

Rotherham Healthcare Limited

The S.T.A.R. Foundation

Inspection report

Astrum House
Nightingale Close
Rotherham
South Yorkshire
S60 2AB

Tel: 01709834000

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was unannounced, and took place on 7 November 2018. The home was last inspected in September 2017 where concerns were identified in relation to governance, consent, and a failure to display CQC ratings and make required notifications to CQC. The home was rated "requires improvement" at that inspection.

The S.T.A.R Foundation 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 home is located close to the town centre of Rotherham, South Yorkshire. It is in its own grounds in a quiet, residential area, but close to many amenities and public transport links. The home accommodates up to 60 people with support needs including dementia, physical disabilities and mental health conditions. At the time of the inspection 60 people were using the service. The home comprises three discrete units, each consisting of separate "pods" of four en suite bedrooms with a kitchen/diner and living area, as well as central communal facilities, including a large lounge area, a therapy pool and a sensory room. The home is known locally as Astrum House.

The service had registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that staff went about their day to day duties treating people with respect and dignity. We observed a genuine warmth when staff spoke with people and staff told us that treating people respectfully was the most important part of their job.

The home environment was designed to meet the needs of the people living there, with a range of facilities including a hydrotherapy pool. The home had an activities coordinator who devised a varied activities programme, including activities both within the home and within the local community.

Medicines were stored and handled safely. Where people were at risk of harm, or presented a risk to others, there were appropriate risk assessments in place to ensure staff kept people safe.

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

We looked at the arrangements for complying with the Mental Capacity Act, and found that although on the whole this was adhered to, improvements were required in the way consent was obtained and recorded.

Mealtimes were observed to be comfortable and pleasant experiences for people. People told us the food

available was always good.

The management team were accessible and were familiar to people using the service. The provider had a system in place for auditing the quality of the service, although we identified improvements could be made to this. There were arrangements for obtaining and acting on feedback from people using the service and their friends and relatives.

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. Medicines were stored and handled safely, with staff having appropriate training to ensure that people received medicines in a safe way.

Where people were at risk of harm, or presented a risk to others, there were appropriate risk assessments in place to ensure staff kept people safe.

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

Is the service effective?

Requires Improvement ●

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

Mealtimes were observed to be comfortable and pleasant experiences for people. People told us the food available was always good.

Staff received a high standard of training which they told us they found useful and said it helped them undertake their roles.

Is the service caring?

Good ●

The service was caring. We found that staff went about their day to day duties treating people with respect and dignity. We observed a genuine warmth when staff spoke with people and staff told us that treating people with respect was the most important part of their job.

The home environment was designed to meet the needs of people with dementia and physical disabilities, and people told us they were happy with the home environment.

Is the service responsive?

Good ●

The service was responsive. The home had an activities coordinator who devised a varied activities programme, including activities both within the home and within the local community.

There was a formal complaints procedure in place, and people we spoke with told us they would feel confident to complain if they wished to.

Is the service well-led?

The service was not always well led. The management team were accessible and were familiar to people using the service. The provider had a system in place for auditing the quality of the service, and for obtaining and acting on feedback from people using the service and their friends and relatives, although we noted that actions arising from audits were not recorded and there was no evidence they were followed up.

The provider had not acted fully on the shortfalls, concerns and breaches identified at the last inspection.

Requires Improvement ●

The S.T.A.R. Foundation

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit took place on the 7th November 2018. The inspection was carried out by an adult social care inspector.

During the inspection we checked records relating to the management of the home, team meeting minutes, training records, medication records and records of quality and monitoring audits carried out by the home's management team and senior managers. We spoke with three people using the service, one person's relative, four staff members and the management team.

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

Before the inspection, we reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home. We also spoke with the local authority and gained their feedback about the home. Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was returned in a timely manner prior to the inspection, although it lacked some of the information we had asked for.

Is the service safe?

Our findings

At the inspection of 2017, we rated the service "good" for this domain. At this inspection we found it remained "good."

We asked people using the service whether they felt safe at the home. Everyone we spoke with responded positively in relation to safety, with one person telling us: "I'm as safe as houses here. They know how to keep me safe and we have security and everything." One person's relative spoke with us and also confirmed they have no concerns in relation to their relative's safety at the home.

During the the inspection we observed that there were staff on duty in sufficient numbers in order to keep people safe. Staff we spoke with told us that they felt the high staffing ratio was a particular advantage of the service. One said: "I worked in another place and you didn't get time to do anything with people, you're just processing them. Here we've got time to sit down and chat, [people using the service] are never waiting for staff."

We found that staff received training in the safeguarding of vulnerable adults. There was information available throughout the service to inform staff, people using the service and their relatives about safeguarding procedures and what action to take if they suspected abuse. Staff we spoke with confirmed that they had received training in relation to safeguarding and understood their responsibilities in this area.

We checked five people's care plans, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. Each care plan we checked contained up to date risk assessments which were detailed, and set out all the steps staff should take to ensure people's safety. Staff could describe people's risk assessments and understood the reasons they were in place.

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

We checked the arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were appropriate. Medication was securely stored, and records were kept of the temperature medication was stored at. There were clear records of medicines administered and information setting out the reasons when medication had not been administered.

There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy.

We looked at how the risk of infection was managed at the home. We saw that staff had received

appropriate training in infection prevention and control. We observed that staff were using personal protective equipment (PPE) when required, and found the home was cleaned to a high standard throughout. We saw there were regular infection control audits, as well as audits of other safety-related systems such as the fire system and staff call bells.

Is the service effective?

Our findings

At the inspection of 2017 we rated the service "requires improvement" for this domain. At this inspection we found it remained "requires improvement."

We asked two people using the service about the food available. They were both positive about their experience of food and mealtimes. One person said: "The food is perfect, everything is delicious. I like to stay here [in their room] for my meals and there's no problem with that."

We observed breakfast taking place in two parts of the home, and saw that it was a relaxed and pleasant experience. Tables were well laid out, and people had a choice of eating in the dining area, in the lounge or in their own rooms. We saw that staff supported people to ensure their preference was upheld. Where people needed assistance during the mealtime staff provided it in a discreet and gentle manner.

We checked five people's care records to look at information about their dietary needs and food preferences. Each file contained up to date details, including screening and monitoring records to prevent or manage the risk of poor diets or malnutrition. Where people were at risk of malnutrition or dehydration the provider liaised appropriately with external healthcare providers to support people in managing their health.

We looked at the training provided to staff. There was a dedicated training officer and training facilities within the home. Staff undertook a comprehensive induction which encompassed a range of relevant training such as health and safety, moving and handling, and person centred planning. In addition to this most staff held, or were working towards, a nationally recognised care qualification. Staff we spoke with confirmed they received regular and useful training opportunities.

We looked at the arrangements in place for complying with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS.) We checked records in the home and saw that the provider had taken appropriate steps in relation to DoLS, and the registered manager had a good understanding of the process. All staff at the home had received training in relation to the MCA.

At the last inspection, we found that the provider was not taking appropriate steps in relation to acting in accordance with people's consent. At this inspection we found that the provider had partially addressed this, but there were still shortfalls. Some of the care plans we looked at showed that the person concerned lacked the mental capacity to consent to their care and support. Where people lack capacity, decisions that

are made on their behalf should be made in the person's best interests, and people who know the person well should be consulted for their views about the decision. We found that the provider had not always done this, and instead had obtained "consent" from people's relatives. In these circumstances it is not lawful for another adult to give consent on behalf of a person who lacks capacity. Where people had the capacity to consent to their care, there was not always evidence that the provider had sought their informed consent. We discussed this with the management team on the day of the inspection and they told us what steps they would be taking to address this. Following the inspection, we were provided with evidence from the provider showing they were obtaining consent lawfully, and arranging to make best interest decisions.

Is the service caring?

Our findings

At the inspection of 2017 we rated the service "good" for this domain. At this inspection we found it remained "good."

We carried out observations of staff interactions with people using the service over the course of the inspection. We saw that staff consistently showed kindness towards people both when they were providing support, and in day to day conversations and activities. Staff we spoke with told us that treating people with respect and dignity underpinned all of their work. One staff member said: "That's the best bit about this job, everyone is respectful and kind to [people using the service]." The atmosphere within the home was friendly and relaxed, and at times fun, and the approach adopted by staff contributed to this. One staff member had called into the home on a social visit, despite not being at work that day. Staff we spoke with knew people's needs very well, and could describe their individual preferences and the way they wished to be cared for.

We spoke with one person's relative who told us they believed the care was of a high standard. They told us that their relative had been very withdrawn before moving to the home, but said that in contrast they were now happy to mix with other people and be involved in things. They said they believed this was as a result of the staff's caring approach.

We undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. By using SOFI we saw that people experienced care and support delivered in a kind and patient way, and saw that when staff spoke with people it was with warmth. People experienced staff chatting to them in passing as well as when carrying out care or support tasks.

We observed that everyone was well dressed, indicating that when staff had supported people to get ready for the day they had taken time to ensure each person's preferences were upheld and reflected in the way they presented themselves. Staff preserved people's dignity in their day to day work, ensuring, for example, that if they needed to discuss someone's care it was done discreetly and away from the risk of being overheard. When people requested assistance it was provided quickly and in a friendly and respectful manner.

We looked at how the provider ensured people's rights were upheld. The law requires providers to make sure that people are not discriminated against on the grounds of specific characteristics, such as their gender, ethnicity or disability status. Additionally, providers are also required to ensure people's individual needs are met. Staff had received training in equality and diversity, and care records showed that people's rights were considered when their care was being planned.

Bedrooms we looked at were personalised, with people furnishing them with photographs, ornaments and other personal belongings, enabling them to reflect their personal tastes in their rooms. One person told us with obvious pride how they had chosen their furnishings and decorations in their room.

We looked at five people's care plans to check whether care was delivered in a person centred way. The care plans we checked set out how people should be cared for in accordance with their own personal preferences and needs. They reflected each person's individual choices. Daily notes, where staff recorded the care that they provided, showed that care was given in accordance with each person's stated preferences. We noted, however, that the format of the care plans meant it was difficult for people using the service to be fully involved in planning their care. The registered manager told us a new care planning format was in the process of being introduced and said this would enable better involvement. We saw evidence of this.

Is the service responsive?

Our findings

When the service was inspected in 2017 we rated it "good" for this domain. At this inspection we found it remained "good."

People we spoke with told us there were lots of things to do, with one saying: "There's always something happening and plenty of staff to help you." One person's relative told us they were often invited to parties and events at the home, and said: "[My relative] has plenty to do here, there's lots for [the person] to be involved in."

We checked care records belonging to five people who were using the service at the time of the inspection. We found that care plans were detailed, setting out exactly how to support each person so that their individual needs were met. They told staff how to support and care for people to ensure that they received care in the way they had been assessed as requiring.

The care plans were regularly reviewed to ensure that they continued to describe the way people should be supported, and reflect their changing needs. Where changes were required these had been implemented, so that staff provided care to people in a way that met people's needs.

We saw information in some of the care records we checked which showed that people had required the input of external healthcare professionals. Where this was needed the provider made prompt referrals, and where guidance had been provided people's notes and care plans showed that this guidance was being adhered to. The provider also worked closely with a provider of physiotherapy services, whose staff worked within the home. We saw evidence that staff at the home were following the guidance of physiotherapists to ensure positive outcomes for people.

Each person's care records included a range of screening tools, such as charts where staff were required to monitor the person's risk of poor skin integrity or malnutrition. We saw that these were completed accurately and assessed regularly, so that the provider had an up to date and accurate record of people's health, and could monitor any changes and take appropriate action where required.

There was information about how to make complaints available in the communal areas of the home. We checked records but found that there had been no formal complaints received by the home in the period since the previous inspection. People we spoke with told us they would feel confident to make a complaint if they needed to.

Is the service well-led?

Our findings

When we inspected the home in 2017 we rated it "requires improvement" for this domain. At this inspection we found it continued to be "requires improvement."

The home had a registered manager, as required by a condition of its registration. The registered manager had worked at the home for a considerable length of time, and knew the home and the people living there well. They were supported in their role by a small management team who demonstrated a shared vision about care and the home.

Team meetings were used by members of the management team to inform staff about developments and changes in the home, as well as to discuss standards and any required targets for improvement. We saw evidence of a recent meeting of one of the teams which had been called to discuss some specific issues, and the management team described that this had been very successful.

In addition to team meetings, staff had supervision and appraisal sessions with their line managers. These sessions were used to update staff on developments and changes within the home, as well as to check on staff wellbeing and development needs. Staff we spoke with confirmed that they had frequent supervision, and told us the registered manager was very approachable and supportive. We spoke with one person's relative and they also told us they found the management team at the home to be accessible and said they would have no concerns about raising any issues with them.

There was a system in place to audit the quality of the service. This involved individual audits looking at specific aspects of the service. The audits we checked were thorough but did not always include an action plan showing that actions had been completed where required. The registered manager told us they would address this following the inspection.

The provider regularly surveyed people using the service and their relatives to obtain feedback about the service. We looked at the results of recent surveys and found that the vast majority of respondents were positive about the home, praising the food, the activities and the standard of care.

Prior to the inspection, we asked the provider to complete a Provider Information Return (PIR) This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was returned in a timely manner prior to the inspection, although it lacked some of the information we had asked for. For example, the provider did not complete the requested information about staff training or set out what improvements had been made since the last inspection.

At the last inspection we reported that the home was not displaying its CQC rating on its website, which it is required by law to do. At this inspection we found that the provider had not addressed this and was still failing to display its rating. We raised this again and it was rectified on the day of the inspection.