

Rotherham Healthcare Limited

The S.T.A.R. Foundation

Inspection report

Astrum House
Nightingale Close
Rotherham
South Yorkshire
S60 2AB

Tel: 01709834000

Date of inspection visit:
13 September 2017
14 September 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection was unannounced, and took place on 13 and 14 September 2017. The home was last inspected in July 2015, where the home was rated "Good" overall.

The S.T.A.R Foundation is a 60 bed service providing residential and nursing care to people with a range of support needs including physical disability, mental health support needs, learning disability and dementia. It is known locally as Astrum House.

The home is located close to the town centre of Rotherham, South Yorkshire. It is in its own grounds in a quiet, residential area, but close to many amenities and public transport links. The home comprises three discrete units, each consisting of separate "pods" of four en suite bedrooms with a kitchen/diner and living area. In addition there are central communal facilities, including a large lounge area, a therapy pool where people could access hydrotherapy treatments, and a sensory room"

The service had a registered manager A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found that people received care which was tailored to their individual needs, and upheld their dignity and privacy. There were plentiful activities both within the home and within the wider community. People using the service praised the activities available to them.

Staff were well trained in relation to keeping people safe from the risks of harm or abuse, and spoke with knowledge about this. Medicines were stored and handled safely.

Recruitment procedures and audit procedures were sufficiently robust to ensure people's safety.

There were up to date and thorough risk assessments relating to issues where people were at risk of harm, or presented a risk to others, and we saw evidence that staff were adhering to them.

We found that improvements were required in the way consent was obtained and recorded.

Mealtimes were observed to be comfortable and pleasant experiences for people, and people told us they enjoyed their food.

Staff told us they received a good standard of training which enabled them to better carry out their roles.

The management team were accessible and were familiar to people using the service. The provider had a thorough system in place for monitoring the quality of service people received.

The provider was failing to comply with legislation in relation to the requirement to display their CQC rating on their website, as well as in the requirement to notify CQC about certain key incidents within the home.

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. Staff were well trained in relation to keeping people safe from the risks of harm or abuse, and spoke with knowledge about this. Medicines were stored and handled safely.

Recruitment procedures and audit procedures were sufficiently robust to ensure people's safety.

There were up to date and thorough risk assessments relating to issues where people were at risk of harm, or presented a risk to others, and we saw evidence that staff were adhering to them.

Is the service effective?

Requires Improvement ●

The service was not always effective, as improvements were required in the way consent was obtained and recorded.

Mealtimes were observed to be comfortable and pleasant experiences for people, and people told us they enjoyed their food.

Staff told us they received a good standard of training which enabled them to better carry out their roles.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Requires Improvement ●

The service was not always well led. The management team were accessible and were familiar to people using the service. The provider had a thorough system in place for monitoring the quality of service people received.

The provider was failing to comply with legislation in relation to the requirement to display their CQC rating on their website, as well as in the requirement to notify CQC about certain key

incidents within the home.

The S.T.A.R. 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 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.

The inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit took place on the 13th and 14th September 2017. The inspection was carried out by an adult social care inspector.

During the inspection we checked records relating to the management of the home, team meeting minutes, training records, medication records and records of quality and monitoring audits carried out by the home's management team and senior managers. We spoke with people using the service, staff and the management team. We also spoke with people's relatives, and a visiting external professional.

We observed care taking place in the home, and observed staff undertaking various activities, including handling medication, supporting people to make decisions and engage in activities, and using specific pieces of equipment to support people's mobility. In addition to this, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection, we reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home. Prior to the inspection, the provider completed 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 improvements they plan to make. This was returned prior to the inspection although lacked some information.

Is the service safe?

Our findings

We asked people using the service whether they felt safe living at The S.T.A.R Foundation. They all confirmed that they did. One person said: "It's the safest place I could be, I never worry when I'm here, there's nothing at all to worry about here." Another told us there were "no problems" in relation to safety. Visiting relatives also told us they had no concerns in relation to safety, with one saying: "I don't even think about that, it's of no concern at all."

During the two days of the inspection we observed that there were staff on duty in sufficient numbers in order to keep people safe. The registered manager told us that they believed the home's staffing ratio was one of its strengths, enabling the home to meet people's needs. Staff we spoke with told us that the staffing configuration was extremely good, with some telling us how it compared very positively with their experience of working in other care environments.

We found that staff received training in the safeguarding of vulnerable adults, and staff told us this was useful. The registered manager told us that if staff training was out of date they would no longer be put on the rota, meaning that all staff had up to date training. There was information available throughout the service to inform staff, people using the service and their relatives about safeguarding procedures and what action to take if they suspected abuse.

We checked eight people's care plans, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. Each care plan we checked contained up to date risk assessments which were detailed, and set out all the steps staff should take to ensure people's safety. We spoke with staff about some of the risk assessments and they showed a good understanding of the contents and their responsibilities. We also observed some occasions where staff were acting in accordance with people's risk assessments.

We checked the systems the provider had for monitoring and reviewing safeguarding concerns, accidents, incidents and injuries. We saw that a member of the provider's management team carried out a regular quality audit of the home, and part of this audit included checking whether there had been any safeguarding referrals or accidents and incidents, although we noted that this system failed to identify some incidents that should have been notified to CQC.

Recruitment procedures at the home had been designed to ensure that people were kept safe. Personnel files we checked showed that all staff had to undergo a Disclosure and Barring (DBS) check before commencing work. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. In addition to a DBS check, all staff provided a checkable work history, evidence of their identity and two referees.

We checked the arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were appropriate. Medication was securely stored, with

additional storage for controlled drugs, which the law says should be stored with additional security. We checked records of medication administration and saw that these were appropriately kept. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. The staff member responsible for medication during the inspection described the pharmacy as responsive, and said that the home had a good relationship with the pharmacy.

Is the service effective?

Our findings

We asked people using the service about their experience of food in the home. Some were positive whereas others gave a more mixed picture. However, when we discussed this with the management team they were able to explain why certain people had given a more negative picture, as it related to some specific ongoing issues.. Managers were aware of these issues and could describe what steps were being taken. One person speaking about the food told us: "It's delicious, there's always something really nice."

People had a choice at mealtimes in relation to both where and what they ate. Over the two days of the inspection we observed people eating in the kitchen/dining areas of their own "pods" which were in each of the communal areas shared between four bedrooms, as well as in the larger communal lounge that was shared across the whole building. Where people required support with eating we saw that staff provided this in a gentle and unhurried manner, and focussed on the person they were supporting, ensuring their dignity was upheld.

We checked eight people's care records to look at information about their dietary needs and food preferences. Each record contained up to date details, including screening and monitoring records to prevent or manage the risk of poor diets or malnutrition. This was regularly reviewed to ensure that it continued to meet people's needs and reflected an accurate picture of how they should be supported.

We looked at the arrangements in place for complying with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

Where the provider needed to deprive people of their liberty it had made appropriate applications to do so, and the related paperwork was in order. There was a system in place for monitoring DoLS applications, and for ensuring that any conditions associated with DoLS authorisations were adhered to.

Some of the care plans we looked at showed that the person concerned lacked the mental capacity to consent to their care and support. Where people lack capacity, decisions that are made on their behalf should be made in the person's best interests, and people who know the person well should be consulted for their views about the decision. We found that although the registered provider had done this, there was little information in people's files about who had been consulted, so it was not clear whether all relevant people had been involved. This meant the provider could not evidence that it had complied with the MCA

In other care plans, records indicated that the person concerned had the capacity to give consent to their care and treatment. However, the evidence that they had done so was limited. For example, one person had

signed a form confirming that they consented to their care plan in 2013, but their care plan had been regularly reviewed and updated since then, which meant that the person was not giving informed consent. Another person had begun receiving care services six months before they had been asked whether they consented to their care, which meant there was a period of time when staff may not have been acting in accordance with the person's wishes.

This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We discussed the arrangements for obtaining and evidencing consent with the management team on the day of the inspection and they described how they would implement a programme to overhaul the way consent was obtained and reviewed.

Staff we spoke with told us there was plentiful training available to them, and said it helped them understand their roles. They told us that they had undertaken an in depth induction when they started work, and said that training following this was on going. One staff member told us they had worked in a care environment previously and told us that they found the training at The S.T.A.R Foundation to be more useful and more thorough.

Is the service caring?

Our findings

We asked people about their experience of receiving care at the home. One person told us: "It's marvellous, every second here is better than a birthday present, a Christmas present or even a lottery win!" Another said: "The staff are really kind but we also have a laugh, I enjoy my time here." Relatives we spoke with also praised the caring aspect of the service, with one telling us: "We've had ups and downs in the past finding care services, but I feel so lucky we've found this place, I think we couldn't have found better."

We carried out observations of staff interactions with people using the service over the two days of the inspection. Staff showed kindness towards people both when they were providing support, and in day to day conversations and activities. Staff had a patient and warm approach to people, and ensured that people using the service were at the centre of all they did. Staff we spoke with told us that the key part of their work was treating people with dignity and respect, and several spoke of treating people in the manner they would wish for their relatives and loved ones to be treated. The approach employed by staff contributed to the home's warm and relaxed atmosphere.

We undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. By using SOFI we saw that people experienced care and support which put them at the centre of what was happening

Staff we observed knew every person by their preferred name, their likes and dislikes as well as any preferences in relation to how they were supported. Throughout the two days of the inspection we saw staff were knocking on people's doors before entering their rooms, and asking for permission to enter. Where personal care was being provided in people's rooms staff ensured that doors and curtains were closed, to ensure that people's privacy and dignity was upheld.

Some people showed us their bedrooms and we saw these were bright, well laid out and well furnished. Each room was equipped with plenty of space for people to display various collections and personal possessions as they wished. Every room we saw was clean and well presented. People told us they liked their rooms and were confident in their ability to request additional items or make changes. One person spoke with an obvious pride in their room, and exhibited a clear sense of ownership and independence in relation to it. Staff reinforced this in their conversations with this person, enabling them to strengthen their sense of independence.

We looked at feedback the provider had received from cards and letters provided by people's relatives, and saw that care was often praised. One relative wrote: "It really is a pity not all care homes are like Astrum House." Another had written: "[The] care was more than I could have wished for."

We checked eight people's care plans, and saw that risk assessments and care plans described how people should be supported in a way that meant their privacy and dignity was upheld. We cross checked this with our observations, and saw that staff were providing care in accordance with people's assessed needs in relation to dignity and privacy.

Is the service responsive?

Our findings

The home had a dedicated activities coordinator who devised a programme of activities within the home. During the inspection a range of activities took place, including a crafts session, use of the home's pool and a karaoke event, as well as individual one to one activities. People we spoke with told us there was always something happening in the home. One said: "There's so much to do here, I like to do my shopping and the staff help me to do that. I like going out with staff and getting my things." Another told us about regular trips out and said that they had support from staff whenever they wanted to go out. The registered manager told us about a wheelchair football group that the people using the service, with staff support, had developed. We saw local newspaper reports about this. One of the people who participated in this told us: "I enjoy it, it's brilliant, we have a good laugh."

Care plans we checked provided detailed information about how care and support was to be provided in order that it met people's needs. The care plans we looked at held details about people's healthcare histories and needs, their preferences, likes and dislikes. There was information about people's personal history and family involvement as well as assessments relating to their care needs. People we spoke with told us they knew what was in their care plan. The care plans we looked at were regularly reviewed to ensure they met people's changing needs.

The eight care plans we checked contained information about how staff should promote people's independence, and held information about what things people could do for themselves, to ensure that staff were not at risk of stifling people's independence. We observed staff supporting some of the people whose care plans we checked, and saw that staff were acting in accordance with care plans, ensuring that people maintained and, where possible, developed their independence. One person told us: "I can mostly do things by myself, but they [the staff] know what help I need." Another said: "It's difficult if the staff don't listen to me, but mostly they do. I know how best to help me."

The provider had systems in place to gather the views of people using the service and others. There was a regular formal survey which was sent to staff, external healthcare professionals and people's relatives as well as people using the service. We looked at the most recent survey results and found that most responses were very positive. For example, all the staff surveyed responded that their training and induction had been effective, and all the relatives surveyed responded positively about their experience of the staff at the home. One person using the service told us they were asked for feedback about the home. They told us that their feedback was always positive and said this was because they had "been in 11 other places, and nowhere is as good as this."

There was information about how to make complaints available in the guide provided to people using the service, and in the provider's Statement of Purpose. However, we noted that it did not direct complainants to the correct resource if they were seeking external remedy to their complaint. The registered manager told us that the home had not received any formal complaints in the year preceding the inspection. People using the service, and their relatives, told us they would be confident to make a complaint if they felt the need to do so. Staff told us that their induction had covered how to handle complaints and what to do if someone

wanted to make a complaint.

Is the service well-led?

Our findings

The service had a registered manager, as required by a condition of its registration. Staff we spoke with told us they found the manager to be accessible and supportive. The registered manager was supported by a compliance manager, as well as the owner of the company who attended for part of the inspection. Both the registered manager and the compliance manager knew the service well, and had a good knowledge of the people using the services, their likes and dislikes and their care needs.

We spoke with staff about the arrangements for supervision and appraisal. They told us that they received regular supervision and annual appraisal. We checked a sample of supervision records and saw that they covered staff training needs and development as well as the needs of people using the service. The supervision system also incorporated direct observation of staff carrying out specific care tasks, for example, moving and handling or administering medication.

Team meetings took place regularly, and were used by members of the management team to inform staff about developments and changes in the home, as well as to discuss standards and targets for improvement. The most recent team meeting had been called by staff who wanted to discuss some developments with managers.

There was a system in place to audit the quality of the service. This was carried out by the home's compliance manager. We looked at this and found it was a detailed and thorough audit, which checked all aspects of the service being provided. The audit document included an action plan where issues were identified, and we saw evidence that actions had been undertaken. However, we did note some areas for improvement that the audits had not identified. For example, evidence about how the provider complied with the Mental Capacity Act was lacking in several people's care plans and one person's care plan contained information relating to a specific section of the Mental Health Act which could not lawfully be implemented by the home. We asked the registered manager to tell us about this aspect of the Mental Health Act, but they could not accurately describe what it meant. It was unclear, therefore, how these care plans had been effectively audited.

We looked at the arrangements in place for monitoring incidents and accidents in the home, but found that the provider had failed to make certain, legally required, notifications to the Care Quality Commission. Again, the provider's audit system had failed to identify this.

We asked to see a copy of the service's Statement of Purpose. A Statement of Purpose is a document that registered providers are required by law to have, and to keep regularly under review. This document did not contain accurate information in relation to complaints. We advised the registered manager of the requirement to update this, and notify CQC when the update had been made. However, three weeks after the inspection this required notification had not been made.

It is a requirement that providers display their CQC ratings prominently both within the service and, if relevant, on their websites. On the first day of the inspection the provider's ratings were not on display in

either the home or on their website. We raised this during the inspection with the registered manager. They told us that this would be addressed immediately, and the ratings were put on display in the home during the inspection. However, three weeks after the inspection we found that the provider was still failing to display their ratings on their website.

This is a breach of regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	The provider did not have appropriate arrangements in place to ensure it acted in accordance with people's consent. Regulation 11((1)(3)
Treatment of disease, disorder or injury	