

A Star Support Services Ltd

A Star Support Services

Inspection report

Davyhulme Youth Centre
Davyhulme Road
Manchester
Lancashire
M41 7DN

Tel: 01617483844

Date of inspection visit:
27 September 2018
28 September 2018

Date of publication:
09 January 2019

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 27 and 28 September 2018. This was an announced inspection, which meant we gave the provider 48 hours' notice of our visit. This was because the service supports people living in the community and we wanted to be certain there would be someone available to facilitate our inspection.

A Star Support Services provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of this inspection there was a registered manager in post. 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 last inspected A Star Support Services in July 2017. At that inspection we found breaches of legal requirement regarding safe care and treatment; need for consent; good governance; and fit and proper persons employed. The service was rated 'Required Improvement' and we required the registered manager to send us an action plan with timescales for improvement.

This follow-up comprehensive inspection was planned to check on progress. We found improvements had been made in the key question of 'Safe' which meant the service was no longer in breach of legal requirements for safe care and treatment and fit and proper persons employed; but insufficient progress had been made overall. At this inspection we found two continued breaches of legal requirement regarding the need for consent and good governance. You can see what action we have taken at the back of the full report.

Improvements had been made in respect of emergency procedures and the availability of Personal Emergency Evacuation Plans (PEEP). Recruitment and selection procedures had also been strengthened to ensure consistently safe recruitment practices.

We found continued issues related to record keeping and documentation around 'consent' and the decision-making process that led individuals to be placed with the service. We also found issues related to the signing of tenancy agreements for those people who lacked mental capacity and could not provide consent.

Systems for audit, quality assurance and questioning of practice were not operated effectively. In particular, quality assurance systems were not sufficiently robust to demonstrate remedial actions, outcomes and lessons learnt.

We found there was a variation in the layout, format, quality and content of support records across the service. However, we saw that work was already underway in developing a new style and format of support plans and we were shown a draft example of this.

Appropriate systems were in place for both safeguarding and whistleblowing which sought to protect people from abuse. Staff understood their role in helping to keep people safe and gave us examples of how they would do this. Safeguarding training was also provided to staff.

People were enabled to live active and fulfilled lives. Positive risk taking with people's individual risk assessments aligned with support plans. A variety of risk assessments were also in place related to accessing the wider community. For example, going to the swimming pool, gym, road safety and accessing public transport.

People's medicines were ordered, stored, administered and disposed of safely.

People who used the service were supported by staff who were skilled and competent to fulfil their roles. Training provided to staff was a combination of face-to-face and e-learning. Topic areas included medication, challenging behaviours, autism, moving and handling, safeguarding and positive interventions. Staff were also provided with opportunities for continuous development.

People who used the service were supported to maintain healthy balanced diets. Whilst we saw that menus were planned in advanced, this was done in consultation with people and individual preferences were catered for.

People's ongoing healthcare needs were met. Support planning documentation contained details of the healthcare professionals involved in a person's care and records demonstrated that people who used the service were supported to attend a variety of health related appointments and to maintain good health.

Relatives were consistent in their praise of staff. People who used the service and their relatives were positively engaged on a regular basis and were actively encouraged to contribute and participate as much as possible. Regular house meetings took place and people were encouraged and supported to share their views.

Staff had sufficient time to provide one-to-one support to people who used the service. We noted the positive impact of this with regards to emotional wellbeing and managing behaviours that might challenge the service.

The service had a complaints policy and procedure and information was readily available with regards to how to make a complaint. Relatives of people who used the service told us they knew how to raise a concern and they felt assured these would be taken seriously.

Relatives of people who used the service were complimentary about the registered manager and house managers. We were told managers were supportive, caring and helpful.

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.

Appropriate systems were in place for both safeguarding and whistleblowing which sought to protect people from abuse.

Medicines were ordered, stored, administered and disposed of safely.

Risk assessments were comprehensive with risks mitigated as much as reasonably possible, whilst still enabling people to lead fulfilled lives.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The principles of Mental Capacity Act 2005 were not consistently adhered too.

People who used the service were supported by staff who were skilled and competent to fulfil their roles.

The service was effective in ensuring that people's ongoing healthcare needs were met.

Is the service caring?

Good ●

The service was caring.

Relatives of people who used the service were consistent in their praise of staff.

The positive culture and ethos amongst staff meant people were treated with dignity and respect.

People's individual characteristics were promoted and celebrated.

Is the service responsive?

The service was not consistently responsive.

Support planning documentation was not consistent across the service.

People were well supported to actively participate in the wider community.

The service had a positive 'open door' policy and people were confident in raising any concerns.

Requires Improvement ●

Is the service well-led?

Aspects of the service were not well-led.

Systems for audit, quality assurance and questioning of practice were not robust or operated effectively.

Relatives of people who used the service were complimentary about the registered manager and house managers.

Requires Improvement ●

A Star Support Services

Detailed findings

Background to this inspection

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

The inspection took place on 27 and 28 September 2018 and was announced. The onsite element of the inspection was completed by one adult social care inspector from the Care Quality Commission (CQC). Follow-up telephone calls to relatives and staff were carried out by a second inspector, also from the CQC.

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. We also reviewed information we held in the form of statutory notifications received from the service.

As part of this inspection we also liaised with service commissioners from the local authority.

We spoke with six members of staff including the provider/registered manager, house managers, and support workers.

We looked in detail at six support plans and associated documentation; four staff files including recruitment and selection records; training and development records; health and safety records; and documentation related to governance and management of the service.

Is the service safe?

Our findings

At the last inspection we rated this key question as 'Requires Improvement.' This was because we found procedures were not in place to keep people safe in the event of an emergency and we were not reassured that people and staff would know what to do in the event of a fire. We also identified an issue around safe recruitment practices. This meant the service was in breach of legal requirements. At this inspection, we found the necessary improvements had been made; therefore this key question is now rated 'Good.'

Fire drill signing sheets and fire alarm testing records were now in place to ensure drills and tests were regularly recorded and personal emergency evacuation plans (PEEP's) were now in place. PEEP's identify the assistance and equipment an individual would need for safe evacuation from a property in the event of an emergency. Governance arrangements for recruitment of staff had also been improved with complete records now being maintained.

Appropriate checks, including pre-employment, had been completed to ensure staff employed by the service were suitable to work with vulnerable people. In each of the personnel records we looked at, they contained a completed application form, photographic identification and references. Checks had also been completed with the Disclosure and Barring Service (DBS) The DBS keeps a record of criminal convictions and cautions which helps employers make safer recruitment decisions and is intended to prevent unsuitable people from working with vulnerable groups.

Appropriate systems were in place for both safeguarding and whistleblowing which sought to protect people from abuse. Staff understood their role in helping to keep people safe and gave us examples of how they would do this. Safeguarding training was also provided to staff.

In each of the support files we reviewed, we found individual risk assessments had been completed. Where a particular risk had been identified, guidance for staff was clearly documented along with control measures to manage the risks an individual may be exposed to. Individual risk assessments were also aligned with people's individual support plans. A variety of risk assessments were also in place related to accessing the wider community. For example, going to the swimming pool, gym, road safety and accessing public transport. People were enabled to live active and fulfilled lives through positive risk taking.

We reviewed how accidents, incidents and untoward occurrences were managed and similarly to our last inspection, we found a low level of reporting in this area. However, where such an event had occurred, staff had acted appropriately and relevant records were completed.

We reviewed how medicines were managed and found these continued to be done so safely. The majority of people's medicines were provided in a blister pack directly from the pharmacy.

People had medication administration records (MAR) in place. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. Each person's MAR included details of the person's GP, whether the person had any allergies and whether PRN, 'as required',

medicines were in use. Where a PRN medicine was in use, there was an associated protocol which gave staff guidance on why, when and how the medicine should be given 'when required.'

For each prescribed medicine there was a record of each administration, which had been signed by the member of staff. Records we saw were accurate and complete and staff received training in the administration of medicines.

In one supported house we visited, we saw that individual medicine cabinets had been installed in people's bedrooms. This reduced the likely for errors and meant staff only dealt with one person's medicines at a time. We were told there were plans to roll this out across each of the supported houses.

Staff, and where appropriate, people who used the service, took responsibility for day-to-day household chores such as cleaning; this meant houses were kept clean and tidy. In the property we visited, this was visibly clean throughout.

Is the service effective?

Our findings

At the last inspection we rated this key question as 'Requires Improvement.' This was because we were not assured the principles of the Mental Capacity Act 2005 (MCA) were being followed in respect of obtaining consent. This meant the service was in breach of legal requirements. At this inspection, we found the necessary improvements had not been made; therefore, this key question remains 'Requires Improvement.'

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.

We reviewed the support records for six people who used the service and found continued issues related to consent for three people. This was in respect of record keeping and documentation around the decision-making process that led these individuals to be placed with A Star Support Services. We also found issues related to the signing of tenancy agreements for those people who lacked capacity.

Whilst we were told that before a person who lacked capacity to make a decision around a potential move into the service was accepted, a series of familiarisation visits would be completed, we found support plan documentation did not contain sufficient detail to evidence that due process had been followed regarding any such decisions, in particular around how the new placement had been in a person's best interest. We discussed this at length with the registered manager and whilst we were told relevant people had been involved in the process, records were not reflective of this.

We also looked at the process for tenancy agreements to ensure these met the requirements of the MCA and we found issues with three out of six we reviewed. In each of the three tenancy agreements, these had been signed by individuals who did not have the legal authority to act on behalf of the person who used the service.

This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Need for Consent.

People who used the service were supported by staff who were skilled and competent to fulfil their roles. Newly recruited staff completed a period of induction and mandatory training, which included a requirement to successfully complete a workbook before being 'signed off' to work unsupervised. Training provided to staff was a combination of face-to-face and e-learning; topic areas included medication, challenging behaviours, autism, moving and handling, safeguarding and positive interventions. Staff were also provided with opportunities for continuous development.

We asked staff about training and development and we received a mixed response. Comments included: "I personally don't like e-learning, much prefer face to face but I accept people have different learning styles."; "The manager has supported me to complete an NVQ level three and I was given time away from work to do

this."; and, "Training is OK. I prefer it when external trainers come in though and deliver training or we go to places like Trafford Council. That's always really relevant and interesting."

Staff continued to receive regular supervision sessions with their respective line manager. Supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. From the records we reviewed we saw a variety of topic areas were discussed. For example, issues around the people being supported, training requirements, general concerns and well-being. Staff also received an annual performance appraisal.

People who used the service were supported to maintain healthy balanced diets. Whilst we saw that menus were planned in advanced, this was done in consultation with people and individual preferences were catered for. We also saw that arrangements at mealtimes were flexible enough to accommodate people if they changed their mind and wanted something different.

The service was effective in ensuring that people's ongoing healthcare needs were met. Support planning documentation contained details of the healthcare professionals involved in a persons care and records demonstrated that people who used the service were supported to attend a variety of health related appointments. A relative commented: "I have no concerns at all in this area. I'm confident [person's] health needs are met and if there are any issues, the staff always contact me."

In the property we visited, we found this was well-presented, homely and suitable to meet people's needs. Bedrooms were personalised and individually decorated according to people's individual tastes and interests. In one of the communal areas, art work created by a person who used the service was also displayed on the wall.

Is the service caring?

Our findings

At the last inspection, this key question was rated 'Good.' At this inspection, we found sufficient evidence to demonstrate the service remains caring.

People who used the service and their relatives were positively engaged on a regular basis and were actively encouraged to contribute and participate as much as possible. Regular house meetings took place and people were encouraged and supported to share their views.

Relatives of people who used the service were consistent in their praise of staff. Comments included: "I'm very pleased with all the care received and [person] is very happy. It's like he is with their own family, not like a third party. [Person] is very fond of the people that care for him and they for him."; "I am very, very happy with A Star."; and, "Staff are caring and compassionate and know the people well."

Staff had sufficient time to provide one-to-one support to people who used the service and we noted the positive impact of this with regards to emotional wellbeing and managing behaviours that might challenge the service.

Promotion of independence was a key feature of the service and this was reflected in the ethos and culture amongst staff. Staff we spoke with demonstrated a good understanding of the people they supported and knew how to get the best out of people. For example, one member of staff described to us how they had adapted a form of communication with a person who was non-verbal by means of easy to understand personalised drawings and other visual aids that acted as prompts. Another member of staff commented: "Each and every day its about the person, whether that's doing things in and around the house or accessing the wider community." A third member of staff told us: "Often achievements can be more lower level when it comes to promoting independence, for example, we always encourage people to help in the kitchen with meal preparation; people get really engaged in this kind of activity and clearly enjoy it."

We looked at how staff recognised and responded to people's personal preferences and how additional needs were taken into account. For example, how the needs of people who identified as lesbian, gay, bisexual or transgender (LGBT) people would be met; how people of non-white heritage were supported, and how the pastoral needs of those who chose to practice faith were met. By looking at support plans and how person-centred information was captured, and through talking to staff, we were satisfied the service sought to provide support in a way that was non-discriminatory and promoted, and celebrated, people's personal preferences.

At the time of this inspection, the administration offices of A Star Support Services were co-located within a day centre and office accommodation was accessed directly from the communal activity area of the day centre. During this inspection, it was not always clear who had access to the office and we raised a concern with the registered manager about the security and storage of confidential records. We were assured that only authorised members of staff were allowed to access the office and when no one from A Star Support was on the premises, the door was kept locked and confidential records were locked away in a filing cabinet.

Is the service responsive?

Our findings

At the last inspection we rated this key question as 'Requires Improvement.' This was because we found a lack of recorded reviews and daily notes were incomplete. This meant the service was in breach of legal requirements. At this inspection, whilst we found some improvements had been made which meant the service was no longer in breach of legal requirements, further work was still required. Therefore, this key question remains 'Requires Improvement.'

We found there was a variation in the layout, format and content of support records, dependant on which supported house people lived in. For example, support records in one supported house were comprehensive and person-centred, whilst others were not of the same quality and followed a different format. This variation and lack of consistency made eliciting the most up-to-date, relevant information more difficult. However, in the support records that we considered to be of a good standard, we found these to be person-centred and comprehensive. Support plans detailed a person's personal history, their individual likes, dislikes and personal preferences and people that were important. Key information was also recorded about hobbies and interests.

We spoke with the registered manager about the variation in support plans. We were told work was already underway in developing a new style and format of support plans and we were shown a draft example of this. In order to ensure consistency and quality of support planning documentation, the registered manager agreed a 'one service' approach needed to be adopted and we were assured this would be a priority piece of work for the service.

People who used the service were well supported to actively participate in the wider community, either through work placements, volunteering or by being positively engaged in activities that were of interest. For example, one person who used the service was a talented artist and with the support of staff, they had become regular involved with a Manchester based visual arts charity who work and collaborate with learning disabled artists. Another person who used the service regularly attended a work placement at a local Museum. On a regular basis, people were also supported to participate in recreational activities such as gym and swimming, going to the cinema, meals out at the pub and shopping trips. Holidays and trips away, both in the UK and abroad, were also a regular feature which people clearly enjoyed.

The Accessible Information Standard (AIS) was introduced by the Government to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with the AIS. We were satisfied the service was meeting the requirements of the AIS in that should a person require information in an alternative format, this would be identified through existing arrangements for pre-assessment and support planning.

The service had a complaints policy and procedure and information was readily available with regards to how to make a complaint. Relatives of people who used the service told us they knew how to raise a concern and they felt assured these would be taken seriously. Relatives also spoke positively about the 'open door' ethos of house managers and the registered manager. This meant issues or concerns were often dealt with

informally without the need to raise a formal complaint.

Is the service well-led?

Our findings

At the time of this inspection there was a registered manager in post. 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.

At the last inspection we rated this key question as 'Requires Improvement.' This was because systems for audit and quality assurance were not being operated effectively. This meant the service was in breach of legal requirements. At this inspection, we found the necessary improvements had not been made. Therefore, this key question remains 'Requires Improvement.'

We reviewed the providers policy and procedure for quality assurance and found the policy document to be detailed in describing the mechanisms the service would utilise for quality assurance. For example, reference was made to annual surveys, questionnaires, spot checks and monitoring and review of support plans. However, during the inspection, we were not presented with enough evidence to demonstrate that meaningful audit and quality assurance was taking place.

Where surveys and questionnaires had been completed, we found no overarching analysis was completed to identify themes or trends. This was further evidenced when we reviewed the 'spot check' sheet that had been introduced since our last inspection. We noted that checks were made against a variety of subject areas including medicines management, the physical environment, risk assessments and support plans. However, the spot check sheet was a simple tick list, and where an issue had been identified, there was insufficient detail regarding remedial actions, outcomes and lessons learnt. As this basis, we were not satisfied sufficient improvements had been made concerning audit and quality assurance.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

Relatives of people who used the service were complimentary about the registered manager and house managers. We were told managers were supportive, caring and helpful.

We asked staff about leadership and management within the service and we received a mixed response. A number of staff reported they did not consider the registered manager to visible enough in and around the Trafford services and that individual supported houses were left to run too much like separate entities. Other members of staff felt the registered manager was sufficiently visible and always readily contactable.

A Star Support Services provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. However, during the course of the inspection, it became apparent the boundaries between the providers core business of delivering a regulated activity and the

relationship with the provider of the supported living accommodation was not always clear. This was of particular concern given the issues we found associated with tenancy agreements. We spoke at length with the registered manager about this and in doing so, we were clear that for the avoidance of doubt, governance arrangements needed to be more robust to demonstrate transparency and to avoid a potential conflict of interest.

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
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The principles of the Mental Capacity Act 2005 (MCA) were not consistently being adhered to.</p> <p>Recording of information related to obtaining and recording of consent was inconsistent.</p> <p>Recording of information related to due process around best interest decision making was inconsistent.</p> <p>Where a person lacked capacity, tenancy agreements were not always signed by people lawfully authorised to do so on a person's behalf.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes had not been established and operated effectively to ensure compliance with requirements.</p> <p>Systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services) were not effective.</p> <p>Systems to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the</p>

regulated activity, for the purposes of continually evaluating and improving such services were not effective.