

S.T.A.R.S. [WORCESTER] LIMITED

STARS Adult Day Centre

Inspection report

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Date of inspection visit:
03 August 2017

Date of publication:
14 September 2017

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

This inspection took place on 3 August 2017 and was announced. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because STARS Adult Day Centre provides personal care for people who live in their own homes and we needed to be sure that someone would be available at the office.

STARS is a family run service which supported one person at home with their personal care at the time of our inspection. To protect the person's identity we have not used any direct quotes or specific details of the person's health care needs.

There was a registered manager in place at the time of our inspection. 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.

We found people received safe care. Staff had good knowledge in how they were to protect people from harm. We found staff recognised the signs of abuse and knew how to report this. There were risk assessments in place and staff understood the importance of these. Staff took actions to reduce the risk to people without taking away people's right to make decisions about their care. The person's relative told us staff supported their family member to stay staff with appropriate numbers of staff to do this. Staff told us that the small service meant they were able to deliver safe care and support to people as they knew people's needs well. There were no people being supported with their medicines at the time of our inspection.

People received care and support which met their needs and preferences and in line with their consent and agreement and staff understood the importance of this. There were no people being supported with their eating and drinking at the time of our inspection. Staff were aware of external healthcare professionals input and how this affected the support they provided.

Views and decisions had made about the person's care were listened to and staff acted upon these in-line with their preferences. A relative felt the staff team treated their family members in a kind and friendly way, which was done with respect.

The provider had given those who used the service information about how to raise a complaint should they need to. A relative we spoke with had not needed to raise any concerns but knew how to do this should they need to. The provider had not received any complaints at the time of our inspection. The registered manager told us that they had regular contact with people and their family member's which they felt maintained good communication. The registered manager explained this reduced the likelihood of people needing to complain about the service provision.

Staff felt supported by the registered manager to carry out their roles and responsibilities effectively,

through training and daily contact. We found checks the registered manager completed on the service focused upon the experiences of people so the service developed further as people's needs changed.

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.

People were cared for by staff that had the knowledge to protect people from the risk of harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. There were no people who received support with their medicines at the time of our inspection.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had the knowledge and skills to do so. People received care they had consented to and staff understood the importance of this. Staff worked with health professionals so people had the care they needed. There were no people who received support with their nutrition at the time of our inspection.

Is the service caring?

Good ●

The service was caring.

Peoples were involved in their care and made decisions about how they were supported. People were supported by staff who were kind and caring towards them and their family members. People's privacy and dignity was maintained and respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received care that was in-line with their individual preferences and needs. People and their relatives had information available to them should they need to raise a complaint.

Is the service well-led?

Good ●

The service was well-led.

People were included in the way the service was run and were listened too. Staff were supported by clear and visible leadership so people received quality care to a good standard.

STARS Adult Day Centre

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 3 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was completed by one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority to understand if they had any relevant information to share with us.

We met the person who used the service and saw the interaction between them and staff. We spoke with their relative who supported the person with the management of their care. We also spoke with one care staff, the registered manager and two directors. We looked at aspects of one person's care records. We also looked at complaints and compliments, satisfaction questionnaire and checks of records completed by management.

Is the service safe?

Our findings

People's relatives said they felt their family member was safe because the staff who supported them knew their needs well. They told us this gave them confidence their care and support would be provided in the safest way for them as individuals.

Staff showed a good understanding of different types of abuse and how they could protect people they supported from harm. Staff explained they would report any concerns to the registered manager or other external agencies, such as the local authority if they needed to. Staff told us they had access to safeguarding information should they need this and went on to say they felt confident the registered manager would take action.

A relative told us their family member's care needs had increased over time the service had been supporting them. They told us how they worked with the staff team to better support the person with their care and emotional needs so they could safely stay in their own home. The relative told us this had meant a lot to them and their family member as they were keen for them to remain at home. Staff told us how they supported the person from risk of falls. They continued to say how they closely reviewed the person's health and well-being to ensure the staff team were able to continue to support the person in a safe way.

A relative told us staff supported their family member with their care needs at times that suited the person. They told us because of the service was a family run organisation it had meant their family member had received care and support from the same staff for the time they had been using the service. They told us this was invaluable in offering the person safe care at times that reflected their needs.

The registered manager was involved in the care for the people who they supported and understood the staffing levels required to support people safely. The staff team communicated with each other on a daily basis so the registered manager had good assurances that they had sufficient staff to meet people's needs.

Staff and a relative told us they did not manage the medicines for the people they supported. The registered manager told us they had received training in safe medicine management and would refresh their knowledge should people's medication needs change.

Is the service effective?

Our findings

A relative we spoke felt staff knew how to look after their family member in the right way as staff were skilled. Staff told us they had received training that was appropriate for the people they cared for. One staff member and the registered manager spoke about the dementia training they had received at a local university. One staff member said, "It gave me a new perspective about the support people need." They told us working alongside experienced staff members enabled them to spend time talking with people they would care for and get to know their care needs. Staff told us and we saw from people's care records, that information was detailed in how the staff were to support the person in the right way.

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.

Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant and how it affected the way the person was to be cared for. A relative told us care was provided in the person's best interest and staff did their upmost to support this. Staff told us they always ensured that people consented to their care and knew people well to understand if they did not want something.

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. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the court of protection. The registered manager had not needed to make any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and were happy to seek advice if they needed to.

We saw from people's care records that the people they supported did not require support with their eating and drinking when they were being supported in their home. Staff told us that this would be reviewed should the care needs change for the person.

A relative told us staff were very good at looking for signs of pressure area damage and told us staff had managed this well to ensure the person's skin remained healthy. They told us and we saw from records that support from the district nurses had been sought and they had worked with them to meet the person's health care needs effectively.

Is the service caring?

Our findings

A relative we spoke with told us staff provided their family member with love and affection. They felt the support offered was focused around the person. They told us that the staff had worked with them to support their family member for many years and had developed a good relationship. They told us this had had a positive effect on the person's emotional well-being. Staff spoke with compassion about the support they offered and we saw how the person responded to staff when they spoke with them. Staff told us they had supported the person for many years and had got to know them and their family member's very well which had helped in developing their working relationship with the family. Staff were able provide support to the person family member who told us they valued staff's commitment.

A relative told us staff discussed all aspects of the person's care needs with them to ensure they supported the person in the way that they would have liked. Staff told us they respected the decisions made and supported the person which enabled the person to remain in their home. Staff told us they were not only there to provide personal care, but to also provide an emotional aspect for people, to help maintain a positive well-being. They told us they wanted to make their time with people meaningful and would take their time and go at the person's pace. The relative told us how staff did not rush the person when they provided support. They understood her care and emotional needs and supported the person in a way that was individual to them.

A relative felt their family member was treated with privacy and dignity. They told us staff spoke to their family member respectfully at all time. We saw that staff were respectful when speaking with the person. Staff provided us with examples of how they promoted people's dignity. Staff spoke respectfully at all times about people when they were talking to us or when talking to other staff members.

Is the service responsive?

Our findings

A relative told us they were involved in the development and review of their family member's care from the start, which was in line with the person's consent. They confirmed the registered manager discussed with them how they would like their care provided for their family member. They felt the communication continued at a high standard to ensure they were happy with the support they were receiving; and this was continuing to meet the person's needs.

People's relatives found the registered manager was responsive to their requests. They told us if there were any changes in care, such as needing an additional call in the evening or night time the staff were very responsive to their requests, even those at short notice. They told us that this provided them with reassurance that they had this support.

Staff told us they would always speak with the person and their family member to ensure they were providing care to them the way in which they preferred. Staff were aware of people's changing needs and as the registered manager worked closely with the family they were aware of any changes required. For example, when a change in the person's skin meant additional support was required to keep this healthy plans in place were updated to reflect the changing care needs and support. Staff confirmed to us any changes in people's care, was promptly communicated, and care plans were updated to support people in receiving consistently responsive care.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found that the provider had given information to people about how to raise a complaint. A relative we spoke with confirmed they had this information available to them. The relative said if they had any concerns they could raise them, but had not needed to. We looked at the provider's complaints over the last 10 months and saw no complaints had been received. The registered manager told us the close working links with families and open communication reduced the likeliness of receiving a complaint, as they were able to deliver a personalised service.

Is the service well-led?

Our findings

A relative we spoke with felt enabled to make decisions in how the service supported their family member. They felt included and that the registered manager listened and responded to them with good communication links. Staff we spoke with told us the registered manager was very approachable and supportive. One staff member told us that the registered manager provided personal care for the people they supported, so knew people's needs very well, they felt this knowledge helped when there may be changes with the person's care.

One staff member said about the registered manager, "I'm very much supported by her". Staff told us that whilst they were supported in their role, they also felt the registered manager had equipped them with the right knowledge to understand the role of external agencies that were available for additional advice.

The registered manager and the directors of the service knew the people who used the service and their families well. They had recruited a new staff based on their values and approach to people. The registered manager told us managing a small service meant they were able to meet people's needs in a way which suited the person's needs and not the needs of the service. The person's relatives felt this personalised service meant their family member received good care from a service provision which had the right values.

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. They told us they spoke with staff daily to ensure they were aware of any potential concerns, for example, if they were unable to make the call, or whether they required further support while attending to a person. They told us the relative had their direct number so they could contact them if they needed to. The registered manager said communication with people, their relatives and staff was key to ensuring the service was delivering good quality care.

Where there were any changes to the running of the service questionnaires were sent out to people and relatives. They used this information to understand if people were happy with the service provision, from the response we saw, these were positive. The registered manager and directors of the service also completed monthly checks on people's care records, to identify any shortfalls in records.

The registered manager explained that their knowledge and experience they had gained prior to working at the service, meant they were able to offer a high quality service. They told us that with the support from others in senior management having expertise in areas of health and social care along with a good understanding of the regulations helped develop and drive the service forward. They told us they actively sourced new ways of gaining information to enhance their knowledge in areas such as dementia, which had a positive impact for the people they supported.