Royal Mencap Society

Shining Star

Inspection report

562 Green Lanes
Goodmayes
Ilford
Essex.
IG3 9LW
Tel: 020 8590 4235
Website: www.mencap.org.uk

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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?	Requires Improvement

Overall summary

This unannounced inspection took place on 22 December 2014. We returned to the service on 21 January 2015 to review additional records and documents. This is a summary of what we found.

Shining Star is a 4 bed service providing support and accommodation to people with a learning disability. It is a large house in a residential area close to public transport and other services. The house does not have any special adaptations. A ground floor bathroom and shower are available which can meet the needs of a person with limited mobility. People lived in a clean, safe environment that was suitable for their needs.

The service had a manager in post and she had applied to be the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

People were safe at the service. They were supported by kind, caring staff who treated them with respect.

The staff team worked closely with other professionals to ensure that people were supported to receive the healthcare that they needed.

Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Deprivation of Liberty Safeguards is where a person can be deprived of their liberties where it is deemed to be in their best interests or for their own safety. Staff were aware that on occasions this was necessary. We saw that there was a DoLS in place for one person to keep them safe.

People chose what they wanted to eat and drink They were supported to eat and drink enough to meet their needs.

Staff received the support and training they needed to provide a safe and appropriate service that met people's needs.

Systems were in place to respond to any concerns or issues that affected people who used the service.

Although the provider monitored the quality of the service this had not been robust in the six months prior to the new manager being in post. However, the new manager was working with the staff team to ensure that the necessary checks and audits were carried out and that any outstanding actions were identified and addressed.

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 safe. Risks were identified and systems put in place to minimise risk and to ensure that people were supported as safely as possible.

There were enough staff available to support people safely.

Systems were in place to support people to receive their medicines appropriately and safely.

Good

Is the service effective?
The service was effective. People were supported by staff who had the necessary skills and knowledge to meet their needs.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

We saw that people were supported to choose what they wanted to eat and to eat and drink enough to meet the needs.

Good

Is the service caring?
The service was caring. People were treated with dignity and respect.

People received care and support from staff who knew their needs, likes and preferences.

Staff took time to explain to people what was happening.

Good

Is the service responsive?
The service was responsive. Staff had current information about people's needs and how best to meet these.

People were encouraged to make choices and to have as much control as

possible about what they did. Their healthcare needs were identified and responded to.

Systems were in place to respond to any concerns or issues that affected people who used the service.

Good

Is the service well-led?
The service was not always well led. Although the provider monitored the quality of the service this had not been robust in the six months prior to the new manager being in post.

Requires Improvement

Summary of findings

However, the new manager had a lot of experience of working with people with autism and was using this knowledge to support the staff team in working with the people who used the service. She was producing an up-to-date action plan and working with staff and other professionals to further develop the service provided.

Shining Star

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 checked 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 22 December 2014 and was unannounced. It was carried out by one inspector. The inspector visited the service again on 21 January to review additional records and documents.

At the last inspection on 14 October 2013 we found the service met the regulations we inspected.

Before our inspection we reviewed the information we held about the home. This included notifications of incidents that the provider had sent us since the last inspection.

Due to the degree of their learning disability people who used the service were unable to give us feedback. During our inspection we spent time with them and observed the care and support provided. We spoke with two members of staff and the manager. We looked at three people's care records and other records relating to the management of the home. This included two sets of recruitment records, duty rosters, accident and incident records, complaints, health and safety and maintenance records, quality monitoring records and medicine records.

After the inspection we received feedback from a relative, a care manager and a commissioning officer.

Is the service safe?

Our findings

Care provided was safe. A care manager told us that they felt that the service was safe both in terms of the care and support provided and the environment.

We looked at the medicines records for all four of the people who used the service. We also looked at how medicines were stored, stock levels, medicines administration and medicines monitoring. Medicines were ordered, stored and administered by staff who had received medicines training and had been assessed as competent to do this by the manager. Staff competency was assessed and monitored by the manager to ensure that medicines were being administered safely and appropriately. One member of staff told us that the medicines training had been comprehensive and had included practical examples of how to administer different medicines including creams. They confirmed that they had been observed and monitored by the manager before they started to administer medicines. The manager also carried out monthly medicines audits. This meant that there were systems in place to check that people received their prescribed medicines safely and appropriately.

Medicines were securely and safely stored in appropriate metal cabinets in each person's room. Stock medication was appropriately stored in the office. Keys for medicines cupboards were kept securely in the office to ensure that unauthorised people did not have access to medicines.

We saw that the medicines administration records (MAR) included the name of the person receiving the medicine, the type of medicine and dosage, the date and time of administration and the signature of the staff administering it. We saw that the MAR had been appropriately completed and were up to date. We checked the stock levels of medicines for three people against the medicines records and found these agreed. Therefore people had received their prescribed medicines.

We saw that people were treated with respect and dignity and that they were encouraged to be as independent as possible. For example, people went with staff to get the shopping and when they returned helped to unpack and put food away.

The provider had a comprehensive safeguarding policy which contained all the relevant contact details for reporting a safeguarding incident. They were aware of the procedures in place for reporting any incidents. Staff told us and records confirmed that they had received safeguarding training and were clear about their responsibility to ensure that people were safe. They felt that any concerns would be listened to and dealt with quickly. The manager told us that there was specific safeguarding training for managers to ensure that they were clear on their role. She was booked to do this training but said that in the interim she could get advice and support from her line manager if needed. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider had a safe recruitment and selection process in place to ensure that staff were suitable to work with vulnerable adults. This included prospective staff completing an application form and attending an interview. We looked at the files of two more recently recruited members of staff. We found that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with vulnerable adults. A member of staff confirmed that they had a telephone and face-to-face interview and had not started work until the necessary checks had been obtained.

Providers of health and social care have to inform us of important events which take place in their service. Our records showed that the provider had told us about such events and had taken appropriate action to ensure that people were safe.

People who used the service were protected from risks. Their care plans covered areas where a potential risk might occur and how to manage it. Risk assessments were up to date and were relevant to each person's individual needs. Environmental risk assessments were also in place and the provider had appropriate systems in the event of an emergency. For example, a fire risk assessment had been completed and fire alarms were tested weekly. Staff confirmed that they had received fire safety and first aid training and were aware of the procedure to follow in an emergency. We found that risks were identified and systems put in place to minimise risk and to ensure that people were supported as safely as possible.

Is the service safe?

From our observations at the time of the visit we found that staffing levels were sufficient to meet people's needs. The staffing levels reflected the needs of the people who used the service and were sufficient to support them to do activities of their choice. For example, in one person's file we saw that this included going to church, to a club, going shopping and visiting the pub.

People were cared for in a safe, clean environment. None of the people who used the service required any specialised equipment. Records showed that other equipment such as fire safety equipment was available, was serviced and checked in line with the manufacturer's guidance to ensure that they were safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and safe to use.

Is the service effective?

Our findings

Care provided was effective. A care manager told us that they thought people's needs were effectively met. We observed that people seemed relaxed and comfortable in their home and in the company of the staff.

People were supported by a small consistent staff team who knew them well and were able to tell us about individual needs and preferences. Staff told us that they received the training they needed to support people. One member of staff told us that they had received a thorough induction that had given them the right knowledge to support people. The induction had included training and six weeks of shadowing an experienced member of staff. Another member of staff told us that at 'shape your future' meetings with their manager they looked at 'where you were' and where you needed to improve. We saw that staff had received a variety of training including safeguarding vulnerable adults, moving and handling, fire safety, food hygiene and health and safety. The manager had only been in post since the September 2014 and after her own induction had reviewed staff training needs. She had found that some training was not as up-to-date as it should be and had arranged training to ensure that this was addressed. In addition she had booked specialised training to give staff more knowledge about one person's specific diagnosis. People were cared for by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service.

The manager told us and records confirmed that staff had not received supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service) during the six months before she came into post. She had spoken to people informally on a one-to-one basis and had arranged supervision sessions for January 2015. Staff told us that the manager was supportive. Systems were in place to share information with staff including staff meetings and handovers. Therefore people were cared for by staff who received support and guidance to enable them to meet their assessed needs.

Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training and were aware of people's rights to make decisions about their lives. The MCA is legislation to protect people who are unable to make decisions for themselves and DoLS is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety. The manager was aware of how to obtain a best interests decision or when to make a referral to the supervisory body to obtain a DoLS. At the time of the visit one person had DoLS in place. This had been reviewed by the supervisory body and it had been agreed that it was in the person's best interests for this to remain in place. Therefore systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

We found that people were supported to maintain good health and had access to healthcare services. People saw professionals such as GPs, dentists, social workers and psychiatrists as and when needed. A care manager told us that staff were "on board" with medical issues. They had identified a concern about a person's health and highlighted this to the relevant healthcare professional.

Care plans were reviewed monthly with each individual person and included information about their physical and emotional needs. The care plans we looked at were up to date, detailed and gave a clear picture of what was needed and how this was to be provided by the staff who cared for them. Therefore staff had the necessary information to enable them to provide effective support to people in line with their needs and wishes.

People were provided with a choice of suitable, nutritious food and drink. They chose what they wanted to eat at a weekly meeting and there was a folder of pictures of different meals to help them to do this. Each person had their own cupboard in the kitchen and their individual preferences were stored in these. Staff told us that people chose what they wanted for breakfast and lunch from their own cupboard but usually ate together in the evenings. At lunchtime we saw that people ate when they wanted to and that they chose different things. People were supported to be able to eat and drink sufficient amounts to meet their needs.

We saw that Shining Star was a large house in a residential area. There were not any environmental adaptations as people did not require this but there was a ground floor bedroom with shower facilities that could be used by a person who was less mobile. Therefore the environment met the needs of people who used the service. The house was clean and comfortable but some areas were in need of redecoration and refurbishment. However the manager

Is the service effective?

was aware of this and had requested that the kitchen be refurbished and was obtaining quotes for redecoration. When we visited on the second occasion we found that new windows and doors had been fitted throughout the building. Suitable arrangements were in place to ensure that people lived in an appropriately maintained and decorated house that met their needs.

Is the service caring?

Our findings

The service was caring. Throughout the inspection we saw staff speaking to people in a polite and professional manner. People were treated with dignity and staff spent time talking to them and discussing what they wanted to do. There were positive interactions between the staff and people who used the service. We saw that staff knew people well and were patient and considerate. They took time to explain things so that people knew what was happening. A member of staff told us that they talked to people respectfully and did not "belittle them".

The staff we spoke with told us about people's individual needs, likes, dislikes and interests. They knew people's individuals patterns and routines and therefore were able to identify if a person was unhappy or unwell. One person had recently been bereaved and staff had used pictures to help to explain what had happened. They then supported the person to attend the funeral. A member of staff told us that each person had their own individual communication style and signs and that that it was important to let them know what was happening or about to happen.

People were encouraged to be as independent as possible and to participate in the day-to-day running of the service. For example, we saw that people had been food shopping with staff and on their return helped to put the shopping away. Care plans included information about how to promote people's independence. For example, making a cup of tea. They were also consulted, as far as possible, about what they did and what happened in the service. Staff used pictures to assist people to express an opinion and also observed people's reactions to gauge if they wanted to do something or not.

Is the service responsive?

Our findings

The service provided was responsive. People's care plans were personalised, comprehensive and contained assessments of their needs and risks and their life history. They covered all aspects of emotional and physical health and described the individual support people required to meet their needs. They contained sufficient information to enable staff to provide personalised care and support and to minimise any risks that had been identified. People who used the service were involved in developing and reviewing their care plans in as far as they were able. We found that care plans were updated when needed. People met with their keyworker each month to review what they had done and any health or other issues. We saw that notes of these meeting were recorded and included photographs to help people to understand and make choices. One member of staff told us that as well as getting information at shift handover they read daily reports and the diary to ensure that they were aware of any change of need and were then able to respond appropriately. This meant that staff had current information about people's needs and how best to meet these.

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported. We saw that they chose what and when to eat and where they spent their time. A member of staff told us, "People go out a lot and do what they want to do. They can lie in if they want to or get up early. They go to bed when they are ready."

People chose what they wanted to do each day and were supported to do activities and trips that they liked. For example, one person went to church, to a club, to the pub and shopping. Another liked horse-riding. Staff took note of people's responses to activities they supported and discussed this with day service providers. As a result of this the staff had suggested that one person might be happier with one-to-one support to do activities specific to them rather than going to a day service provider. This had been discussed with the care manager, day service provider and the person's relative and plans were in place to make the necessary changes.

People were encouraged to maintain relationships with their friends and family. One person visited their family regularly and another was supported to maintain contact with their family who lived overseas. Each year when the family visited England staff supported the person to spend time with them.

The service was responsive to people's healthcare needs and people were supported to attend appointments and check-ups. A member of staff explained how, slowly and over a long time, they had worked with one person to enable them to have treatment from a chiropodist. This was by preparing them for what would happen and breaking it down in a way that the person was comfortable with. In the early stages this was by having their finger nails cut and then building up one toe nail at a time. Staff had noticed that one person was losing weight even though they were eating well and this was being followed up with the relevant healthcare professionals. People's healthcare needs were therefore identified and responded to in a timely manner.

The service's complaints procedure was displayed on a notice board in a communal area but due to the degree of their learning disability people were unable raise a concern. However, we saw that when a relative had raised some concerns these had been addressed immediately by the manager and a response sent. A care manager told us that when some issues arose recently the manager and staff team had responded by reviewing practices and working with other services involved to ensure that the same thing did not happen again. Systems were in place to respond to any concerns or issues that affected people who used the service.

Is the service well-led?

Our findings

The service was not always well led. The manager had only been in post since September 2014 and had completed her induction in October 2014. She was in the process of being registered with CQC.

During the six months the manager was being recruited two interim managers covered the service. The first was fulltime and the second covered for two or three days each week in addition to managing their own service. We found that during this period staff had not received individual supervision and training had not been adequately monitored to ensure this was up to date.

Spot checks (unannounced out-of-hours visits) formed part of the provider's quality assurance process. We found that spot checks were carried out during the interim period and required actions identified. However, there was no record that the actions had been addressed. We raised this with the area operations manager and were told that the issues were dealt with at the time, and the appropriate communication/directive given to the team. The area manager added that this was not reflected on the service improvement plan as they were dealt with more informally. We looked at four spot check records and found that there was no record of action taken and that the same issues had been identified during two consecutive checks. Improvements were needed to ensure that any issues identified as part of the quality assurance processes were addressed in a timely way to ensure that people were receiving a service that met their needs.

The provider also sought feedback from people who used the service and stakeholders (relatives and other professionals) by annual quality assurance surveys. The area manager told us that they had not received any returned stakeholder surveys for the service. However there was a service 'continuous improvement plan' in place and the new manager had actioned some points on this. She had also identified areas that needed to be improved, for example supervision and the environment, and was putting a new plan together.

We saw that there was a computerised monitoring system to check on different aspects of the service provided and that this was monitored by the manager and area manager. This included accidents and incidents, the environment, health checks and finances. In addition the manager informally monitored the service through observations, discussions with staff and contact with people who used the service and their relatives.

We saw that when a relative had raised some concerns the manager looked into these and clarified some points and introduced improvements for others. A care manager told us that under the new manager the leadership was much better and clearer. They had confidence in the manager and were not concerned about the service.

The manager had a lot of experience of working with people with autism and was using this knowledge to develop and improve the service. She had arranged training to assist staff to support the specific complex needs of one person. Staff told us that they were looking forward to this training.

Staff told us that they were "getting to know" the manager and that she was approachable and supportive. They said they felt supported and comfortable to approach the manager if they wished to discuss anything. People were supported by staff who felt they could raise any issues or concerns and that they would receive support to enable them to meet people's needs.

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