Royal Mencap Society

Shining Star

Inspection report

562 Green Lanes
Goodmayes
Ilford
Essex
IG3 9LW

Tel: 02085904235
Website: www.mencap.org.uk

Date of inspection visit:
09 March 2017

Date of publication:
28 April 2017

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

This unannounced inspection took place on 9 March 2017.

Shining Star is a four bedded service providing support and accommodation to people with a learning disability. It is a large house in a residential area close to public transport and other services. The house does not have any special adaptations. A ground floor bathroom and shower are available, which can meet the needs of a person with limited mobility.

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 and associated Regulations about how the service is run.

Systems were in place to minimise risk and to ensure that people were as safe as possible. Staff were aware of their responsibilities to ensure people were safe and knew what action to take if they had any concerns. They were confident that the registered manager would address any concerns.

People were protected by the provider's recruitment process which ensured that staff were suitable to work with people who need support.

The staff team worked with other professionals to ensure that people were supported to receive the healthcare that they needed. People received their prescribed medicines safely.

Staff received the support and training they needed to give them the necessary skills and knowledge to meet people's needs. Staffing levels were sufficient to meet people's assessed needs.

People were supported to be as independent as possible and to make choices about what they did. Systems were in place to ensure that their human rights were protected.

People were treated with respect and their privacy and dignity was maintained. They were supported by a consistent staff team who knew them well.

The registered manager and the provider monitored the quality of service provided to ensure that people received a safe and effective service that met their needs.

People lived in a safe environment that was suitable for their needs.

People chose what they wanted to eat and drink. They were supported to eat and drink enough to meet their needs.

Systems were in place to respond to any concerns or issues that affected people who used the service.

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. Risks were identified and minimised to ensure that people were supported as safely as possible, both in the community and in the service.

There were enough staff available to support people safely.

Systems were in place to support people to receive their medicines appropriately and safely.

The provider's recruitment process ensured that people were supported by suitable staff.

Is the service effective?

Good

The service was effective. People were supported by staff who had the necessary skills and knowledge to meet their needs.

Systems were in place to ensure that people were not unlawfully deprived of their liberty.

People were supported to have a healthy nutritious diet that met their needs.

People's healthcare needs were identified and monitored. They were supported to receive the healthcare they needed.

Is the service caring?

Good

The service was caring. People were treated with kindness and their privacy and dignity were respected.

People received care and support from staff who knew about their needs, likes and preferences. They were encouraged to be as independent as possible.

Staff took time to explain to people what was happening.

Is the service responsive?

Good

The service was responsive. People received individualised care and support. They were encouraged to make choices about their

daily lives.

People were supported to be involved in activities they enjoyed in the community and in the service.

Staff had current information about people's needs and how best to meet these.

Systems were in place to respond to any concerns or issues that affected people who used the service.

Is the service well-led?

Good

The service was well-led. The provider's quality assurance systems ensured that people received a safe and effective service.

The registered manager provided clear guidance to staff to ensure they were aware of what was expected of them.

Staff told us the registered manager was accessible and approachable and they felt well supported.

Shining Star

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 9 March 2017 and was carried out by one inspector. At the last inspection on 21 January 2015 the service was rated good overall but we found that the provider's monitoring of the service had not been robust.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we also reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection.

Due to the degree of their learning and communication difficulties people were unable to give us direct feedback about the service. However, during our inspection we spent time with three of the four people who used the service and observed the care and support provided by the staff in the communal areas. We spoke with three staff and the registered manager. We looked at two people's care records and other records relating to the management of the service. This included three sets of recruitment records, duty rosters, accident and incident records, complaints, health and safety and maintenance records, quality monitoring records and medicine management records.

After the inspection we spoke to a social services care manager and two people's relatives by telephone and received written feedback from a third relative.

Good

Is the service safe?

Our findings

Relatives said people received a safe service at Shining Star. A care manager told us staff were very conscious about safety and very safety focussed.

Although there were some staff vacancies there was a stable staff team and any absences were covered by the staff team or regular relief staff. This meant people received consistent support from staff they knew and who were aware of their needs and of the support needed to maintain their safety.

Medicines were securely and safely stored. The pharmacy delivered medicines each month. One weeks supply at a time was stored in locked cupboards in people's rooms. The remainder were stored in the office until they were needed. There were also storage facilities for controlled drugs should the need arise. Keys for medicines cupboards were kept securely in the office to ensure that unauthorised people did not have access to medicines.

Medicines Administration Record (MAR) charts were properly completed and up to date. There was an accurate record of the medicines people had received. Allergies were also indicated. In line with good practice opening dates were recorded on creams to ensure that they were not used after the expiry once opened period.

Medicines were administered by two staff who had received medicines training and were assessed as competent to do this task. Guidelines were in place for the administration of 'when required' medicine so that staff were clear about when and how to administer this. A system of medicines audits was in place and these were monitored by the registered manager who also carried out monthly medicines audits. This meant that there were systems in place to check that people received their prescribed medicines safely and appropriately.

Risks were identified and systems put in place to minimise risk. People's files contained risk assessments relevant to their individual needs. They covered areas where a potential risk might occur and how to manage it. For example, accessing the community, personal care or behaviours. These gave staff the information needed to enable them to support people as safely as possible.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. Staff had received safeguarding training and were aware of the safeguarding policies and procedure in order to protect people from abuse. They were aware of different types of abuse and knew what to do if they suspected or saw any signs of abuse or neglect. Staff said they would report anything of concern to the registered manager and confident that action would be taken.

There were systems to protect people's finances from possible misuse. People's cash and personal expenditure records were stored in locked cabinets in their room. Any expenditure was signed and checked by two staff. In addition records showed that the registered manager and area manager carried out spot

checks on people's finance records and monies. We checked the records and cash held for one person and found that these tallied with records and included receipts.

The provider had a satisfactory recruitment and selection process in place. This included prospective staff completing an application form and attending an interview. We looked at the files of three members of staff. We found that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who needed support. There was evidence in staff records to confirm that they were legally entitled to work in the United Kingdom. This helped to ensure people were protected by the recruitment process.

Staffing levels were sufficient to meet people's needs and to support them with what they chose to do. This was both in the service and out in the community. One person required two staff to support them when out in the community and there were provisions for this in the staff rota.

Systems were in place to keep people as safe as possible in the event of an emergency. Staff had received fire safety and first aid training and were aware of the procedure to follow in an emergency. A fire risk assessment had been completed and fire alarms were tested weekly. In people's files there was a 'grab and run sheet' containing information about the person and details of emergency contacts.

None of the people who used the service required any specialised equipment. Records showed that other equipment was serviced and checked in line with the manufacturer's guidance to ensure that it was safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and were safe to use. This helped to ensure people were cared for in a safe environment.

Providers of health and social care have to inform us of important events which take place in their service. Our records showed that the provider had told us about such events and had taken appropriate action to ensure that people were safe.

Good

Is the service effective?

Our findings

A care manager told us that they had seen examples of good practice in the service. A relative said, "I feel that [family member] is well looked after." We observed that people seemed relaxed and comfortable in their home and in the company of the staff.

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. The application procedures for this in care homes and hospitals are 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 were being met.

Staff had completed MCA and DoLS training and were aware of people's rights to make decisions about their lives. When important decisions needed to be made about a person's care and treatment, meetings were held with relatives and other professionals to discuss what was in their best interest. The registered manager was aware of when to make a referral to the supervisory body to obtain a Deprivation of Liberty Safeguard (DoLS). Records showed that this was thought to be necessary for all of the people who used the service and relevant applications had been made to supervisory bodies. This helped to ensure that people were not being unnecessarily or unlawfully deprived of their liberty.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices. A care manager told us they had worked with the service regarding training staff and linking in with other professionals. Training was a combination of e-learning and face to face courses and included a structured induction programme and ongoing training. One member of staff told us there was a lot of training and that it was updated. Another told us that in addition to general training such as health and safety, food hygiene, safeguarding and medicines they also received training to meet people's specific needs. For example, training around working with people with PICA (an eating disorder whereby the individual persistently craves and compulsively eats nonfood substances). Staff had also received positive behaviour management training to enable them to more effectively support people who exhibited behaviour that challenged. One member of staff said, "The positive behaviour management training was great and gave us good ideas on how to manage [person who used the service]." A relief member of staff confirmed that they received the same training as permanent staff.

People were supported by staff who received effective support and guidance to enable them to meet their assessed needs. Staff told us that they received good support from the registered manager. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). One member of staff said, "[Registered manager] is always available and says you can phone them at any time and they always

answer." Systems were in place to share information with staff including staff meetings and handovers between shifts.

People were provided with a choice of suitable, nutritious food and drink. They chose what they wanted to eat at a weekly meeting and there was a folder of pictures of different meals to help them to do this. Each person had their own cupboard in the kitchen and their individual preferences were stored in these. Staff told us that people chose what they wanted for breakfast and lunch from their own cupboard but usually ate together in the evenings. At lunchtime, we saw that people ate when they wanted to and that they chose different things. People were supported to be able to eat and drink sufficient amounts to meet their needs. If there were any concerns about a person's weight, nutrition, or swallowing this was monitored and if necessary a referral was made to the relevant professional. For example, one person had been referred to a speech and language therapist after a choking incident.

People's healthcare needs were monitored and addressed. They were supported to remain as healthy as possible. They saw professionals such as GPs, dentists, speech and language therapists and specialist nurses. Each person had a medical file which included details of their health needs and how to meet these. They also gave details of what might indicate that a person was unwell. For example, in one person's file it said that refusing to participate in activities, staying in their room for long periods of time and going to bed early might indicate they were unwell. Details of medical appointments, why people had needed these and the outcome were all clearly recorded. The registered manager had reviewed people's health action plans and hospital passports and had contacted the community nurse to discuss these and get them updated. A 'hospital passport' is a document containing information to assist hospital staff to appropriately support people when they are treated at the hospital. A care manager told us, "They [staff] take [person] to their appointments."

Shining Star was a large house in a residential area, close to good transport links, shops and other amenities. There was a ground floor bedroom and bathing facilities which could be used by a person with mobility difficulties. The environment met people's needs.

Good

Is the service caring?

Our findings

One relative told us their family member was happy at Shining Star and was always happy to go back there after visiting the family. Another told us that staff were kind and supportive. Throughout the inspection we saw staff speaking to people in a polite and professional manner. They were patient and considerate and took time to reassure people and explain things so they knew what was happening.

People were treated with respect and their privacy and dignity maintained. People's personal care needs were met in the privacy of their own room or in the bathroom. As far as possible, same gender personal care was provided. In the file of one of the ladies there were additional guidelines as to what should happen if for any reason a female worker was not available to provide personal care. None of the people had any specific needs in relation to their religion or culture but staff told us that they enjoyed celebrations for festivals such as Christmas and Easter.

People were encouraged to be as independent as possible and to participate in the day-to-day running of the service. For example, people went food shopping with staff, helped to clear the dining table and load the dishwasher. Care plans included information about how to promote people's independence and what they could do for themselves. For example, one person's plan indicated that they needed a lot of help with their personal care but added that, with prompting they could wash their legs and groin area themselves. During the visit we saw that people were supported to do things as far as they were able. For example, one person made themselves a hot drink with staff supervision. For another person they got the cup from the cupboard and put the teabag in it and staff then made the drink.

People's ability to make decisions about their care and about any changes to the service was limited. In addition to 'tenants' meetings to discuss issues affecting everyone, people also had individual meetings with their keyworker. Staff used pictures, symbols and their knowledge of people to involve them as far as possible and to assist them to express their wishes and preferences. They observed people's reactions to gauge if they wanted to do something or not. In one person's file there were photographs of signs they used and what each meant.

Staff respected people's confidentiality. They treated personal information in confidence and did not discuss people's personal matters in front of others. Confidential information about people was kept securely in the office.

People were supported to maintain relationships with their relatives and friends. One person's family lived abroad and their relative said they received information by email and also used skype to keep in contact. Another relative told us that their family member was helped to phone them when they wanted to.

People were supported by a small consistent staff team who knew them well. Staff told us about people's needs, likes, dislikes and interests. They knew people's individual routines and any signs that might demonstrate they were unwell or had a problem. A care manager told us, "[Person] is very comfortable with the service and staff know them well."

Good

Is the service responsive?

Our findings

People received individualised support based on their needs, likes, dislikes and preferences. One relative said, "I have no bad feelings about the service at all."

Care and support plans were personalised, comprehensive and contained assessments of people's needs and risks. They covered all aspects of emotional and physical health and described the individual support people required to meet their needs. For example, one plan for supporting someone with their personal care stated that they liked to run their bath independently but did not like to be left alone when in the bath. Key points were clearly highlighted to indicate their importance. Care plans had been reviewed and updates added when needed. This meant there was current information about how people wanted and needed their support to be provided. It also enabled staff to provide a service that was responsive to people's changing needs.

People who used the service were involved in developing and reviewing their care plans in as far as they were able. They met with their keyworker each month to review what they had done and any health or other issues. Notes of these meetings were recorded and included pictures to help people to understand and make choices.

People were supported and encouraged to make as many choices as they were able. Care plans included information on how to support them to make choices. This included using pictures and objects of reference. We saw that people chose what and when to eat and where they spent their time. They also chose when they went to bed and got up. For example, one person was still in bed when we arrived and got up later in the morning. They were then offered a choice of cereal and tea or coffee. They made their choice and then chose a piece of fruit to have with breakfast. Another person was asked if they wanted to help put their clean laundry in their room.

Arrangements were in place to meet people's individual social needs and preferences. People were supported to participate in activities and trips that they liked. For example, going swimming, to the cinema, the park, the pub or shopping. One relative told us their family member had structure to their week and they felt this was beneficial for them. . Another said that their family member was taken out to lovely places and was "very lucky." It had previously been identified by staff that one person might be happier with individual support to do activities specific to them rather than going to a day service provider. This had been discussed with the care manager, day service provider and the person's relative and the change was made. Another person had a 'big' birthday in the near future and was planning for a birthday party. People went on holiday to a holiday complex last year and planning had started for this year's holiday which was hoped would be a cruise. The registered manager told us they were hoping to extend and introduce new activities and that three of the staff team would be dedicating time to research and plan this.

The service's complaints procedure was displayed on a notice board in a communal area. It included details and photographs of the registered manager, area manager and regional manager. Due to the degree of their learning disability people were unable raise a complaint but friends and relatives were able to do so on their

behalf. There had not been any complaints since the registered manager came into post in August 2016. Systems were in place to respond to any concerns or issues that affected people who used the service.

Good

Is the service well-led?

Our findings

There was a registered manager in post and they had worked at the service since August 2016. The registered manager was also responsible for another service and spent at least three days per week at Shining Star. This ensured they had a good oversight of what was happening there.

Staff were clear about their roles and responsibilities and told us the registered manager was accessible and approachable and they felt well supported. One member of staff said, "What [registered manager] says makes sense. They work with the staff. I feel free to ask them anything. I could raise a concern and they would listen." Another said, "[Registered manager] provides a lot of support. If there is an issue they are always there to talk to. It's okay to raise issues and they really listen". The registered manager told us that their area manager was accessible and that they also contacted other managers within the organisation for support. People were supported by staff who felt they could raise any issues or concerns and that they would receive support to enable them to meet people's needs.

At the inspection in January 2015 we found although there was not a breach of regulations, improvements were needed to ensure that any issues identified as part of the quality assurance processes were addressed in a timely way, to ensure that people received a service that met their needs. At this inspection we found that improvements had been made. For example, The registered manager monitored the service to ensure it was safe and met people's needs. This was both informally when they were at the service and by audits and checks that necessary tasks had been completed. This included checks on the building, that activities were happening and paperwork was up to date and had been properly completed. Also medicines and finance audits.

The provider had systems in place to monitor the quality of service provided and to ensure it was safe and met people's needs. Spot checks (unannounced out-of-hours visits) formed part of the quality assurance process. Spot checks were carried out by the manager and on occasions by the manager of a different service. Any issues found were addressed with the staff team. The area manager also visited the service every four to six weeks to check the quality of the service provided. We saw records of checks and visits and reports on what action was needed and this formed part of a service improvement plan which was updated by the registered manager when action had been completed.

The provider also sought feedback from people who used the service and stakeholders (relatives and other professionals) by annual quality assurance surveys.