

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:  
19 November 2019

Date of publication:  
13 December 2019

## 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

The S.T.A.R Foundation, known locally as Astrum House, is a nursing and care home providing nursing and personal care to people with physical disabilities and long term mental health conditions. It comprises three wings divided into discrete four person units. At the time of the inspection there were 59 people living in the home.

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

People reported feeling very safe and cared for in the home. Staff were knowledgeable about safeguarding people and when to raise concerns. Records showed staff had acted as required when concerns had arisen. People received their medicines safely and recruitment practices were safe. The home was clean and staff understood their infection control responsibilities.

People told us that staff were responsive to their needs. We received positive feedback about the staff and the experience of living in the home. One person said: "Life gets better every day here at Astrum."

People we spoke with told us that staff were kind and caring and that they were treated with dignity and respect. We observed staff upheld people's dignity when interacting with them, and relatives confirmed they felt staff were kind and caring.

Care was person centred and people were supported to access health and social care professionals when they needed to. We received very positive feedback about the activities available in the home, and when we observed activities taking place it was clear people were enjoying themselves.

The home was managed by a registered manager who people told us was accessible and approachable. One visiting relative said: "You can get them [the management team] whenever you need them, they are always around."

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Requires Improvement (published 27th November 2018)

### 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.

# The S.T.A.R. Foundation

## 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 team consisted of one inspector.

#### Service and service type

The S.T.A.R Foundation, known locally as Astrum House, is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also looked at information provided to us by members of the public and users of the service. We used all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people using the service about their experience of the care provided, and two people's relatives. We also spoke with five members of staff including the deputy manager. The registered manager was not available during the inspection.

We observed care throughout the inspection and reviewed a range of records. This included six care records, medication records, five staff recruitment files and a variety of records relating to the management of the service, including policies and procedures, health & safety records, training records, meeting minutes and audits.

# 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 felt safe and were able to raise any concerns they might have. A visiting relative told us: "[My relative] is safe here, that's what matters."
- Staff were aware of how to recognise a potential safeguarding issue and understood their responsibility to report any concerns. They told us they were confident concerns would be acted upon.
- The home had reported safeguarding concerns in line with local authority and regulatory requirements.
- The home had a whistleblowing policy in place and staff were confident to report any poor practice if required. One staff member said: "I'd flag up anything, of course I would, it's about making sure they [people using the service] are safe."

Assessing risk, safety monitoring and management

- The home had effective systems in place to ensure that all areas of the home were safe. This included up to date safety certificates for gas and electric, hoists and fire equipment. Risk relating to fire and legionella had been assessed by third parties contracted by the provider
- People's care records included assessments of specific risks they were vulnerable to or may present. Care records contained guidance for staff about how to support people to reduce the risk of avoidable harm.
- The provider had a system for recording accidents and incidents and staff were clear about their responsibilities. Incidents were reviewed to ensure lessons were learned and risks were reduced.

Staffing and recruitment

- Prior to the inspection, people had contacted CQC to raise concerns about understaffing. During this, unannounced, inspection we could not corroborate these concerns. One staff member said: "I suppose we might be a bit short [staffed] if someone's off sick, but it's not a big problem here." Another staff member told us they usually worked alone in one of the four bedroomed units, but said they received help without fail from colleagues whenever they needed it.
- The provider carried out appropriate pre-employment checks to ensure only suitable staff were employed at the home.
- People and staff told us there were enough staff on duty to meet people's needs. During our inspection we saw that staff were responsive to requests for assistance and quickly recognised when people needed help.

Using medicines safely

- Medicines were managed safely.
- Medicines were stored securely and at an appropriate temperature in line with the manufacturer's recommendations.

- Staff kept accurate records of the medicines they administered.
- We saw controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were managed appropriately in line with legislation.

#### Preventing and controlling infection

- The home was visibly clean and tidy and people told us that the home was clean. A visiting relative described the home as "spotless."
- Staff received training in infection control and understood their responsibilities. We saw personal protective equipment such as gloves and aprons were readily available around the home.

#### Learning lessons when things go wrong

- The management team monitored the service to ensure lessons were learnt if things went wrong.
- Records of incidents and accidents were reviewed by the management team, who checked for any themes and trends, and took appropriate action.



# 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 requires improvement. At this inspection this key question has improved to good. 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

- People's needs were assessed prior to them moving into the home to ensure that their needs could be met.
- The management team provided staff with information and best practice guidance from recognised sources about people's health conditions and care needs.

Staff support: induction, training, skills and experience

- People told us that staff had the skills to meet their needs appropriately.
- Staff were provided with the training they needed to work effectively with people. One staff member said: "[The training manager] is brilliant with training, there's so much available."
- Staff were further supported through regular supervision and appraisal meetings and told us that they felt well supported in their roles.

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

- There was very positive feedback about the food. This included comments about the choice and availability of food and drink. One person said: "lovely food." A visiting relative praised the food, telling us they ate at the home regularly.
- People had a choice of where to eat; each four bedroomed unit had a kitchen-diner, and some people ate in their rooms or in a larger communal area.
- People were supported to eat and drink where needed through encouragement from staff. Special diets were catered for and there was information in people's care plans about this.

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

- People's needs were met by the decoration, design and layout of the home. This included spacious communal areas, very personalised rooms and aids and adaptations to make bathrooms and toilets accessible and safe.
- There were various facilities within the home, including a hydrotherapy pool and relaxation rooms, to enhance people's day to day lives.

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

- Records showed that staff made appropriate and timely referrals to other health and social care professionals such as GPs, district nurses and opticians.

- One person said: "They acted quickly when I needed it, they know how to look after me."

#### 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.

- The management team had made appropriate applications for DoLS authorisations and records showed these were well managed.
- During the inspection we observed staff seeking consent when providing people with care and support.
- Staff understood the principles of the MCA and how they applied to their day to day work.
- Care records contained information about people's capacity to give consent, and where they lacked capacity appropriate best interests decisions had been reached and recorded.

# 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 were supported by a dedicated and caring staff team who knew them well and treated them with respect. One person said: "I'm so lucky to live here." Another said: "It's all good."
- People told us that staff were kind and caring and that they were treated with dignity and respect,
- We observed staff interacting with people in a friendly and positive manner and people's needs were responded to quickly and appropriately.
- People's spiritual needs were met. There was information in people's care records about how they should be supported in respect to these needs.

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

- People told us they were regularly consulted and said they had access to their care plans and felt involved in their care.
- Residents meetings were regularly held and appropriate issues such as food and activities were discussed.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to support and promote people's independence and this was confirmed by the people we spoke to. One person said: "They [the staff] make me happy."
- Staff were aware of the importance of maintaining people's privacy and dignity when providing personal care, and spoke discreetly and respectfully when discussing care tasks.

# 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 had choices about how their care was delivered and staff we observed had a very good understanding of people's preferences. The home had a consistent staff team who had a good knowledge of people's needs.
- There was person centred information in people's care plans including information about what was important to them, and their likes and dislikes.

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.

- People's communication needs were assessed and care records detailed people's specific requirements. This included details of any aids or equipment people needed to assist with communication.
- Staff we observed took appropriate steps to ensure their communication with people was effective. Staff were knowledgeable about people's communication needs.

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

- People told us activities were plentiful and said they enjoyed them. One person told us: "There's wifi here, that's why I'm glad I'm staying here." Another person told us about how staff supported them to do a regular food shop, and explained this was really important to them.
- There was an activities coordinator who designed both personalised and group activities. A visiting relative told us: "There's always something going on here, there's lots [of activities] happening." People using the service confirmed this view.
- People and staff gave us examples of recent and planned activities. This included a pantomime and visiting entertainers. People spoke warmly about a Christmas crafts event which had taken place the day before the inspection and said they had enjoyed it.

Improving care quality in response to complaints or concerns

- There were policies and procedures relating to complaints, although we noted the complaints guidance within the service user guide did not direct complainants to the appropriate route of external remedy.
- People told us they knew how to complain and felt comfortable to do so, although a visiting relative told us they had not been informed where they could direct any complaints outside of the home.

- Complaints had been responded to in writing, although none of the written responses guided complainants to the next possible step if they remained dissatisfied. We advised the deputy manager of this oversight, and they assured us it would be addressed.

#### End of life care and support

- People had suitable end of life care plans in place to advise staff of their end of life wishes and preferences

# 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 requires improvement. At this inspection it improved to good. 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

- The home environment was calm and relaxed during the inspection and there was a positive community atmosphere where everyone knew each other well.
- The registered manager was very accessible. The registered manager's office opened on to the main lounge and people told us they could speak with them whenever they needed to.
- Staff we spoke with told us they could raise concerns or comments, and meeting minutes showed staff had been able to contribute ideas about the service.

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

- Prior to the inspection, the local authority had raised concerns about the provider unlawfully blocking people's cars into their car park when they were judged not to have the right to park there; the deputy manager reassured us this practice had stopped.
- All legally required notifications had been made to the CQC in a timely manner; we saw that where required, the provider had taken appropriate action.

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

- The management team had oversight of the service and how it was operating. This included audits which took place to help ensure that the quality of care was maintained.
- Staff were clear about their responsibilities. They said communication was good and staff we spoke with were clear about their tasks.

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

- There were systems in place to engage and involve people. A visiting relative told us they felt welcomed and involved, and there were regular meetings for people using the service as well as for staff.

Working in partnership with others

- The service worked in partnership with other stakeholders. We saw a range of professionals were involved in people's care.