Star Residential Home Limited

Star Residential Home

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

Star Residential Home is a care home registered to provide accommodation, personal care and nursing care for up to 30 people. There were 25 people living at the home at the time of our visit. The home had internal and external communal areas, including a lounge, a lounge/ dining area, and a garden for people and their visitors to use.

This unannounced inspection was carried out on 17 February 2015 and was completed by one inspector. At our previous inspection on 30 September 2013 the provider was meeting all of the regulations that we assessed.

There was a registered manager in place. They had been in post since March 2012. 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 2008 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. There were formal systems in

Summary of findings

place to assess people's capacity for decision making and appropriate applications had been made to the authorising agencies for people who needed these safeguards.

People who lived in the home were supported by staff in a caring and respectful way that also maintained their safety. People had individualised health care and support plans in place which recorded their likes and dislikes, needs and wishes. These plans gave staff guidelines on any assistance a person may require as well as how to respect people's choices and preferences.

Risks to people were identified by staff and plans put into place to minimise these risks and enable people to live as independent and safe life as possible.

There were arrangements in place for the safe storage, disposal, management and administration of people's prescribed medication. Formal capacity assessments were in place for people given their medication disguised in their food and/or drink.

Staff cared for people in a patient way. Staff took time to comfort people who were becoming anxious in an understanding manner.

There were a sufficient number of staff on duty. Staff were trained to provide effective care which met people's individual support and health care needs. Staff understood their role and responsibilities and were supported by the registered manager to maintain their skills through supervision, appraisals and training.

People and their relatives were able to raise any concerns or suggestions that they might have had with staff members or the registered manager.

There was an 'open' culture within the home and staff were supported by the registered manager.

People were encouraged to be included in the running of the home should they chose to do so.

The registered manager had in place an on-going quality monitoring process to identify areas of improvement required within the home. Where improvements had been identified there were actions plans in place which documented the action taken.

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.

Good

Systems were in place to support people to be cared for as safely as possible and to make sure that any identified risks were reduced. Staff employed at the home were aware of their responsibility to report any safeguarding concerns.

People's support and care needs were met by a sufficient number of staff. Staff were recruited safely and trained to meet the health care needs of people who lived at the home.

Medicines were stored safely, at the correct temperature and were administered in a way which accurately reflected the medication administration records.

Is the service effective?
The service was effective.

Good

People had been assessed under the MCA 2005 for specific decisions such as freedom of movement. Where the person was found to lack capacity to make their own decisions, an application to the DoLS supervisory body had been authorised.

Records showed that people were involved in reviews of their care and support needs.

People were supported to eat a nutritional diet. People's nutritional health and well-being was monitored by staff and any concerns including weight loss, were acted on.

Is the service caring?
The service was caring.

Good

Staff were kind, patient and respectful in the way that they supported people.

Staff encouraged people to make their own choices about things that were important to them.

People's privacy and dignity were respected by staff.

Is the service responsive?
The service was responsive.

Good

People were supported by staff with their maintaining their interests and taking part in activities to avoid social exclusion.

People's health care and support needs were assessed, planned and evaluated. People's individual needs and wishes were documented clearly and met.

There was a system in place to receive and manage people's and/or their relative's suggestions or complaints.

Is the service well-led?
The service was well-led.

Good

There was an open culture within the home and this was confirmed by our observations.

Summary of findings

People were encouraged to be included in the running of the home.

The registered manager had a robust quality monitoring process in place to identify any areas of improvement required within the home. Improvements had been made and plans were in place to act upon other improvements identified.

Star Residential Home

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 inspection took place on 17 February 2015, was unannounced and was completed by one inspector.

Before the inspection, we asked the provider to complete and return a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning.

We looked at other information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also looked at the local authority reports from their recent visits to the service.

We observed how the staff interacted with people who lived in the home. Observing care is a way to help us understand the experience of people who could not talk with us.

We spoke with four people who used the service and one relative. We also spoke with the organisation's director, registered manager, two nurses, one care staff, and the cook. We received feedback about the service from a social worker who was visiting the home on the day of our inspection.

We looked at five people's care records and we looked at the systems for monitoring staff supervisions, appraisals and training. We looked at other documentation such as quality monitoring records, compliments and complaints, medication administration records and the home's business contingency plan.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe living in the home. One relative told us that their family member was as, "Safe as possible."

Staff we spoke with confirmed to us their knowledge on how to identify and report any suspicions of, or actual harm. They told us that they had undertaken safeguarding training. We saw that information on how to report abuse was available on the communal notice board in the home, and that it was in a pictorial/easy read format for people living at the home, their visitors and staff to refer to. A relative said that if they had any concerns, "[They] feel that they would be listened to." Staff were clear about their responsibilities to report abuse and this showed us that staff knew the processes in place to reduce the risk of abuse.

People had individual risk assessments undertaken in relation to their identified support and health care needs. We saw that specific risk assessments were in place for; people at risk of not maintaining their own personal care, falls, moving and handling, skin integrity, nutrition, and social exclusion. These risk assessments gave guidance to staff to help assist people to live as safe and independent a life as possible, and reduce the risk of people receiving inappropriate or unsafe care and assistance. Records were also kept to monitor people deemed at risk of, but not limited to; weight loss, dehydration and skin integrity, and these records were completed by staff. They helped staff identify and respond quickly to any concerns.

We asked the registered manager to explain how people's dependency needs were used to determine safe staffing levels within the home. They told us that as well as determining people's dependency needs within the home, they also used the National Institute for Health and Care Excellence (NICE) national guidance on 'safe staffing in adults in-patient wards in acute hospitals' to determine and help set safe staffing levels. They said that this was because Star Residential Home was a care home with nursing. During our observations we saw that although staff were busy, there were enough staff to provide support and care to people in an unrushed manner. Staff confirmed to us that people were supported by sufficient numbers of staff. One relative told us that, "There are enough staff to do care tasks in a timely way."

Staff we spoke with said that pre-employment safety checks were carried out on them prior to them starting work at the home. Records we looked at showed us that this was the case. This demonstrated to us that there was a system in place to make sure that staff were only employed if they were deemed safe and suitable to work with people who lived in the home.

We saw that people's prescribed medicines were stored safely and at the correct temperature. Records of when medicines were received into the home, when they were given to people and when they were disposed of were maintained and checked for accuracy as part of the registered manager's quality checks. We saw that during the medication round, the nurse explained to people discreetly what their medication was for when administered. One person told us, "I don't need staff to explain my medication, as I have been on the same medication for years." Where people were unable to consent to their medicines being given to them disguised in food and drink, we saw that there was a documented capacity assessment in place. This document was reviewed to ensure that it still met the person's support needs.

We found that people had a personal emergency evacuation plan in place and that there was an overall business contingency plan in case of an emergency. This document gave a list of emergency contacts and their details. We also saw records that fire drills took place within the home. This showed us that there was a plan in place to assist people to be evacuated safely in the event of an emergency.

Good

Is the service effective?

Our findings

Staff told us that they were supported with regular supervisions and an annual appraisal. One staff member confirmed to us that supervisions and appraisals were a, "Two way process [joint discussion]." We saw that new staff were supported with an induction process which included training and 'shadowing' a more experienced member of staff. This was until they were deemed competent and confident to provide effective and safe care and support.

We found that staff were knowledgeable about people's individual support and care needs. Staff told us about the training they had completed to make sure that they had the skills to provide the individual health care and support people needed. This was confirmed by the staff training record we looked at. This showed us that staff were supported by the registered manager to provide effective care and support with regular training and personal development.

We spoke with the registered manager about the Mental Capacity Act 2005 (MCA) and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions. We saw that the appropriate applications had been made to the supervisory body (local authority) in line with guidance. This assured us that people would only be deprived of their liberty where this was lawful.

We saw that staff respected people's right to make their own choices. Staff we spoke with demonstrated to us their understanding of why it was important to respect people's choice. People and a relative we spoke with and our observations confirmed this to us. We saw staff ask people their choice over drinks, meals and activities and respect the choice that was made throughout this inspection.

Care records we looked at documented that people had signed to agree their care plan. Records also showed that people were encouraged to take part in their care plan review which was carried out to ensure that people's current care and support needs were documented. This was confirmed by the social worker we spoke with. We saw that where a person had been involved in this discussion with a staff member, but was unable to sign their agreement, this was recorded by staff to show the persons involvement.

The cook told us that staff regularly updated them and the chef around people's weight loss or special dietary needs so a special calorie rich diet or special diet could be implemented and monitored. A relative told us that the cook had adapted a particular version of a meal for their family member which met their special dietary needs. We saw that drinks and snacks were offered and available to people throughout the day. This showed us that people were supported with their nutritional and hydration needs.

Our meal time observations showed us that when staff supported people who required assistance with their meals, they carried this out at the preferred pace of the person they were assisting. We saw that staff asked the person they were assisting if they were ready for the next mouthful or drink. If a person wanted something different to the menu options offered, we saw that an alternative was prepared for them. A relative said that the food, "Is good. Healthy meal options and vegetables available." A person said that, "Food here is good, [you] get a choice and staff will make you something special if needed." People who had made the choice to eat their meals away from the dining room had this choice respected by staff.

A visiting social worker told us that staff were effective in managing people's care and support needs and that they minimised people's risk without restrictions. In the care records we looked at we saw that the registered manager and staff involved external health care professionals if they had any concerns about people living at the home. A relative told us that a chiropodist visited their family member and that a GP was called when needed and that, "Staff react quickly." Records confirmed that people deemed at risk were referred by staff to external health care professionals such as, occupational therapist, and the speech and language therapist [SALT] for their guidance. Evidence showed us that staff followed this advice for people who had been assessed to be at risk of weight loss or choking when swallowing, and staff supported them with soft texture diets and fortified food

Good

Is the service caring?

Our findings

People who lived in the home and a relative had positive comments about the health care and support provided by staff at the home. A relative told us that the home was, “Brilliant, nothing would ever be perfect, but staff are considerate and engaging.” A person told us that living in the home was, “Nice, very pleasant.” Another person said that they were, “Happy here,” and that, “Staff are kind.”

We saw that staff gave people choices and respected the choices they made. A relative told us how staff were quick to react to a person if they were becoming anxious or upset. They said that they felt staff were good at managing these incidents and giving reassurance when needed. This was confirmed by our observations where we saw reassurance given by staff in a sensitive, discreet and caring way. This meant that the person was reassured to once again become settled.

Staff were seen knocking on people’s bedroom doors before gaining permission to enter. This was to respect people’s privacy. One person we spoke with told us that, “Staff knock and enter [their bedroom], which is what I have asked them to do, I don’t want them to wait.” We saw that people were dressed appropriately for the temperature within the home and in a way that maintained their dignity.

Care records we looked at showed that staff reviewed and updated care and support plans regularly. This helped ensure that people were provided with care and support based upon their most up-to-date care needs. A relative told us that they were involved in the health care and support review of their family. This was confirmed by our observations during this inspection.

People were assisted by staff to be as independent as possible. We saw staff encourage people to do as much for themselves as they were able to and prompt people when needed, in a respectful way. On the day of our visit we saw people’s relatives visiting the home. A relative told us that they were made to feel welcome when they visited and that they could visit their family member at any time. They said that there were, “No limits on visiting [I’m] made welcome.”

The registered manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. In one of the care records we looked at we saw that a person was being supported by Independent Mental Capacity Advocacy (IMCA). Advocates are people who are independent of the service and who support people to make and communicate their wishes.

The registered manager told us that during this inspection there were no people receiving end of life care. They told us that for people identified as requiring this type of care a meeting would be held at the GP surgery with the GP, registered manager, palliative care nurse, Macmillan nurse [when appropriate], to discuss the person’s end of life care plan and the health care and support that person would require during that time.

Good

Is the service responsive?

Our findings

We saw people pursuing their interests by knitting, embroidering and reading a newspaper. One person told us that they liked knitting and buying their own wool. They told us that there was, "Lot's to do." Activities took place and during this inspection we saw ball games taking place with the activities co-ordinator. Another person told us that the activities co-ordinator helped encourage them with their exercise. A relative talked us through how staff took time to sit with their family members to discuss pictures and that this gave them enjoyment. We saw that programmes of planned activities were displayed on the lounge/dining room notice board in an easy read/pictorial format in a response to help aid people's understanding.

We saw a newsletter for people and their visitors to read in the home. The newsletter gave information on forthcoming events, activities, menus and any staff changes within the home. The newsletter was in a large print/ pictorial [easy read] format, to make the information more accessible to people in the home.

Prior to living at the home, people's health care and support needs were assessed, planned and evaluated to agree their personalised plan of health care and support. A person told us that when they first came to live in the home, "Staff asked [them] questions to get to know them." Care records showed that people's health, care and support needs were documented and monitored by staff and reviewed and updated as required. This assured us that staff would be working with the most up to date information about a person they were supporting

We saw that people's compliments and complaints were used to inform the home's on-going quality monitoring system. We saw that the complaints systems also documented concerns raised by staff. This information was then used by the registered manager to make improvements to the quality of the care and support provided. People and a relative we spoke with told us that they knew how to raise a concern or complaint and that if a concern was raised with staff or the registered manager it was resolved. A relative told us that if they had to make a complaint, "[They] feel that it would be listened too."

We asked staff what action they would take if they had a concern raised with them. They confirmed to us that they would raise these concerns with the registered manager or at their staff meetings. We looked at recent compliments and complaints received by the service. We found that the complaints records documented the registered manager's investigation into the concern, any learning as a result of the incident and whether the action taken by the staff had resolved the concern raised to the persons satisfaction. This showed us that the registered manager worked to resolve people's concerns and complaints to the person's satisfaction where possible.

Good

Is the service well-led?

Our findings

The home had a registered manager in place who was supported by a team of care staff and non-care staff. We saw that people who lived at the home and staff interacted well with the registered manager. People we spoke with had positive comments to make about the staff and registered manager. One person told us, "[They] were happy here, looked after and staff treat you well." They went on to tell us that they felt, "Listened to [by staff]." A relative said that the registered manager listened to concerns raised. They told us of an occasion when they had raised a concern to the registered manager and that it had been, "Resolved immediately."

Staff told us that an honest culture existed and they were free to make suggestions, raise concerns, drive improvement and that the registered manager was supportive to them. Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so. One staff member went on to tell us that they, "Can approach the manager at any time. [Registered Manager] has done a good job here [at the home]."

People and a relative told us that they could attend residents/relative's meetings to discuss any topics they may wish to do so and be updated about what was going on with the service. A relative told us that they found these meetings were learning opportunities and, "Very interesting." They said that at one of the recent meetings the registered manager discussed MCA 2005 and DoLS with them and what this meant to people living in the home. They also told us that the registered manager had discussed the option of staff being able to support people to go shopping or attend a religious service. This was confirmed in the meeting minutes we looked at.

People who had a religious faith were supported by the home to maintain this. One religious group meeting was currently held at the home for people wishing to attend. The registered manager at the last relatives meeting had discussed supporting people to attend religious service within the community. This was confirmed by records we looked at and a relative we spoke with.

We saw that people living in the home were able to be involved in the running of the home if they chose to do so. The registered manager told us that one person liked to be involved in the recruitment process of new staff. Records we looked at showed that this person was part of the interview panel. The registered manager also said how another person liked to take part in the homes regular fire drill checks, by helping staff check that the fire doors were working. They also attended staff meetings. Records we looked at confirmed people's involvement in home and how it was run.

People and their relatives were given the opportunity to feedback on the quality of the service provided. Information from the feedback was used to improve the quality of service where possible. One area highlighted for improvement that staff were working on was the need to continue to give people confidence to engage with a choice of daily activities. The reports we saw included the collated feedback which had been received, and showed positive comments about the quality of the service provided.

Feedback was also requested by the registered manager from staff who worked at the home to see if they felt supported and if they could suggest any improvements. Responses from staff who completed this survey were positive. Health and social care professionals who were involved with the service were also asked to give their views. Feedback from this survey showed that positive comments were received about the quality of service provided for people living at the home, with no improvements required.

We saw that some staff had 'lead roles' within the home. These roles included a champion for dementia care, wound care, end of life, and infection control. Staff told us that these roles were in place to maintain a high standard of care and be a point of guidance for other staff.

Staff told us that staff meetings happened and that they were an open forum where staff could raise any topics they wished to discuss. Meeting minutes demonstrated to us that the registered manager used these meetings to discuss topics such as, but not limited to; the key principles of MCS 2005 and DoLS, quality monitoring, results of the staff survey, company philosophy, feedback from people and their relatives and staff development. We saw that staff were encouraged at the meeting to ask any questions that they may wish to discuss.

The registered manager notified the CQC of incidents that occurred within the home that they were legally obliged to

Good

Is the service well-led?

inform us about. They had always done this in a timely manner. This showed us that the registered manager had an understanding of the registered manager's role and responsibilities.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This showed us that they understood their roles and responsibilities to people who lived in the home.

The registered manager showed us records of their on-going quality monitoring process. Monitoring included, but was not limited to; dignity in care, care documentation, infection control, and medication. Results of these audits showed that currently, no improvement actions needed to be taken.

The registered manager also had to complete an organisation 'periodic information return' each month. This monitoring looked at many areas of the service including, compliments, complaints, safeguarding concerns, accidents, equipment certification, environmental health inspections, and inspections by the Care Quality Commission. This information was used to look at the quality of the overall service provided and any 'trends' [patterns] in the data. Any trends found was then was then used to highlight areas requiring improvement. This demonstrated to us that the manager had systems in place to monitor the quality of the service provided at the home, make improvements and sustain these.