

Galaxy Management Solutions Limited

Morning Stars

Inspection report

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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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Morning Stars is a residential care home providing personal and nursing care to 17 people at the time of the inspection. Morning Stars accommodates up to 20 people living with a mental health condition in one adapted building.

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

Audit systems were not always effective in checking the quality of the service and ensuring that all documentation was up to date. For example, audit checks on care plans did not identify that Personal Emergency Evacuation Procedures had not always been updated when people's needs changed.

People told us they felt safe. Systems were in place to keep people safe and staff understood how to protect people from abuse. People's risks were assessed and reviewed when their needs changed. People were supported by a sufficient number of safely recruited staff. Medicines were administered safely. People lived in a clean and tidy environment and staff understood how to prevent the spread of infection. When things went wrong, the registered manager ensure that lessons were learned to reduce the risk of future reoccurrence.

People's needs and choices were thoroughly assessed and reviewed when needed. People's diverse needs were considered within the assessment process. People were supported by staff who were well trained and knowledgeable to meet their needs. People were supported with eating and drinking where needed and encouraged to maintain a healthy diet. People were able to access healthcare support when needed and referrals were made in a timely manner. Staff worked closely with other professionals to ensure people's needs were met in an effective way. People were encouraged to decorate and furnish their rooms in a personalised way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff. People were encouraged to express their views and be involved in making their own decisions. People's privacy and dignity was respected and their independence was promoted by staff.

People received personalised care that was appropriate to meet their needs. People's communication needs were considered and staff communicated with people in a way they understood. People were encouraged to engage in activities of their choice. People's concerns and complaints were listened to by the registered manager, investigated and action taken where needed. People's end of life wishes were discussed with them so detailed preferences were known at that stage of their life.

People and relatives told us the registered manager was approachable. The registered manager encouraged a person-centred approach to people's care which staff understood and followed. The registered manager understood their responsibilities and statutory notifications were submitted to CQC as required by law. People, relatives and staff were encouraged to provide feedback to improve the service. The registered manager was proactive in continuous learning and disseminating policy changes to staff. The service worked closely with other agencies to ensure people's needs were met.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 March 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Morning Stars

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Morning Stars is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, team leaders and care staff.

We reviewed a range of records. This included eight people's care records and multiple medication records. A variety of records relating to the management of the service including policies and procedures were reviewed.

After the inspection

We spoke with a professional who regularly visits the service. The registered manager sent us information regarding staff meetings that we requested during the inspection.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, the provider failed to ensure adequate safeguarding processes were in place and staff understood them sufficiently to keep people safe. This was a breach of regulation 13 (Safeguarding People Who Use Services from Abuse) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People told us they felt safe. A relative told us, "[Person's name] is definitely safe there."
- Staff had undergone safeguarding training and knew how to recognise the signs of potential abuse and how to report and record their concerns. A staff member told us, "There are different types of abuse including verbal and physical. If I was worried about someone I would speak to the manager. I spoke to the manager when I saw a staff member not talk to someone right, the manager was thorough and the staff member is no longer here."

Assessing risk, safety monitoring and management

- People's risks were assessed and reviewed when their needs changed. We saw one person had undergone a physiotherapy assessment and their care plan and risk assessment had been updated to reflect their mobility needs.
- Staff understood how to manage people's risks. For example, one person's care plan indicated that they required fluids to be limited and we observed a staff member giving them a smaller drink and explain why.
- The registered manager had oversight over accidents and incidents and followed these up with clear actions.

Staffing and recruitment

- People were supported by suitable, safely recruited staff. Disclosure and Barring Service (DBS) checks were undertaken prior to staff commencing employment.
- People were supported by a sufficient number of staff to meet their needs.

Using medicines safely

- People's medicines were administered safely. People were given time to take their medicines and staff completed Medicine Administration Records (MARs) to show when medicines had been administered.
- Body maps were completed to ensure topical creams were administered safely and as prescribed.

- Medicines were stored safely in a locked room.
- Clear and personalised protocols were in place to guide staff when to administer 'as required' medicines.

Preventing and controlling infection

- The home was clean and tidy and furniture had been replaced since the last inspection. A relative told us, "The environment is very clean and tidy when I go there."
- People were supported by staff who understood how to prevent the spread of infection. A staff member told us, "We wear gloves and aprons when we do cleaning, when we are helping people to wash and when we are doing food."

Learning lessons when things go wrong

- The registered manager was quick to make changes when things went wrong.
- When a person absconded from the home, the registered manager immediately put steps in place to reduce the risk of this happening again. For example, engineers were called out to ensure the door was secure and working properly and monitoring checks were introduced.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed. People's care plans were personalised to each individual and considered each person's diverse needs.
- Assessments and care plans were reviewed and updated as people's needs changed. For example, we saw a person's care plan had been reviewed four times in less than two months following incidents occurring.
- Care was delivered in line with the assessment of people's needs and choices.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained and had the skills to provide effective support. A relative told us, "Staff seem knowledgeable and well trained."
- Training records were in place which identified training that had been done and showed that staff were up to date on training.
- Staff told us they also had monthly questionnaires which checked their knowledge regarding care.

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

- People were encouraged to prepare their own meals where they were able to.
- People were supported with eating and drinking in line with their care plans. For example, one person told us, "I cook for myself mostly, I cook chicken, steak, fish, potato wedges, peas. I can't have everything though because they're trying to make my diet healthy."
- People were given choice regarding their meals. One person told us, "The food is good. I get to choose off the menu and we go to the chip shop on Thursdays."

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

- People were supported by staff who worked effectively with a variety of other health professionals. A relative told us, "[Person's name] needed some glasses and they got them sorted really quickly."
- People were referred to other agencies when needed in a timely manner to ensure their needs were met effectively. A professional working regularly with the service told us, "Communication with us is really, really good. They are very quick to contact us if a person's needs change and they also send us information by email."
- Systems in place to ensure health needs were monitored were effective. We saw people had been supported to attend a range of health appointments and information received from these appointments

was clearly documented.

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

- People were encouraged to choose their own bedroom decoration and personalise their bedrooms as they liked it. One person told us, "I have my bedroom how I like it." A relative told us, "When I asked the manager whether my relative could have their own furniture in their room, the manager was obliging but my relative refused."
- People were able to access communal areas of the home independently including the garden if they wished.

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.

- Staff asked people for consent before supporting them. For example, a staff member told us, "I took [Person's name] to the dentist but they refused treatment. We had to visit again and this time, they agreed to treatment."
- People were supported to make decisions for themselves and staff helped people with decision making when needed. Where people lacked capacity, staff supported them in the least restrictive way.
- DoLS applications had been made where needed and staff understood how this applied to people. One member of staff identified who had a DoLS authorisation in place and told us, "It doesn't mean they can't go out. They can but they need to be accompanied and don't go out alone."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection, the provider had failed to promote people's independence and followed some 'institutionalised' practices that did not promote people's dignity. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Staff supported people in a dignified and personalised way. Medicines were no longer administered from a hatch in an institutionalised way that impacted on people's dignity. For example, we observed a staff member ask a person where and when they wanted their medicine to be administered.
- People were supported by staff who encouraged their independence. For example, people were encouraged to do their own laundry where able and drinks were left accessible for people to help themselves. A relative told us, "The staff are always encouraging [Person's name] to do things for themselves."
- People's privacy and dignity was respected by staff. People told us staff knocked before they entered their room. A relative told us, "Staff definitely respect [Person's name] privacy and dignity. Their key worker cuts their hair, makes sure their beard is well trimmed and they always look well presented."

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff. A person told us, "Staff know me well and they are friendly."
- Staff understood how to treat people well and treated people with empathy. A staff member told us, "I have so much empathy for people. I have to be patient and kind and adapt my approach."

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

- People were supported to make decisions about their care for themselves. A person told us, "I suppose I do choose what I want to do."
- People told us they could choose what they wanted to do, what they wanted to eat and wear.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- People's equality and diversity needs were considered in assessment and care plans and people were supported so these needs were met. For example, one person's care plan indicated they spoke a different first language. A staff member told us they communicated with them in the same language as this is what they preferred.
- People's religious and cultural needs were documented and information regarding relevant festivals they may wish to celebrate was detailed. A staff member told us they had recently celebrated a cultural day and had decorated the home and cooked culturally relevant food.
- People and their relatives were involved in their own care planning.
- People were supported by staff who knew them well and who provided personalised care to meet their specific needs. A staff member told us, "I have got to know each individual well. You have to adapt to their different personalities."

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 considered and information was provided to people in a way they could understand. For example, where people did not speak English as a first language, staff who spoke the same language communicated with them to ensure they understood.
- The registered manager was proactive in using technology to meet people's communication needs. The registered manager showed us some talking tiles they had purchased. They explained they intended to record voice messages on them so when they were pressed, they would provide verbal information to people such as the complaints policy or safeguarding policy so people could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to engage in activities of their choice. On the day of inspection, we observed people engaging in a Zumba class and playing cards and games.
- A relative told us, "Staff encourage [Person's name] to participate in events. There is more than enough for them to do but [Person's name] chooses whether to engage or not. Every time I am there, I have no problems at all about the activities available."

- People were supported to access the local community and we saw some people attended groups which allowed them to participate in activities in the local area.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and followed. We saw one complaint had been made and this had been investigated and appropriate action was taken to address the complaint.
- Relatives told us they were confident any complaints would be addressed by the registered manager. A relative told us, "I am confident that the manager would address any concern. I did have a slight little issue. I met up with the manager, they apologised, the matter was resolved and we moved on."

End of life care and support

- The registered manager told us the service did not currently support anyone who was at the end of their life.
- People's end of life preferences were discussed with them so their wishes were known at that time of their life. For example, we saw that people's care plans included detailed information regarding what sort of service and what flowers and songs they would like at their funeral.

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 inadequate. At this inspection this key question has now improved 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

At our last inspection, the registered manager did not always adhere to the provider's policies and procedures, had not developed sufficient monitoring systems in the service and had failed to ensure effective systems were in place to receive feedback. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

At our last inspection, the registered manager and provider had not submitted all required statutory notifications to CQC. This was a breach of regulation 18 (Notification of Other Incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Audit systems were in place and had been improved since the last inspection. However, some further improvements were required to ensure effective quality checks were in place. For example, fridge temperatures were now recorded but it was unclear what the required parameters were. This meant staff would not be able to identify if the temperature was too high or low in order for appropriate action to be taken.
- Medicine audits failed to identify that creams were being administered by a different member of staff to the one who had signed for administration.
- Audit systems were not always adequate to identify that all documentation was updated when people's needs changed. For example, where a person's mobility needs had changed, care plans had been updated but audit systems had not identified that the person's Personal Emergency Evacuation Plan (PEEP) required updating.
- Systems were in place to monitor accidents and incidents but information was not analysed so that trends could be identified in order for appropriate action to be taken.
- The registered manager was aware of their legal responsibilities in relation to making notifications to CQC

and appropriate notifications had been made when required.

- A PIR was submitted to CQC which outlined the changes the provider had made since the last inspection. We found the PIR was accurate. The rating of the last inspection was on display at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt supported and listened to and had the opportunity to raise concerns.
- People and staff told us the management team were approachable. A relative told us, "The staff and registered manager always make me feel welcome. Nothing is ever too much for them."
- The registered manager encouraged a person centred culture which staff followed in practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider complied with the duty of candour and was open and honest with people when something went wrong. A relative told us when an incident occurred with their relative, the registered manager rung them and continued to ring them to inform them of updates. The relative told us, "I was very grateful, I was really happy with that."

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

- Monthly staff meetings and regular supervisions were held which enabled staff to contribute and make suggestions to improve the service.
- Relatives were encouraged to be involved in the service. A relative told us, "I'm always given an opportunity to provide feedback. I can just pop in to see the manager or sometimes they send out questionnaires."

Continuous learning and improving care

- The registered manager was passionate about continuous learning to improve people's care.
- The registered manager showed us a reflective log which documented lessons learned from policy changes and regulatory guidance. For example, we saw the registered manager had supported people to access more community activities following a review of governmental guidance on loneliness.

Working in partnership with others

- The registered manager told us they were working in partnership with a provider that had achieved an 'Outstanding' rating in their latest CQC inspection to get ideas and improve the service for people. The registered manager told us they had purchased talking tiles as a communication aid as a result of their discussions with this service.
- Positive relationships were in place with health professionals to ensure people had their care needs met effectively. We saw there was regular input from a range of different professionals in people's care to support them to remain safe and healthy.