

# Royal Mencap Society

# Shining Star

## 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?	Good ●

# 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 four people were living there, all of whom communicated non-verbally.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

There were safeguarding procedures to keep people safe from abuse. Risk assessments were used to monitor risks to people and keep them safe from harm. There were enough staff at the service. Suitable staff were recruited to work with people. Medicines were managed safely. Staff understood how to prevent infection. The service analysed incidents and accidents to learn lessons when things went wrong and where possible, worked to ensure they didn't happen again.

People's needs were assessed before moving into the service. Staff were trained how to do their jobs and were supervised in their roles. People were supported to eat and drink healthily. People were supported to access health and social care professionals as and when necessary. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Relatives told us staff were caring towards people. People and their relatives were involved with people's care decisions. People's privacy was respected, and their independence promoted.

People's care plans recorded their needs and preferences. People were supported to do activities they liked to do. The provider understood people's communication needs and sought to ensure their voice was heard. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. The service investigated and responded to complaints. The service recorded people's end of life wishes if people wanted them to be.

The service promoted person centred care. Relatives were happy with the management of the service. The provider used quality assurance measures to drive improvement in the service. Staff understood their roles and responsibilities. People, relatives and staff were involved with the service through meetings and feedback provision. The service had links with other agencies to the benefit of people using the service.

#### Rating at last inspection

The last rating for this service was good (published 28 April 2017).

#### 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?

Good ●

the service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

# 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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.

Inspection site visit activity started on 24 October 2019 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; three care staff and the registered manager.

We reviewed a range of records. This included two people's care records and one person's medicine records.

We looked at two 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt people were safe and looked after. One relative said, "They keep [person] safe."
- There were systems in place to safeguard people from abuse. Where an incident was deemed to be potential abuse, safeguarding alerts were sent to the local authority and the Care Quality Commission (CQC) was notified. Incidents of abuse were investigated appropriately by the registered manager and any lesson learned discussed among the staff team.
- Staff members knew what to do if they suspected abuse. One staff member said, "Protect the service user, if abuse suspected report immediately." Staff received training in safeguarding that was refreshed regularly.
- Staff looked after people's finances. We counted two people's money and saw that there were effective systems and checks in place to ensure that risk of financial abuse was minimised.

Assessing risk, safety monitoring and management

- The service completed risk assessments for people to monitor risks to them and keep them safe from harm. Risk assessments covered different aspects of people's lives. Risk assessments included risks around finance, health and wellbeing and medication, behaviours that may challenge, and people in the community. Risk assessments contained actions for people and staff to follow to minimise risks to people.
- Positive risk taking was encouraged to promote harm minimisation. We saw one example where a distraction technique had been explored and implemented to deter someone from engaging in potentially harmful behaviour whilst in the community.
- The service completed health and safety checks and had systems in place to ensure the maintenance of the service property was up to date.

Staffing and recruitment

- Relatives told us there were enough staff. One relative said, "There is always one staff member working with [family member.] Whenever we visit there's always enough staff." The service rota showed there were enough staff. Staff told us numbers were increased if people's needs changed and an increase was required.
- The service had robust recruitment practices. All staff had completed pre-employment checks to ensure their suitability for the roles. This meant people were kept safe as the provider employed suitable staff.

Using medicines safely

- Relatives told us people's medicines were managed safely. One relative said, "They support [person] with medicines, they do that for them. No problems."
- Staff were trained how to administer medicines and their competency was checked regularly. Staff

completed Medicines Administration Record (MAR) charts to record medicines administered. These charts were audited regularly by the management, and also annually by the pharmacy. We checked the medicines for one person; we found everything to be in order. This meant that people's medicines were managed safely.

#### Preventing and controlling infection

- Staff understood infection prevention. One staff member said, "[Infection prevention] keeps people safe. Always wash your hands, wear PPE when appropriate, dispose of soiled material appropriately." Staff were trained on infection control and we saw there was ample supply of equipment for them to use. We observed staff using personal protective equipment whilst completing their duties.

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong. Incidents and accidents were recorded and analysed by the registered manager and shared with the provider. Learning was shared in team meetings and supervisions. There was an incident and accident policy in place that guided staff on what to do when things went wrong.



# 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 remained the same. 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 were assessed before they began using the service. Assessments covered different areas of people's lives where they may need support. They included information about their health and welfare, their personal safety and risks, their social networks and a variety of other topics that provided insight into their needs and preferences.

Staff support: induction, training, skills and experience

- Relatives told us staff knew how to do their jobs. One relative said, "They know what they're doing."
- Staff had inductions when they started work so that they knew what they were supposed to be doing. We saw there was a specific induction file for new staff to introduce them to who lived at the service, the safety measures in place for them and other important information they might need to know.
- Staff told us inductions were beneficial. One staff told us, "We did training, twice a week at the Mencap centre on induction and doing the shadowing on other days."
- Staff completed relevant training to assist them in meeting people's needs such as working with people with autism and learning disabilities. Staff told us they received sufficient training, "Enough training for sure. We are supported by pharmacist with meds too."
- All staff received supervision and appraisals, where they were provided support and guidance how to fulfil their roles and offered the opportunity to develop their skills.

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

- Relatives told us people were able to eat what food they wanted and cultural preferences were respected. One relative said, "[Person] is well fed, likes cooking and likes the food." People worked with staff to complete a weekly menu. People's care plans recorded their dietary needs and staff knew what people could and couldn't eat.

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

- Staff told us, and records confirmed they worked with other agencies with other agencies, including health and social care professionals, to ensure people received effective care.
- Staff had handovers between each shift, so important information was passed on about people's needs.
- People were supported with their health care needs. A relative said "[Staff] always go with person to see the GP." Care plans contained various information about people's health conditions and how best to work with them. There were hospital passports to support people with hospital admissions and information about people's regular appointments including dental checks and information about oral health.

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

- The service was decorated to people's tastes. People's bedrooms had been decorated how they liked, containing family photographs, posters and furniture. There were group pictures of residents throughout the property, showing them participating in group activities and on days out, which gave the service a homely feel. The garden was easily accessible, and the service had plans for a sensory room which was partially completed, and the staff team were fundraising for. It was due to be completed within the coming months.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the service to working within the principles of the MCA. We saw that care plans contained mental capacity assessments, best interest decisions and DOLS authorisations.
- Staff were trained in the MCA and sought people's consent to care. One staff member said, "People are able to make unwise decisions, it's their reasoning. We were taught in training to respect that. Where we think someone lacks capacity we will have a meeting around it. If we agree they lack capacity we'll put a plan in place with the least restrictive options and mind their best interests."

# 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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives told us they felt people were happy with their care. One relative said, "They care for [person] and they are nice. If [person] had an issue they would soon let us know." We saw feedback from people and relative surveys and saw that staff were spoken about in positive terms. We observed staff working with people and saw they supported people in a caring and kindly manner.
- The service placed importance on treating people equally. There was emphasis placed on the provider's values which sought to ensure that people were heard, their rights upheld, and their independence promoted. The provider's values were written on posters on the walls of the staff office and some staff had been recognised by the provider for their promotion of the values, and they were recognised through certificates also adorning the walls.
- People's care plans were personalised. They provided information about how people liked to be treated and identified their cultural needs. They discussed faith, diversity, relationships, sexuality and choice.

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

- Relatives told us that they were involved in making decisions for people. One relative said, "I get invited to review mornings." Care plans demonstrated that people and relatives were able to provide input into their care. However, some relatives stated they would like further involvement and updates about people's care. We spoke with the registered manager about this and they arranged for regular calls between a relative and a key worker.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. One person said that, "From what I've seen [staff] are really good with [people][around privacy]." People had their own rooms and we observed staff knocking on people's doors before entering. We also saw that people's personal information was kept on password protected computers or in lockable filing cabinets in locked offices.
- People were treated with dignity. Staff spoke about people in respectful and caring terms and documentation we saw was person-centred, showing that people were treated with dignity and respect. One staff member said, "I work on empathy and put myself in that person's position. With the service users I am very conscious of dignity."
- Staff promoted people's independence. We observed staff encouraging people to do what they could at mealtimes. Documentation indicated people were supported to attend social events and activities and be as independent as possible.

# 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 remained the same. 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 care plans recorded their needs and preferences. They were personalised and detailed, containing information about what was important to people, how best to work with them, and the outcomes and goals people aspired to.
- Care plans focused on how people liked things done and the best way to provide care. For example, we saw plans that highlighted people's preferences around exercise; where they liked to go to exercise and how to keep them safe whilst doing it in the community. This showed the service was keen to promote people's health and wellbeing and keep them safe at the same time.
- People's achievements, outcomes and goals were recorded. The service maintained "What Matters Most" scrapbooks for people that evidenced how they were supported to, and had achieved their personal goals, and had worked towards new skills and outcomes. For example, one person's scrapbook celebrated how they had a goal to lose weight which they had achieved over the past year and how they were going to continue doing so through frequent walks. The scrapbooks contained photos of the highlights of people's year, such as taking trips, meeting with friends or winning prizes. These books demonstrated people received person centred support and staff understood their preferences.

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.

- The service supported people with communication needs. Everyone living at the service was non-verbal and each person had different means of communicating their needs and wants. We observed staff communicating with people and it was clear they understood what people wished to convey.
- Communication needs were recorded in people's care plans and there were descriptions of what people might do to communicate certain messages, for example there were different signs for different drinks and foods. The service also used picture cards when creating menus with people.

Supporting people to develop and maintain relationships to avoid social isolation

- The service promoted people developing relationships. We saw evidence of how the service supported people to meet up with others they shared bonds with. We saw photos of these meetings and people were smiling and hugging others.
- People were supported to do activities they liked to do. People attended activities or social events in the community, such as day centres and trips to the cinema, with the aim of enhancing their social networks

and relationships. There were photos on the walls of times people had been on holiday and day trips. Information about activities was recorded in people's care plans and we saw that new activities were tried to see if people had interest in them.

#### Improving care quality in response to complaints or concerns

- Complaints were responded to appropriately. The service kept a record of complaints and we saw the service had acted responsively. Relatives told us they knew who to complain to and would feel comfortable doing so. One relative said, "I have made a complaint. It was resolved."

#### End of life care and support

- The service supported people to record end of life wishes appropriately. Where people had chosen to record their end of life wishes the service had worked with the person and their relatives to document the person's wishes. Their cultural and religious needs, their wishes for burial or cremation, how they want their resting place noted and what to do with their possessions was all recorded. We also noted the innovative use of recording these wishes on video in some cases.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service promoted person-centred care. People were placed at the centre of their care and staff worked to ensure people were included and empowered in their day to day lives. People's paperwork focused on their needs and preferences, ensuring their choices were respected.
- The provider's values were promoted by staff. The service placed emphasis on the provider's values and staff were recognised by the provider for having these values, with certificates in the staff office. These values, such as "inclusive" and "challenging", sought to ensure that people were placed at the heart of the service.
- The provider had quality assurance systems in place to ensure they provided high quality care and support and sought to continuously improve. These included, but were not limited to, audits, staff observations, supervision and questionnaires.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Relatives and staff spoke positively about the registered manager. One staff member said, "[Registered manager], they are number one, they are ace. Since I've been here they've been so supportive, and their focus is on the people we support." A relative said, "[Registered manager] is brilliant. Everything has changed since they have been there."
- Staff understood their roles and working within regulatory requirements. The registered manager knew their responsibility with respect to notifying the local authority and CQC when things went wrong.

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

- Records confirmed People and relatives were engaged in the service. This engagement usually occurred in meetings and key work sessions. Topics for discussion included asking whether people were happy, do they feel safe and what activities they like.
- Staff attended regular team meetings. One staff member told us, "They're great - we have a lot of strong characters and we express ourselves." Minutes of meetings showed the staff discussed people's wellbeing and behaviour, service standards and policy refreshers as well as numerous other topics.
- The provider sought and listened to staff feedback. We saw a video on the provider's staff website that highlighted the responses staff had provided to a quality questionnaire and how the provider hoped to make improvements for people and staff.

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 registered manager understood and acted responsibly and responsively when things went wrong. We looked at incidents and complaints and saw that the service replied to these in a professional manner and took responsibility for the care they provided. They were aware of their legal obligation to notify of us incidents and duty to inform the local authority.

Working in partnership with others

- The service had professional relationships with a local authority, the local health care providers and other organisations that provided services to people who lived at Shining Star. These professional relationships were of benefit to people using the service.
- The service also provided events where money was raised for the service and other local charities. These events assisted staff forge beneficial relationships within the local community.