

Starcare Limited

Kingswood ECH

Inspection report

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Date of inspection visit:
11 October 2021
18 October 2021

Date of publication:
11 November 2021

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

Kingswood is an extra care service consisting of 82 self-contained apartments accommodating people from 55 years of age within a large, purpose-built building. At the time of the inspection, 22 people received personal care, Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People told us they felt safe receiving support from staff team and considered them to be reliable and trustworthy. The provider had processes in place for the reporting of concerns and this extended to the provision of staff training. Medication systems were safe and effective. People had the opportunity to influence arrangements for the administration of their medicines either through staff managing it, self-administration or management by family members. One medicines care plan needed to be updated to reflect changes in administration and this was actioned.

People received support from well trained and supervised staff. A structured induction was in place to enable new staff to become acquainted with the ethos of the service. People received appropriate access to health professionals, their dietary needs were met and their needs assessed appropriately before receiving a service. The consent of people to their support was always gained.

People told us that staff were respectful and caring and took the privacy of people into account. Sensitive information was dealt with appropriately to ensure confidentiality was maintained.

Care plans were person-centred and involved people in their support. People had access to accessible information about their care and appropriate formats to meet their communication needs could be made available if required. A clear complaints process was in place and complaints were investigated in a timely manner.

The registered manager was aware of their responsibilities as a registered person. Notifications were sent to CQC to reflect key events that occurred. Audits were in place to check the quality of the service and this included the capturing of the views of people who used the service and their relatives. The service focused on the individual needs of people and ensured that their independence was respected at all times.

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.

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

Rating at last inspection

This service was registered with us on 8 March 2019 and this is the first inspection.

Why we inspected

This was a planned inspection to provide Kingswood with its first CQC 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 well-led.

Details are in our well-led findings below.

Good ●

Kingswood ECH

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

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

Notice of inspection

We gave 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 11 October 2021 and ended on 18 October 2021. We visited the office location on 11 October 2021.

What we did before the inspection

We reviewed information we had received about the service. 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 the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with three members of staff including the registered manager, senior care worker and an apprentice care worker. We reviewed a range of records. This included five people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas and training records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People told us they always received their medicines on time. Arrangements for administering one person's medication had changed given its time-sensitive nature. The medicines care plan had not been updated given this recent change. We raised this with registered manager who actioned this.
- Storage of medicines were safe and clearly outlined in care plans. Where people were able to self-administer safely; this was promoted by the staff after appropriate risk assessments.
- All medication administration records were appropriately completed. Staff received training in medication and had their competency to administer checked regularly.
- Medication prescribed as required (known as PRN) was accompanied by protocols to ensure that these were effectively and safely given. Separate records were also in place for prescribed creams, again to ensure safe and effective application.

Staffing and recruitment

- People told us "they [staff] always turn up on time and never miss my call" and "if they are going to be a little late, say ten minutes or so, they [staff] will let me know".
- People commented there had been some turnover with staff. They were complimentary about the quality of care provided.
- The registered manager stated that staff recruitment had been challenging of late but the registered provider had done a lot of work to attract and recruit new staff.
- Staff were recruited appropriately with various checks in place to ensure their suitability for the role.

Systems and processes to safeguard people from the risk of abuse

- Appropriate processes were in place to protect people from abuse.
- Staff had received training in this and processes were in place to ensure that any concerns were reported appropriately.
- People told us "yes, I feel safe with the staff". Two relatives told us that they felt that their relative was "definitely safe" and had no concerns despite living some distance away.
- The service had not been the subject of any safeguarding investigations. Systems were in place for the registered manager to report any care concerns to the local authority.

Assessing risk, safety monitoring and management

- Any hazards faced by people in their daily lives were assessed and up to date.
- Any risks to people's wellbeing were taken into account and agreed with people.
- Specific risks relating to people's homes were up to date.

Preventing and controlling infection

- Systems were in place to protect people from the risk of infections.
- People told us that staff always wore personal protective equipment (PPE) such as gloves, aprons and facemasks when they were receiving support.
- Sufficient stocks of PPE were available, and training/guidance had been provided to staff during the COVID-19 pandemic.

Learning lessons when things go wrong

- Appropriate systems were in place to monitor and review accidents and incidents.
- These were reviewed regular to establish patterns and to minimise future occurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 were assessed before they received a service.
- Assessments from agencies funding their support as well as the provider's own assessment were used to gather information.
- Using this information, risk assessments and care plans were developed reflecting current standards and best practice guidance.
- People confirmed that their support was reviewed regularly to ensure that their needs were being met.

Staff support: induction, training, skills and experience

- A structured induction process was in place for new staff.
- This included a detailed induction to the service, training and shadowing existing and experienced staff
- One staff member was working as an apprentice and worked under supervision from other staff. They told us that they had found this to be a valuable experience.
- Staff received the training they needed to support people.
- Staff supervision and observations enabled staff to be supported by their line manager and so good practice would be promoted.

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

- The nutritional needs of people were met.
- The dietary preferences of people were recorded and there was an emphasis on people being as independent as possible in preparing their own meals where possible.
- Those who required support commented that support with food and drinks always took their likes and dislikes into account and that staff prepared nutritious and tasty meals.
- While no-one supported at the time of our visit was at risk of malnutrition; close monitoring of nutrition and hydration was evidenced through records.

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

- The service worked with other agencies to ensure people received consistent, effective and timely care.
- Staff recognised the individual medical needs of people and progress people had with health conditions were recorded.
- People also confirmed they had access to their GP and other relevant health services.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- All people had had their capacity to make decisions about their support, assessed and recorded.
- Where people had requested others to protect their interests through power of attorney arrangements, were recorded.
- People told us that "I am free to decide what I want to do" and "I have real choice".
- Records evidenced that people had given consent to the support they received. People told us "yes I am always asked for my consent"

Is the service caring?

Our findings

Caring– 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were fully involved in decisions about their support they received.
- When issues with support needed to be adjusted, relatives had the chance to have conversations with the registered manager to discuss these.
- Discussions with one person concluded that an independent advocate would be of help to their relation. We requested that information on local advocacy services be made available to all and this was actioned by the registered manager.

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

- Interactions between people and staff were friendly and warm.
- People were positive about the support they received. They said "They [staff] are great, they are so helpful, and I look forward to their visits". A relative told us, "We feel reassured that [name] is getting good quality and safe care".
- The cultural, religious and preferred lifestyle of people were fully recognised.

Respecting and promoting people's privacy, dignity and independence

- Care plans and staff approach included an emphasis on supporting people in those daily tasks they could not do; but with an emphasis on ensuring that people were independent in other aspects of their daily living. One person told us, "I am very independent, and they just let me get on with things, which is great".
- People were very clear that staff always respected people's homes. Staff were observed entering people's accommodation but only when they received consent to do so.
- People told us that they received a dignified level of support and that they were "absolutely respected".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated 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

- Support plans we viewed were personalised and reflected individual needs and preferences.
- People had been involved in the devising of care plans and these were reviewed regularly with people to ensure that needs would be met.
- Care plans were accompanied by a "this is me" document which provided a commentary on people's previous life histories and experiences.

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 recorded in care plans.
- Any sensory limitations that people had were recorded and taken into consideration during their support by staff.
- All people who received support at the time of our visit did not need any specific assistance with understanding information provided to them.
- Alternative formats were available to people if needed, such as larger print documents.

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

- Support plans included details of people's individual interests, hobbies and cultural interest.
- People told us that they were able to continue to with their own interests. Staff had knowledge of people's interests and used these as a point of conversation with people.
- The registered manager worked with the housing provider to ensure that people had access to on-site social activities and facilitated these. This demonstrated that the service sought to ensure that people were not socially isolated.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place.
- Where complaints had been made; these were recorded and investigated.
- The outcome of investigations were fed-back to complainants in a timely manner.

End of life care and support

- No-one had reached this stage of their lives.
- People had the opportunity to make their future wishes known in care plans.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; 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

- People told us that the service was well led and well managed. They said, "I am more than happy with my support", "They [staff] are reliable" and, "We are so glad that [name] is receiving safe care".
- People told us that if aspects of their support needed to be adjusted or refined; they could approach the registered manager to achieve this.
- One member of staff commented, "I love the job and the manager is approachable and supportive."
- Support plans were person-centred and reflected the individual needs of people.

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

- The registered manager was available to provide support and advice to staff as well as action service user and family enquiries.
- An effective and up to date system of auditing all aspects of the quality of the support provided was in place. This was subject to checks by senior managers within the organisation.
- Audits also aimed to drive improvements and refine the support provided.
- The registered manager understood their responsibility for notifying the Care Quality Commission of key events that occurred within the service.
- Records were accurate and regularly reviewed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People stated that they were able to offer feedback about their support through regular contact and care reviews.
- The registered manager worked with the on-site housing provider and local authorities to ensure good outcomes were achieved for people.