person with any advice and actions they needed to implement in their daily lives. For example, where people’s physical abilities had deteriorated and

physiotherapists had been involved . This supported our observations that the service was responsive to people’s needs. The wellbeing of each person was documented in daily records. These recorded the person's activities, support with people’s behaviours and communication and provided an overall picture of the person's wellbeing. .

We saw people were asked to share their views and feedback about the quality of the care and support they received through satisfaction questionnaires. These had been analysed and action taken to improve people’s experience of the service.

All the people we spoke with told us if they wanted to raise complaints they knew who to speak with. There were arrangements for recording complaints and any actions taken. We saw where complaints had been made they had been responded to. We also saw people were happy and felt comfortable to share any issues they had with the registered manager during everyday conversations. For example, one person spoke about how they did not particularly like changes to their rota. The registered manager showed they listened to them and took action to ensure this is minimised as much as possible within the constraints of staff’s availability.

The complaints procedure could be accessed in different formats suitable to people’s specific needs. to aid people’s understanding. Some people who used the service may need support to be able to make a complaint but staff told us how they would support people. If people were unhappy about something their relative may have to complain on their behalf. People’s care plans contained information about how they would communicate if they were unhappy about something. Staff told us they would observe people's body language or behaviour to know they were unhappy.

Is the service well-led?

Our findings

People who used the service and family members told us they liked the registered manager who was approachable and available if they needed to speak with him. They also told us that they were happy with the reliability of care staff. One person told us, “I am happy with my support, it is good.” A family member said, “In my opinion it is well led as the staff that care for [my relative] understand people with learning disabilities.”

There was a clear management structure and out of hours on call system to support people and staff on a daily basis. People told us that they had good communication with the registered manager who they had direct contact with on a daily basis. They said the registered manager was always responsive to their views. Family members told us they could contact the registered manager at any time which enabled them to communicate with him by telephone or visits to discuss any issues.

The provider and registered manager listened to what people felt about the service they received in their homes and what they thought could be better. For example, we saw and heard from people that they had individual meetings with the care staff and the registered manager where they were asked to share their views about the quality of the support provided. One person told us how they actively helped the management team, “To keep it (the service) running well, it’s to help people with learning disabilities” and “To make sure we have good support.” We heard about examples where people interviewed potential new care staff and helped to review information about the services provided. These practices showed people were provided with opportunities of influencing how the services were shaped and delivered.

We saw that the provider and the registered manager continually monitored the daily running of the service. Care staff confirmed that the registered manager expected them to report back on any issues so that steps could be taken to support people in their homes, for example calling the doctor if people’s health deteriorated. We saw from records that the performance of care staff was continually monitored through checks on the care and support people received and feedback from satisfaction questionnaires. All the care staff we spoke with were happy in the jobs and felt supported on a day to day basis with issues identified. A

care staff member told us, “The manager is fantastic you can get advice and support from him at any time and he listens.” Another member of care staff said, “I really enjoy this job, Probably the best job I have had.”

Care staff we spoke with felt the service was well led and they felt involved in the running of the service. A care staff member told us, “I am actually quite proud to work here. Be part of an organisation that enables people to be as good as they can be.” Another member of care staff told us, ““Person centred care is what the service is good at.” We also saw group meetings were held with the staff teams who were encouraged to think about how the care and support provided to people could be improved for each person. This was to ensure the staff teams could have ownership in the areas of the service that were important to people but also to develop their awareness of the overall service.

The provider monitored and took action to ensure that people’s support kept them safe and well. People’s welfare, safety and quality of life were looked at through regular checks of how people’s support was provided, recorded and updated. For example, checks were undertaken on medicines and people’s home environment risks, were also evident so that the registered manager had a clear overview of activity in people’s homes. Planned visit times were synchronised and checked against the records which care staff signed to confirm the times and day’s care staff supported people in the homes and community. This enabled people to be assured they received consistent care and support in line with the service agreements.

There was a culture of care staff reporting incidents and concerns, ensuring the provider could identify and respond to risks to the safety and welfare of both people and care staff. Where there had been incidents we found that learning had taken place and actions taken to reduce the risk of similar happenings. We looked at the actions that had been taken in response to a medicine error. The incident had been investigated and an action plan put in place that addressed issues of training and support for the care staff involved.

We spoke with the registered manager about their vision for the service. He spoke about complete inclusion with people knowing their rights and the service being flexible enough to enable and support people to be as independent as they could be. This vision was shared by the staff we spoke with and was also supported by our

Is the service well-led?

observations and what people were telling us. Each conversation with a person was being used as a means of shaping their support plan or improving the service so that people were put at the heart of the services they received in the community and in their homes.