

Star Nursing & Care Services Limited

Star Care Lodge

Inspection report

15-17 Park Avenue
Gillingham
Kent
ME7 4AS

Tel: 01634575521

Date of inspection visit:
03 March 2020

Date of publication:
30 March 2020

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

Star Care Lodge is a residential care home providing personal and nursing care to 11 people aged 18 and over at the time of the inspection. The service can support up to 13 people with mental health needs. The service was set in one adapted building. People had their own bedroom, some with en-suite bathrooms, and shared communal spaces such as lounges and dining areas.

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

There were enough staff to make sure people received the support they were assessed as needing, including going out to do the things they wanted to do. Some people needed more support to stay safe than others. Risks were carefully considered and positively managed while promoting independence. Staff understood their responsibilities in safeguarding people from abuse and helping people to understand how to stay safe.

Staff received the training, support and supervision they needed to carry out their role and continue with their personal development. Staff supported people to maintain and improve their health and well-being by encouraging a healthy diet and to access healthcare when needed.

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.

People were part of the local community, accessing local shops and leisure opportunities. People were supported to gain work, paid or voluntary if they were able to.

People's care and support was individual, planned and provided in a way that put them at the centre of planning. Staff knew people well, their likes, dislikes and what and who was important to them. The individual way people communicated was taken into account when planning their support, including their literacy skills or behaviour.

There was an open culture, led by a registered manager, who was described as being approachable and supportive by staff. People clearly knew the registered manager well and were relaxed in their company. The provider and registered manager had a good oversight of the service, using their monitoring processes to make sure people received a good quality and safe service.

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

Rating at last inspection

The last rating for this service was Good (Published 20 April 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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.

Star Care Lodge

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

Star Care Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care and support provided. We spoke with three members of staff including the registered manager, senior support workers and support workers. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and maintenance servicing records. We contacted two professionals who regularly have contact with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were happy and relaxed and told us they felt safe living at Star Care Lodge. One person said "I feel very safe. The staff are all very good. I would go to them if I had a problem."
- People were protected from the risk of abuse. Staff had completed safeguarding adults training and knew how to identify and raise concerns.
- Staff told us the registered manager was approachable and always listened to concerns they had. One staff member said, "I would go straight to (Registered manager) and I have complete faith in them that they would act." Staff knew where they could go outside of the organisation to raise concerns if they ever felt they were not listened to.
- When concerns had been raised these had been dealt with appropriately and reported to the local safeguarding team and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- A positive approach was taken to risk. Individual risk assessments identified risks and how staff should support people to stay safe while maintaining and increasing their independence. Information was gathered from the person, their family members and healthcare professionals to form a management plan. One person was assessed as a high risk of falls. Staff had supported them to move to a downstairs bedroom to reduce the risks of falling.
- Some people were at risk when they were outside, in the streets or on public transport. Risk assessments gave guidance to staff to help people to stay safe when out and about independently. Guidance included making sure a mobile phone was charged or checking where people were going and when they expected to be back.
- Some people occasionally used verbal threats or showed signs of potential physical threats. Risk assessments were clear, directing staff how to approach the situation and how best to help the person to reduce their anxiety. For example, a positive approach by staying calm, avoiding excess stimulation or provide one to one support time.
- All required maintenance and servicing of equipment had been carried out. These included servicing and testing of the fire alarm and equipment. People had a personal emergency evacuation plan which detailed the specific support they would need from staff if they needed to evacuate the building.

Staffing and recruitment

- Staffing was arranged flexibly to meet people's needs. Some people needed more staff support than others. People sometimes changed their mind about the plans they had made. This meant flexible arrangements needed to be in place, so staff were available to support people as they needed.

- Some people needed to have staff support them when they went out of the service to access local community facilities. A staff rota helped to make sure staff were available for planned activities or appointments.
- Staff told us there were enough staff to meet people's needs. They worked closely as a team to make sure when a staff member was off sick or on leave, people still got the support they needed.
- Staff were recruited safely. Application forms were completed, references and proof of identification were checked. Gaps in employment had been identified and discussed with new staff so they could account for the gaps. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

- People's medicines were managed safely by staff. Staff had received training and had their competency checked regularly. Staff administered most people's medicines. The reasons why people could not self-administer were clearly recorded and people gave their consent. For example, some people were prescribed medicines that were crucial to their health and well-being. Medicine administration by staff meant people would receive their medicines at the time they were prescribed, and not be forgotten.
- Medicines administration records (MAR) were signed by staff when they had made sure people had taken their medicine. Regular monitoring, including stock checks and balances, were undertaken by staff. This helped to identify issues and mistakes, so plans could be put in place to minimise further incidents.
- The medicines people took, what they were for, and the side effects they may encounter, were included in their support plan to inform staff. Some people were prescribed PRN (as and when necessary) medicines. For example, pain relief and anxiety reducing medicines. Guidance was in place and included why the medicine was prescribed, when the person may need to take it and safe numbers to take within a 24-hour period.

Preventing and controlling infection

- People told us how staff supported them to keep their own rooms clean and helped them to do their washing. The service was clean and homely.
- Staff had access to appropriate equipment such as disposable gloves and aprons when needed.
- The appropriate training was available to staff to learn how to minimise the risk of spreading infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded in detail by staff when they happened. The registered manager reviewed incidents and reported them through their monitoring processes to the provider.
- The registered manager took a proactive approach to monitoring incidents and reviewing how they supported people as a result. Positive and preventative action was discussed with staff in staff meetings and one to one supervision meetings.
- The registered manager had worked with the local authority and healthcare professionals when incidents and safeguarding concerns had been raised.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager completed a comprehensive assessment with people before agreeing they could move in to the service. As part of the assessment, they requested information from others who had been involved in the person's care and support. For example, healthcare professionals, day resources and relatives.
- The assessment centred around discussions with the person and the support they needed. For instance, support with their mental health needs, personal hygiene, daily living skills and employment, vocational and interests. People were asked about their diverse needs such as religion, culture and expressing their sexuality.
- The information gathered during assessment helped the registered manager to make decisions. For instance, if they had sufficient numbers of staff with the skills and experience to support the person safely and effectively.
- Nationally recognised tools to assess people's needs were used when necessary. For example, when people had specific needs such as at risk of pressure sores or malnutrition. People were supported by staff to maintain their oral health. Support plans included how people liked to look after their teeth and what support they needed from staff to maintain healthy teeth.

Staff support: induction, training, skills and experience

- Staff received training to provide people with the support they had been assessed as needing. Additional training was available if requested by staff or if needed to meet people's needs. Staff told us they had recently completed oral health care, dementia awareness and leadership courses. People told us staff were competent. One person said, "All staff know what they are doing."
- Staff completed a comprehensive induction and a period of shadowing experienced staff prior to working with people on their own. Staff told us they had a good induction to the service.
- New staff were supported to complete the Care Certificate if they were new to the health and social care sector or did not have an appropriate qualification. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff were supported with their professional development through regular one to one meetings with the registered manager or senior staff. All staff had the opportunity to take part in an annual appraisal of their work. One staff member said, "I feel very well supported."

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

- Staff supported people to have a well-balanced diet by advising them on healthy options. People chose

menu options for the week as a group. Staff encouraged people to get involved in preparing and cooking the main meal to increase their skills. Some people were able to cook meals for a group and chose to do this at times.

- People made their own breakfast and lunch, although staff were available to support if needed.
- Some people had been advised by healthcare professionals to keep to a specific diet. For instance, people who had diabetes or needed to follow a low fat diet. This was included in their support plan, so staff knew how to encourage people to follow the advice given.
- Some people needed to have a soft diet as they were at risk of choking due to swallowing difficulties. Staff knew about the advice and how to make sure people were safe when eating.

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

- Staff worked very closely with healthcare professionals and others to make sure people received an effective, joined up service. For example, community mental health teams, neurology and physiotherapy.
- One person was experiencing difficulties. The registered manager had arranged several meetings with other professionals and the person's relatives. The aim was to support the person to remain safe but maintain their independence and freedom of movement.
- People's relatives told us their loved ones were supported to access healthcare advice when they needed. One relative said, "(Loved one) has seen an optician and a dentist recently – something they didn't do regularly before." Relatives were kept informed if staff had concerns about people and their health.
- People had an 'emergency admission pack'. This included important details about the person if they needed to be admitted to hospital. This meant hospital staff had the information they needed to support the person and reduce anxiety.

Adapting service, design, decoration to meet people's needs

- The premises met people's needs. People were independently mobile and those whose mobility had deteriorated had downstairs rooms.
- People knew their way around and could access all parts of the building. Signs were set up where necessary, so people knew where to go, for example, fire exit signs.
- There were ample communal areas so people were able to choose if they wanted to spend time with others or preferred a quieter place.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- People living in the service had capacity to make their own decisions. Where appropriate, people had

signed to give their consent to decisions about their care and treatment. Staff had a good understanding of MCA and how to support people to maintain their rights.

- Some people needed help to make more complex decisions. Relatives supported some people to understand and decide what they wanted to do. Some people did not have a relative so staff supported them to access an independent advocate to help them to speak up.
- Some people had fluctuating capacity, so their understanding was better some days or at some times of the day than others. Staff described how they helped one person who had fluctuating capacity to make choices and decisions.
- No people had a DoLS authorisation in place. The registered manager had a good understanding of DoLS and had checked with the local authority when they thought it might be appropriate to apply for a DoLS authorisation. The registered manager understood their responsibilities in reviewing capacity assessments to make sure people's rights were maintained.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People told us they were happy living at Star Care Lodge and good staff support influenced this. One person said, "I am very happy here. The staff are all lovely." A relative told us, "I am very happy with the care and support (loved one) gets. (Loved one) is very happy."
- Staff knew people well and understood their individual needs and difficulties. Staff described how they supported people and how they changed their approach to relate to each person. Staff had a good understanding of the importance of good mental health and well-being and how they could influence this.
- People's support plans included, 'Resident's rights'. This set out the individual support people needed to access important information such as the complaints procedure or their support plan. For instance, help to read the information, or regular reminders of their right to access.

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

- Each person had a keyworker to help them to understand their support plan and continue to be involved in developing and achieving their goals. Keyworkers met with people every month to check their progress and decide if any changes needed to be made to their support. One person told us, "I always get the support I need."
- People's relatives were involved in planning people's care, when this was appropriate. One relative told us about their loved one's care plan and risk assessments. They knew how their relative was supported and the areas of concern.

Respecting and promoting people's privacy, dignity and independence

- People had their own room, which they could lock, so they had privacy when they chose.
- People were supported by staff to maintain and increase their independence. Supportive encouragement was given to help people to manage their own domestic tasks. These included cooking, washing their clothes, keeping their own area of the service clean and managing their finances.
- Some people went out alone and staff encouraged them to continue, while at the same time helping them to stay safe.
- People told us they were given support when they needed it and their choices were respected. One person said, "I am very independent, but staff are very good and help me when I need it." Another person commented, "Staff are all very good to us, I like them all."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's support plans detailed each person's needs and goals and their likes and dislikes. Plans focused on people's strengths, as well as the areas they needed support. Support plans were reviewed every year, or sooner if needed. For example, if people's support needs changed, or if they wanted to change their plan. Family members and others involved in people's care and support were invited to attend reviews with the person. One relative told us they were fully involved in their loved one's support.
- Staff completed a progress report with people, six months after the main annual review. To check if people wished to make any changes and if additional resources or support were required.
- People's support plans identified known triggers and signs of a relapse in their mental health and well-being. Guidance for staff was provided in the plan to advise them the best way to support people on an individual basis. To make sure they received the right support at the right times, such as referral to a healthcare professional.

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

- Staff were pro-active in supporting people to find opportunities within the local community to meet their interests and increase confidence. Support plans included the support people required to access their cultural and spiritual needs.
- Some people were able to plan their days and go out independently. Others needed support from staff. Either to help them to plan their days or to accompany them to get to their interests in the community.
- Some people had a weekly planner with the activities they planned to do, including daily domestic tasks and following their interests and goals. People were able to change their plan when they wanted but preferred a plan to refer to.
- People were encouraged and supported by staff to keep in touch with family and friends. Some people met their loved ones at a place convenient to both. Others visited family members at their home and others preferred their loved ones to visit them.

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.

- Most people did not have specific communication needs. Where they did, such as difficulty with reading or writing, communication methods and plans were developed on an individual basis.

- Easy to read versions of some information was readily available, such as the complaints procedure. The registered manager was working on other documents that would benefit people by being in an easier read format.

Improving care quality in response to complaints or concerns

- Three complaints had been received about the service in the last 12 months. All complaints were from people who used the service. All complaints had been dealt with according to the providers policy. Complaints had been investigated and the person who complained had been responded to with the outcome of the investigation.
- There was a written and an easy to read pictorial complaints policy in place to help people to understand their rights to complain.

End of life care and support

- No one at the service was being supported with end of life care.
- Discussions had taken place with some people and their relatives regarding end of life support plans. Other people and relatives did not wish to discuss the subject, and this was respected, however, it was kept under review by staff. The registered manager said they were trying different methods to support people to feel more comfortable in these discussions.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an open and transparent culture at the service. Staff confirmed this. The staff we spoke with were well informed about the vision for the service which focused around person centred care, dignity, respect and independence.
- Staff were positive about the management and leadership of the service and how they were supported and developed. One staff member said, "It's a job where you don't mind getting up in the morning and coming to work. It's a good atmosphere and we all work well as a team."
- A relative was complimentary about how the service was run and how their loved one had reacted well to the positive support. They said, "If I had a concern I would just speak to (Registered manager), or any of the other staff if they weren't here. I am confident they would sort it out as they always do. I think it is well managed, I am very happy indeed."
- Staff were clear they benefitted from a registered manager that was competent and open in their approach. One staff member said, "(Registered manager) is great, very supportive, we are all talking all the time and we can raise anything with (registered manager)." Another member of staff said, "I think it is well run and well managed. (Registered manager) is amazing, they work really hard and you can go to them with anything."

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

- The provider had an effective quality monitoring process in place to make sure people were receiving a safe and good quality service. Regular audits included, support plans, medicines, health and safety, maintenance and infection control.
- The registered manager had a well organised plan to make sure audits were completed regularly. They had delegated staff to complete some audits, supporting their personal development. The registered manager continued to maintain oversight.
- Audits were detailed, showing where issues had been identified and comments made by the auditor. Improvements needed were recorded, including action taken.
- The registered manager kept up to date with best practice and developments. For instance, they attended local events to learn about and share best practice. They accessed information and professional updates regarding good practice and passed these on to staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff supported people to meet regularly to raise issues and catch up with information about the service. The meeting records we looked at recorded seven to eight people regularly attended meetings and people chose what they wanted to discuss. People had been asked to give their views through a survey. Nine people had responded, and the completed surveys had recently been returned. The registered manager had not had the opportunity to analyse the results and respond to people.
- Staff were encouraged to give their ideas and views in regular staff meetings. Staff meeting notes showed the opportunity had been taken to discuss fire safety, staff training, completion of support planning and updates for staff. Staff had been asked their views by completing a staff survey. Completed surveys had recently been returned so the registered manager had not had the opportunity to analyse the results. However, the completed surveys we looked at showed a positive response from staff.

Working in partnership with others

- The registered manager worked closely with health and social care professionals to make sure people continued to receive good quality, joined up care to achieve their potential and remain well.
- They worked closely with a range of local providers of services to make sure people received individual support to suit them. For example, community resources, independent advocates and employment and vocational advisory groups.