

Postflux Limited

North Star Foundation

Inspection report

8 Old Market Court
High Street
Droitwich
Worcestershire
WR9 8ES

Tel: 01905772233
Website: www.nsf.uk.com

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

North Star Foundation Limited is a domiciliary care service. It is registered to provide personal care to people with learning disabilities living in their own homes. There were 22 people using the service on the day of our inspection.

At the last inspection, on 20 and 21 April 2015, the service was rated Good. At this inspection we found the service remained Good overall with a rating of Outstanding in the 'Caring' key question.

People received support from experienced, committed and compassionate staff. There was a strong ethos which was held by the provider and management team of keeping people at the heart of their care. This ethos was adopted by staff and interweaved in their supporting roles. Staff were always looking for ways to improve people's lives and frequently went over and above to assist people in achieving their dreams. This approach frequently resulted in compelling accounts of improvements where people had been supported to reach certain individual milestones in their lives.

Staff respected people's privacy and dignity when they supported them and promoted their independence which assisted people in making choices which people appreciated. With the sheer determination of staff and management working alongside people their life opportunities, welfare and quality of life were respected and enhanced.

People who used the service and relatives provided overwhelmingly positive feedback about the service and individual staff. Throughout people's feedback they expressed accounts of how they felt truly involved in their care and part of the overall management of the service. Staff liaised with health and social care professionals and community services to support people in planning and meeting their individual goals.

People continued to receive care which protected them from avoidable harm and abuse. Risks to people's safety were identified and measures were in place to help reduce these risks. When people required support to take their medicines there was assurance staff only supported people when they had received the training to do so. Regular checks on staff practices were undertaken to support people's safety.

Staff were available to respond to and meet people's needs safely without people feeling rushed and/or care calls being missed. Checks were completed on potential new staff to make sure they were suitable to support people in their own homes.

People were provided with care which continued to be effective in meeting their particular needs. Staff received training to provide them the skills and knowledge they needed to support staff in providing the right care and support people required. Additional specialist training was sought to raise staffs skills to support their confidence and competence in providing the care to meet people's complex needs.

Staff asked people's permission before they assisted them with any care or support. People's right to make

their own decisions about their own care and how they received this were supported by staff. When needed, arrangements were in place to support people in remaining in good health and have enough to eat and drink.

People were provided with care and support which was individual to them. Their care and support needs were kept under review and staff responded when there were changes in these needs. There continued to be a flexible approach to providing people with the care they required at times when people needed this the most which reflected a responsive approach when people wanted to remain living in their own homes.

People were encouraged to raise concerns and make complaints and were happy these would be responded to. The management team used feedback to assist them in focusing upon areas of improvements for the benefit of people.

Staff were happy in their work and were clear about their roles and responsibilities. There was an ethos of keeping people at the heart of their care amongst the staff team which was fully promoted by all the management team. This ethos supported staff in a variety of ways to be the best they could be.

The provider had a clearly defined management structure which had changed since our previous inspection. People felt listened to when they provided feedback about the service they received and knew about the changes. The provider and management team worked well together. They aspired to use and develop and add to the systems in place so these continued to be effective and responsive in assessing and monitoring the quality of the service provided.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service improved to Outstanding.

People felt they mattered and valued the caring nature of staff who knew them well.

Staff supported people to have as much choice and control over their lives as possible which included overcoming obstacles to achieve their goals.

Care and support were provided in a warm and patient way which took account of each person's personal needs.

People were treated with dignity and respect and their diverse needs were met.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

North Star 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.

This was a comprehensive inspection, which took place on 2 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at their office.

The inspection team consisted of one inspector.

Before 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We looked at other information we held about the provider and the service. This included information received from the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also sought information from commissioners including the local authority who commission services on behalf of people and Healthwatch. (The local consumer champion for health and social care services). We used this information to help us plan this inspection.

Four people who used the service came to meet and speak with us on the day of the inspection and we spoke with three relatives by telephone. The following day we spoke with a further four people who used the service, one relative and one professional who had some involvement in the service by telephone. This was to establish people's views about the care and support provided. We had also received feedback from people who used the service, relatives and staff from questionnaires we had sent to them prior to our inspection. In addition to this we sampled the care records of three people and the comments people had expressed about staff who supported them in their homes.

We also spoke with four care staff, a reviewing officer, the registered manager, the provider and head of service. We spoke with a further three staff members by telephone and one staff member wrote to us following our inspection visit. We looked at two staff recruitment files, staff training records, records of complaints and compliments, surveys and records associated with the provider's quality checking systems.

Following this inspection the registered manager sent a staff training tool they had devised.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe with staff and were confident staff supported them in a safe way. would support them if they were being harmed. One person told us, "They [staff] are all kind and they help me to be safe. They [staff] help me to cross the road, it is very busy." One relative said, "I know [family member] is safe with their support workers who know them really well and would be able to tell straightaway if they were being harmed or frightened of anything." We found this was the case as staff provided examples of how they would recognised changes in people's behaviour or mood which could indicate people may be being harmed or unhappy. Staff had received training in protecting people from abuse and showed a clear understanding about the types of potential abuse and how to report this.

Staff had written guidance in people's risk assessments which outlined how to support people in each situation they might find difficult or which could affect their safety and welfare. We saw plans when people required staff guidance and support so their actions did not place them and or other people at risk. We heard from people who used the service and staff how people were supported in a positive way with risks to their safety and welfare reduced so they were able to reach their goals. For example, people were supported to live more independently, attend public events and face their fears when using different kinds of transport.

The registered manager told us, and records showed, when accidents and incidents had occurred they had been analysed so steps could be taken to help prevent them from happening again. For example, the registered manager provided staff with specific training around managing people who have behaviour that challenge, so staff could support them safely. Additionally, advice was sought from health and social care professionals.

Staffing levels as at the previous inspection were extremely flexible and based around the support each person required to be as safe as possible and achieve what they wanted in life. People who used the service, relatives and staff told us they believed there were enough staff to be able to support people's safety both in their home or when going out. Additionally, staff told us if a person's needs changed and additional staff were required this would be put in place. The required recruitment checks had been completed for all potential new staff to ensure they were suitable to work with people who used the service before they commenced their support roles.

People who required support to take their medicines had this clearly documented in their support plans and staff completed medicine records to show how and when people had received their medicine. One person said they were happy with how staff assisted them to take their medicines. The registered manager told us all staff who administered medicines had been trained to do so and their competency was checked to ensure they did this safely. This was confirmed by staff we spoke with. We saw staff put their training into practice as they correctly followed the written guidance to make sure people received the right medicines at the right times.

Is the service effective?

Our findings

People told us they were happy with the team of staff who supported them in meeting their needs. We heard from people how staff had provided support which helped them to feel better and to cope with certain situations. For example, one person expressed how staff had assisted them in managing their feelings of anxiety which they felt worked for them. Whilst another person said staff supported them with their personal care where they required and they valued this. Relatives thought staff knew the care people needed to maintain their welfare and were very happy how regular staff teams provided the care.

Staff we spoke with consistently told us they had received a detailed induction and had initially worked alongside another staff member so they were supported to learn about people and their needs promptly. This was a way of helping people feel confident and comfortable with new staff and at each person's own pace. Staff we spoke with told us they felt supported in their work and would be able to raise any concerns and or training needs at staff meetings as well as at one to one meetings. Staff told us their training was centred on gaining knowledge around meeting the needs of people with learning disabilities and supporting people with their emotional wellbeing. For example, staff told us they had received training in supporting people with behaviour which could challenge. They said this had assisted them in thinking about strategies to use in their caring roles and enhanced people's wellbeing.

We saw people's consent to care continued to be sought and people gave us examples of how their rights with regards to consent and making their own decisions continued to be respected by staff. For example, people confirmed staff always involved them in their support plans and this gave them an opportunity of agreeing how their support needs would be met. One person told us, "[Staff member] asks me if this is what I want, I say yes or no. I can choose what I like." People also told us staff had gained their consent about whether they wanted to meet and talk with the inspector. One relative told us staff were, "Very careful to get his permission to do things." The registered manager and staff understood their responsibilities with regards to the protection of people's rights and what to do when someone may not have the capacity to make their own decisions. This knowledge supported people to have decisions made in their best interests.

People told us staff supported them with their meals where this was required and in line with their support plans. One person said they were supported to plan, shop and cook their meals with staff support. Staff we spoke with had a detailed understanding of each person's dietary needs and their preferences. Records reflected people had an assessment to identify what food and drink they needed to keep them well and what they liked to eat. Support plans showed people received assistance from other health professionals and where people required support with healthy eating options in order to remain healthy and well.

From talking with relatives, staff and looking at people's health action plans, we could see people's healthcare needs were monitored and supported through the involvement of a broad range of professionals. This included clinical psychiatrist and the community learning disabilities team. Health action plans reflected people's on-going health needs and provided staff with guidance on how to support people and recognise any deterioration in their health. Additionally, one staff member told us they had received diabetes training so they felt confident in supporting people who had this health condition to effectively

manage this.

Is the service caring?

Our findings

People highly praised staff and the management team for their kind and caring nature as this made people feel they mattered. One person described to us how staff were kind to them and had supported them to continue with things they liked to do. This person told us they valued the fact staff knew them well. They said, "I like [staff members name] they are very nice to me" and the registered manager is, "The best woman, she always helps me." Another person shared with us how they had been supported through recent significant changes in their life. The person told us, "When we [people who use the service] want the help they [staff] give up their time to help us live a more good life."

Relatives we spoke with were exceptionally positive about the care and support their family members received from staff. We heard examples of how staff were devoted to assist people in their life choices and to have the best lives as possible. Relatives comments included, "North Star are excellent," "I can't speak highly of them all [staff and management]," "I have utter respect and admiration [for staff]," "The interaction between [person who uses the service] and the support worker is so good, it is lovely for a mom to see that" and "[Family member] has got a lovely [staff] team who know her very well." In addition to this we read recent comments from an external professional which stated, 'North Star as an organisation has been fantastic and has bent over backwards to do the best for [person's name].'

The management team including the provider were passionate about keeping people at the heart of their care. In the Provider Information Request [PIR] we saw the commitment from the management team was for people to be, '.....encouraged to pursue their dreams through informed choices and positive risk taking.' This philosophy of care was clearly understood by staff and reflected in their practices. For example, we heard how one person's opportunity of moving house to live in a town had been realised by staff who then supported the person to achieve this in stages. We heard the compelling account of how staff had worked hard to make this a reality for the person so they were as safe as possible and other people were too. With staffs resilience and the caring relationship they had built with the person, now this had been achieved other goals were being realised and support was being provided to achieve these ambitions.

Another person described to us how they had been supported to go to visit their family abroad by plane. As the person shared with us their experience it was clear from their facial expressions and body language this had been a huge undertaking for them. The person was proud of themselves but recognised staff had assisted in making them feel less anxious as they drove to the airport. The person talked about their experience and told us, "They [staff] help us [people who used the service] to be independent and have a good life." Additionally, we read comments by a relative about the support their family member received from the management and staff team. The comments read, 'You went the extra mile to help us lift [family members name] from a very dark place and we have noticed a very big difference in their mood. They went on to say'the consideration of us as well as [family members name] has been outstanding.'

A further person described to us how they had achieved great things in their life. One example they provided was of how they were an honorary member of a well-known societal group and how they had been supported to achieve their education goals. The person said their life was interesting and attributed the

assistance and guidance from the staff and management to becoming successful in achieving their goals. The person told us, "Their [staff] help is so great, I can do anything."

Staff were exceptional in how they cared about supporting people to achieve fulfilling lives at times against all odds. We heard many examples of how the management and staff team worked together so people had opportunities to lead independent lives. For example, staff supported people at times of transition when people moved to living more independently which for some people was a move away from the family home. One person spoke with us about how this may have been simple to do for some people but for them it had been a great achievement. The person said they accomplished this move but only with the support of staff. They told us, "I love" my new home. [Registered manager] is helping me to get a greenhouse next."

Working together to put people at the heart of the service, the management and staff team took great care to communicate with people. This was to understand their individual needs and preferences and provide care which was effective and responsive. Staff were able to talk about how they supported people when they had choices to make in their lives by providing guidance. However, staff respected where people were able to make life choices. Some of the choices people were supported with involved their relationships with others and their own sexuality. For example, one staff member talked with us about how they provided a "Listening ear" to a person who was thinking about taking on a big commitment which would impact and change their life. The staff member said they helped the person to think about the changes which would happen so the person had an opportunity of discussing these in comfort with someone they knew well.

People were supported by staff who found creative ways to improve their lives. One staff member told us how a team of staff was supporting a person who was making some life choices which were unwise at times. We heard how the person's choices potentially placed them in difficult situations. To assist the person staff looked at the support the person required and tailored this so the person was less influenced by external sources. Staff told us about another person who was advised they were too old to attend an educational establishment so staff found an alternative source so the person was not disadvantaged. One staff member told us, "Everyone has a caring nature. It's about making their dreams happen." This staff member went on to say how a dictionary was made for a person with pictures alongside words. The staff member said this made a difference as some people may not have learnt to read and write in their lives.

Another person told us, "They [staff] help me to smile when something is not right. This makes me happy again." Additionally people chose to come and spend time with us, sharing their views and were clear they were involved in every aspect of their care which included interviewing new staff and undertaking administrative tasks. One relative described to us how staff supported their family member to do something they liked to do whatever the weather. The relative had great admiration for staff and how they carried on regardless for the good of people they supported.

Staff understood that personalities did not always match and encouraged people to say when they wished to change their support. One staff member told us, "I always tell them to say if they don't click with someone." One relative talked about how their family member had specific ideas about who they would be able to, "Get on with." Instead of this becoming a barrier for the person and staff, an idea had worked where the person would gradually be introduced to people in a more informal way to see if they like the staff member. In addition, to this initial assessments explored people's wishes and preferences to establish which staff they might would get along with. The management team regularly asked people if they were happy with the staff who visited them through reviews and when they visited people to provide support.

People we spoke with told us they had been provided with information about advocacy services. This was also confirmed by the management and staff team who had links to local advocacy services. Advocacy services are independent of the service and the local authority and can support people to make and

communicate their wishes. The management and staff team were passionate about advocating on people's behalf in conjunction with relatives where this was appropriate. In all the views and experiences shared with us it was evident the management and staff team constantly advocated for each person so they were supported to realise their own achievements and reach for their goals. There were many examples of people being supported by the care they received so they were able to participate and be members in different groups within society including education and workplaces.

In the PIR the registered manager told us staff had, '.... training to ensure all staff understands that customers [people who used the service] have the right to live their life the way in which they choose with dignity and respect.' We heard from people how staff put this knowledge into practice. For example one person told us, "They [staff] help me feel okay when they help me with things I struggle with." The person said they really appreciated this and it made them feel valued and respected as an individual. Another person said, "I feel comfortable with them [staff]." They went on to say staff understood they liked to spend time on their own in the bathroom which staff respected. One staff member said, "We encourage people to do things for themselves and always provide care which supports people's dignity and privacy." Examples given were making sure curtains and doors were closed with people's permission.

Staff told us where people were able to meet some of their own care needs and wanted to do this, it was encouraged. People told us they were asked if they preferred a male or female care worker to assist them with intimate personal care. One staff member said, "The help we give means people can be as independent as possible wherever they choose to live. We encourage them to do things for themselves as much as possible but we would never leave people to struggle." In addition staff understood the importance of respecting people's confidentiality and told us they would only share information about people on a need to know basis. We saw care records were secured in the office and only people with authorised access could look at computer records held by the provider.

Is the service responsive?

Our findings

People's individual needs had been assessed before they received support to help ensure people's needs; wishes and expectations were able to be met. People consistently told us they had felt involved in how they wanted their support needs to be met. One person described how by staff responding to their needs they were supported to go to work. The person said, "I love going to work" and staff helped them to do this. Another person enthusiastically told us how staff supported them to do what they liked, such as cooking meals so they could improve their skills. The person went on to say how staff were there at times they needed support which they thought helped them keep healthy and well.

Relatives we spoke with praised staff practices in how they had responded to their family member's needs. One relative said staff were committed in their responses to supporting their family member with things they enjoyed doing, whether it was summer or winter time. Another relative described how staff had supported their family member with aspects of their behavioural needs to assist in enhancing their wellbeing.

Staff knew people's needs well which one staff member told us helped them to respond to people's needs in the best way for each person. Another staff member said, "They [people who use the service] have all got their own different needs and it's about responding to these as they would like us to." Staff were able to tell us about people's individual needs and how they would respond to these. One person told us they had confidence in staff to respond to their particular health needs which made them feel both supported and safe. We saw in the care records we looked at there was guidance for staff to follow so they were able to consistently respond to people's different needs which included where people had epilepsy.

Staff understood how best to support people to access local amenities which supported their particular social needs. People told us they had built up a profile of interesting social and recreational opportunities which they enjoyed for both fun and interest. One person said staff assisted them with their personal care needs at the start of their day so they were able to participate in things they liked to do.

Staff we spoke with described how the arrangements in place supported people to receive consistent care which took into account any changes in their needs. For example, people had a small dedicated team of staff who were responsible meeting each person's support and care needs. This arrangement was valued by people who used the service and relatives. One person told us, "I really like all my support workers" and was able to put a name to each one. Additionally, there were other arrangements which assisted people to receive responsive care, such as having strategic staff in place to lead teams and on-call arrangements. These consistent arrangements supported the exchange of information between the different groups of staff who made up the teams who supported people in their homes.

People consistently told us they would raise complaints about their care if they needed to and were very confident in being listened to with action taken to resolve their issues. A relative told us they had never complained as they were very happy with the service provided. We saw the provider had a process for receiving and managing complaints. Staff told us they would recognise if someone was unhappy and would support people if they thought this was needed. When people met us at the office they were relaxed and

happy around staff.

Is the service well-led?

Our findings

Since our previous inspection in June 2015 there have been some changes in the management of the service. These have included a new manager registering with us in January 2017. 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.

Everyone we spoke with knew about the changes in management and were consistent in their views about how positive the services they received in their own homes were. One person who used the service told us, "North Star is a good service." The person went on to say, "The managers manage it very well and help to care for people with a learning disability like me so I can have support in my home." One relative said staff "Were lovely" and with their support had helped to, "Keep [family member] in his own home" which matched their hopes.

People shared with us how they were asked about their views about the service they received. People consistently told us they were often asked for their opinions by staff when provided with care and during more formal reviews. One person said, "We chat about my care, I am able to give my own views."

The management team had arrangements in place to check, monitor and review the quality of care people received. As part of these the management team considered people's views and experiences about their care which included what relatives thought. For example, there was a comment made about sudden changes in the staff teams causing people anxiety which was reflected in the survey feedback. Alongside this experience the management team had noted an improvement action which was to inform people of staff changes as soon as possible. In addition, the management team had increased the opportunities of people sharing their views to inform their quality checking arrangements. They had recruited a staff member who has part of their role and responsibilities would be gaining and listening to people's experiences of their care. The reviewing officer told and showed us they were keen to develop their role in supporting people to receive a high quality service in their own homes.

The provider, registered manager and head of service had regular contact with people who used the service, relatives and staff; they were knowledgeable about the needs of people. Staff confirmed they felt well supported by the registered manager and the wider management team and their colleagues. One staff member told us, "We all work as a team and communication is great." Another staff member said, "[Registered manager] is very supportive, approachable and always willing to offer help." Staff felt they could openly share any issues they had with the management team. One example they provided was how the staffing rotas needed to be improved upon so staff received these well in advance of their care and support calls. The management team were aware and progressing improvements. Talking of this open approach staff said they would not hesitate to use the provider's whistleblowing procedures to report any concerns they had.

The registered manager provided us with examples which highlighted they had a positive sense of direction, strong leadership and a commitment to providing high quality care. Staff shared through their reflections on their own practices the vision and values of the registered manager and the wider management team which was placing people at the heart of the service. We saw this approach had been appreciated by people as they had sent in complimentary comments about the care staff had provided. One comment read, 'The support workers are great! We receive a brilliant service from all staff.'