

Royal Mencap Society

Shining Star

Inspection report

562 Green Lanes
Goodmayes
Ilford
Essex
IG3 9LW

Tel: 02085904235
Website: www.mencap.org.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Shining Star is a residential service providing care and accommodation to people with learning disabilities and or autism. Shining star accommodates up to four people in one building. At the time of our inspection three people were living there, all of whom communicated non-verbally.

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

Medicines were not always managed safely. There was out of date paperwork in one person's medicine folder and some poor medicine administration recording practice. We have signposted the service in respect to improving their infection control measures. There was no signage in bathrooms around the donning, doffing and disposal of PPE. People's temperatures were not being recorded in line with the provider's guidance for supporting people during an outbreak of Covid-19. Food hygiene was not always practiced. We found out of date and unlabelled food in the fridge.

Risks to people were assessed and monitored. There were systems in place to support safeguard people from abuse. Lessons were learned when things went wrong.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The service had not applied for Deprivation of Liberties Safeguards (DoLS) for people and thereby was depriving them of their liberty without lawful authority. Although this was the case the service was working in people's best interests and to the principles of the Mental Capacity Act (MCA).

Relatives had mixed views on staff training. Staff completed training and were competency checked in their roles.

Relatives had mixed views on the provider's responses to complaints and concerns. We saw complaints were responded to appropriately and the provider worked to address relatives' concerns. People's care plans were personalised and detailed. People were supported with their communication needs.

The provider had not picked up on the issues we found at inspection through their quality assurance measures. They were also unable to provide us with some of their quality assurance documentation because the registered manager was unavailable.

The service worked in line with the provider's values and sought to listen to people, relatives and staff. The service worked in partnership with other agencies to support people.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. There were sufficient staff who were trained to provide person centred care. The provider's values, including being inclusive and caring, were embedded in the service, being discussed regularly at staff meetings and promptly displayed on the walls of the office.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 17 December 2019).

Why we inspected

The inspection was prompted in part due to the death of a service user by choking. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not seek to inspect them, though we found information about them through the course of our inspection activity. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Enforcement

We have identified breaches in relation to safe care and treatment of people, safeguarding people from abuse and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Shining Star

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Shining Star 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:

We gave a short period of notice for the inspection. This was because we knew the registered manager was unable to support the inspection and we needed to understand the risk of infection.

Inspection activity started on 28 January 2021 and ended on the same day.

What we did

Before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During our inspection

We spoke with four members of staff; two care staff, an interim service manager and an area manager. We reviewed a range of records. This included two people's care records and one person's medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received feedback from two relatives of people living at the service.

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 now deteriorated to requires improvement.

Using medicines safely

- People's medicines were not always managed safely. We looked at one person's medicine file and saw documentation that had not been reviewed and was out of date. We found one policy dating back to 2011 and one document providing instruction how to support the person with their medicine overdue for review dating back to February 2019. This meant that instructions and guidance how to support people with their medicines was potentially out of date and incorrect.
- We also found one example of poor medicine administration practice where people's record of medicine being administered had been written in hand on the back of a MAR (Medicine Administration Record) sheet when they had run out of space on the front of the sheet. This type of practice can potentially lead to errors being made. In this instance, the practice had occurred very recently during a COVID-19 outbreak at the service, when some experienced members of staff and management were not present. The provider sought to rectify the issues as soon as they were flagged and updated the person's file accordingly.
- At the time of our inspection we were unable to see whether any medicines audits had been completed due to the provider being unable to access them as some staff and management were unavailable. However, even if they were available, they had not picked up on the out of date documentation in the person's medicine file.

We found no evidence that people had been harmed, however, the provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Good Governance

- Staff were trained how to administer medicines and their competency was checked regularly. One staff member said, "[Registered manager] went through the meds with me and would count the meds. For the first month I did a variety of shifts and they would show me and I would observe others to do it. The co-workers told me about checking the folder, also it says in their meds folders what needs to be done."
- People's medicines were stored in their own rooms in lockable cabinets. We saw the temperature was checked to ensure medicines did not spoil. We counted one person's medicine and found it all in order.

Preventing and controlling infection

- The service had recently had an outbreak of COVID-19 with one person and some staff testing positive. We completed an Infection Prevention Control checklist as we currently do with all residential services we regulate. We signposted the provider to resources to develop their approach.
- We provided this signposting to resources as the service lacked infection control signage. There were no signs in any bathrooms with regard to infection control, other than small wash your hands signs that pre-dated the current pandemic. There were no signs in bathrooms how to don or doff (put on or take off)

Personal Protective Equipment (PPE) nor where to dispose of it. Infection control audits had been completed by the registered manager and by the provider, but they had not picked up on this.

- The provider's guidance on supporting people with suspected or confirmed Covid-19 stated there should be "daily monitoring of COVID-19 symptoms amongst the people being supported". People's temperatures were being recorded but this was not done consistently. There were gaps in one person's daily temperature record and staff were unable to find any record for another person, who was regarded by government guidance as "extremely vulnerable".

We found no evidence that people had been harmed, however, the provider had failed to assess the risk of, and preventing, detecting and controlling the spread of, infections. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Good Governance

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Staffing and recruitment

- The service had robust recruitment practices though we had some concerns about administration in this area. All staff had completed pre-employment checks to ensure their suitability for their roles. This included criminal record and employment history checks. This meant people were kept safe as the provider employed suitable staff. However, we had to wait for the provider to send us this information following our inspection as three staff files we looked at were not in good order.
- One staff file did not contain sufficient details about the employee's employment and other staff files contained historic training and observations. The provider was able to later demonstrate they held up to date information centrally at their head offices as well as electronically.
- Relatives told us staffing was consistent. One relative said, "At the moment there seem to be the same staff. We have been told there are people off sick". The service had a rota indicating sufficient staff to people ratio. The provider had responded to the recent Covid-19 outbreak and ensured the service was staffed by a mixture of locum and agency workers. They had also brought in an interim manager from another service. One staff member said, "Before Covid, we didn't have an issue. [Registered manager] would come and sit with people. Mornings are a lot busier."

Assessing risk, safety monitoring and management

- This inspection was in part completed due to the death of a person using the service through choking. We wanted to be assured that the service kept people safe in this regard and risks to people were monitored. We looked at the information the service contained on the person who died, and any health conditions they had. We also looked at information the service held for other people to support with potential risks to them.
- At the time of inspection, people at the service were kept safe as the service assessed and monitored risks to them. Risk assessments were personalised and covered different aspects of people's lives. They were also varied and detailed. We saw risk assessments including supporting people in the community, finances, welfare at night and using electrical appliances in the home. Risk assessments aimed to support people's individual preferences and behaviours they presented with.
- The service maintained numerous health and safety checks and audits to ensure the maintenance and upkeep of the service property was in good order. These aimed to keep people's home safe through regular monitoring.

Systems and processes to safeguard people from the risk of abuse

- Relatives had mixed views about whether they felt people were safe and looked after. One relative said, "[Staff] are informative and tell me what is going on at the service or if there is an incident or accident." Another relative said, "There was incident with a giant bruise and they [staff] didn't notice it. We reported it to them." The provider was able to evidence this incident had been reported and investigated.
- There were systems in place to safeguard people from abuse. Staff were aware they were required to report potential abuse or safeguarding concerns to the manager who would in turn report the incident to the provider and local authority.
- Staff received annual refresher training on safeguarding. One staff member told us, "This was in the training booklet, the different types (of abuse), financial abuse, making someone feel uncomfortable, threatening them, withholding things, we double check money if there's two people there's a witness etc., there's also info about marks."
- Allegations of suspected or potential abuse were recorded by staff and investigated by the registered manager with oversight from the provider. Any lessons learned were shared among the staff team.

Learning lessons when things go wrong

- Lessons were learned where things went wrong. Staff recorded incidents and accidents which were later analysed by the provider. Where investigation was required, this was completed by the registered manager. Any learning from incidents were shared with staff through team meetings and supervision.

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 good. At this inspection this key question has not been rated as we have only looked at the part of the key question.

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

- We found some food stuff in the fridge which was not labelled. We also found some food in the fridge which appeared to be out of date but could have been recently defrosted, however, staff were unable to tell us whether the food had recently been taken from a freezer or not. This potentially put people at risk of food poisoning. One person's care plan specifically stated they "require support to ensure expired dates on foods are observed".

We found no evidence that people had been harmed. However, the provider had failed to assess the risks to health and safety of service users. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Good Governance

- There was guidance and instruction in people's care plans so staff could support them with eating and drinking. We saw risk assessments that supported how best to work with people to ensure they ate healthily. We saw specific instructions in care plans for staff to monitor people and ensure when they ate, they did so in a way which was not a harm to themselves.
- For example, where one person had health condition related to eating, there was supporting guidance in their care plans. Similarly, their care plan stated how the person should be supervised at all times when eating, supported to pace their mouthfuls and how their food should be prepared. Another care plan indicated how staff should encourage the person to "take it easy", "eat slowly" and support them to identify healthier eating options. A staff member told us, "We watch people eat and we prepare their food and we watch [person] who has a slight choking hazard. It is in their care plan; they eat very quickly and need to be prompted to slow down."
- Although we found the concerns we did, all staff had completed training on food hygiene and the registered manager had completed some manager specific training for supporting people to eat and drink safely. Food safety was also covered at induction and in infection control workbooks staff completed and had signed off by management.

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.

- People at the service were required to have DoLS in place to keep them safe. We found people's DoLS documentation was out of date. This included no applications being made for people who required them and therefore no authorisations having been made nor CQC being notified.

We found no evidence that people had been harmed, however, the provider had failed to ensure people using the service had not been deprived of their liberty for the purpose of receiving care or treatment without lawful authority. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Good Governance

The provider, once aware of this issue, immediately made applications to the local authority to renew them.

- Aside from the concerns we found with DoLS, we found the service to be working within the principles of the MCA. We saw that care plans contained mental capacity assessments and best interest decisions. The language used in care plans sought to support people's decisions and choices.
- Staff were trained in the MCA and sought people's consent to care. One staff member said, "You assume the person has capacity. You empower them for them to lead on decisions. It's not intrusive and make sure you provide advocacy when needed, where there is no capacity, and in their best interests. "

Staff support: induction, training, skills and experience

- Relatives had mixed views on staff training. One relative, when asked whether staff were suitably skilled and knowledgeable about their relative's care, said, "I think so. When I chat to them, [staff] know all about [family member], what they do and what they like and what keeps them happy. I always have a good feeling they are on top of things." However, another relative said, "I asked [registered manager] about training of autism for their staff. To be able to offer the right support for autistic people you need the right support, but they don't seem to be up to date on the right support in my opinion."
- Staff at the service completed training to ensure they were competent to do fulfil their roles, including training how to work with people with learning disabilities and or with autism. The training the provider required staff to complete was a mixture of both face to face and online training, though the latter had been more prevalent during the pandemic due to lockdown restrictions.
- Staff completed induction documentation, so they knew what they were supposed to be doing when they started working. Alongside a specific induction file, new starters completed handbooks which informed them about various topics and assessed their competencies with questions. The registered managers was then able to check staff competency in this way.

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 not been rated

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans detailed their needs and preferences. Care plans were personalised and extensive, providing insight into people's lives, what was important to them and how staff should support them live as full and meaningful lives as possible.
- Care plans provided information for staff on how people wanted to be cared for and how they liked to spend their time. Plans highlighted people's preferences in various areas; topics included food, domestic chores, time in the community, family contact, which activities they enjoyed as well as many others.
- These were personalised, so staff knew exactly how people liked things. For example, there was specific information on how a person had their own cupboard arranged and how they unpacked and placed their shopping in different sections of their fridge.
- Care plans were reviewed regularly to ensure the information they contained was up to date. Staff signed support plans, an element of a care plan, to indicate they had read them. However, there was no system in place to ensure all staff at the service had read the care plans. One care plan we looked at contained support plans which were signed by nine members of staff while others were signed by six members of staff.

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 recorded. Everyone living at the service was non-verbal and each person had different means of communicating their needs and wants. Care plans contained communication support plans and provided information about how individuals communicated. For example, there was guidance about different signs people used and what they meant. The service also used pictorial menus to help support people with choices.

Improving care quality in response to complaints or concerns

- Relatives had mixed views about complaints. One relative said, "I have never had to do that [complain] and feel I've been well informed." Whilst another relative said, "We don't feel they've taken our concerns seriously. The actions don't follow what was agreed." We shared one relative's concerns with the provider as we wanted to offer the provider the opportunity to respond to the concern and to let us know what they had done about it. We also signposted the relatives to the Local Government Ombudsman, a recognised body who people with individual complaints about services could contact.

- We saw that other complaints were responded to appropriately. The provider recorded complaints and sought to respond to concerns. We saw action had been taken by the provider where concerns had been raised.

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 as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service's governance standards had diminished since our last inspection. We found numerous instances of out of date documentation and poor administration. Whilst we were aware the service was working through a difficult time attempting to combat an outbreak of COVID-19, with a reduction in usual staff, there were clear examples of historical and ongoing service oversight which required improvement.
- At the time of the inspection the registered manager was unavailable. The provider was unable to access medicine audits because of this. This highlighted a flawed oversight of system governance. Similarly, we understood these medicine audits had not picked up on the out of date documentation we saw in the person's medicine folder we looked at and we saw infection control audits had not picked up on the lack of signage at the service with respect to infection control. We also noted no one had picked up on inconsistent recording of people's temperatures.
- There was out of date paperwork in one person's medicine folder and one example of poor medicine administration within that folder. There was a staff file that lacked everything other than some unsigned training documentation though the staff member had been in post for six months. There were out of date Deprivation of Liberties Safeguards applications and authorisations made for people at the service. There was out of date and unlabelled food in the fridge.
- Staff were required to sign people's care plans to state they had read them, ensuring they knew how to support them. We found instances where this had not occurred. This meant some staff may not be aware of all people's needs. The provider's oversight of such procedures was not sufficiently robust enough to ensure they knew when this happened.

We found no evidence that people had been harmed, however, the provider had failed to maintain accurate records in relation to the management of regulated activity. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Good Governance

During and following the inspection the provider sought to assist CQC with their duty in a transparent fashion. We noted the difficulties they faced due to the COVID-19 outbreak with experienced staff on leave and contingency plans in place.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility

- The service endeavoured to provide high quality, person-centred care. The service was very much people's home; there were photos of residents in most rooms and we saw evidence how people had been supported through the pandemic lockdowns; photos of gardening and playing games outside. Care plans were rich in detail and staff we spoke to knew about people and what they liked. The provider placed emphasis on people's choices and their being empowered which was evidenced through policy and all documentation we read.
- The provider placed great emphasis on their values which sought to empower people and their choices. There was a focus on equality and diversity with regards to inclusion of people in as much as possible. The staff office wall was adorned with certificates in recognition of staff working to these values and how they championed inclusion.
- The provider understood their responsibilities to people using services acted responsibly when things went wrong. Incidents were analysed both locally and at provider level and where required people and relatives were responded and provided support. The provider was also candid and transparent in their responses to us when we sought evidence following site inspection.

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

- Relatives told us their views of the service were sought. One relative said, "I've been invited [to meetings] before but stuff gets sent to me, mostly it is to ask if I am satisfied with the service." We saw records of meetings held with people and relatives where their views were sought.
- Staff felt listened to by the provider. One staff member said, "It's an open organisation... they know how we feel, and they listen to us." There were regular staff meetings. Minutes we saw included topics such as recognising workers for their contribution during the COVID 19 pandemic, PPE, punctuality and training. The provider also sought regular feedback from staff through surveys.

Working in partnership with others

- The service worked in partnership with other agencies to support the people they worked with. Records of interaction between the service and local authorities, health care professionals and other organisations demonstrated joint support for people who lived at the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not being managed safely. Infection control measures required improvement. Systems in place to monitor food stuff required improvement.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People's DOLS had not been applied for and therefore people were being deprived of their liberty without lawful authority.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Documentation and files at the service were out of date or overdue for review. Audits had not picked up on concerns we found with infection control or medicines. the provider had failed to maintain accurate records in relation to the management of regulated activity.