

Rotherham Healthcare Limited

The S.T.A.R. Foundation

Inspection report

Astrum House
Nightingale Close
Rotherham
South Yorkshire
S60 2AB

Tel: 01709834000

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

The S.T.A.R. Foundation, locally known as Astrum House is a specialist residential and nursing home providing support for up to 60 people. At the time of our inspection there were 32 people using the service. The service provides support for people with a learning disability, autistic people, mental health and people with a physical disability. Some people using the service were living with dementia.

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

We found the provider had taken reasonable steps to improve the service. There had been some changes in the management team, and they were beginning to establish and lead the service. The current manager had not yet registered with CQC but had started the application process. Systems in place to monitor the service had improved but had not always identified areas of concern and therefore required further embedding into practice.

Risks associated with people's care and support had been identified. However, risk assessments and care planning documentation were sometimes conflicting and did not always contain the most up to date information.

The service was predominantly clean, and people were protected from the risk and spread of infections. However, some areas of the home required some maintenance work to enable them to be cleaned more effectively.

Sufficient staff were available to meet people's need in a timely way. People received their medicines as prescribed.

People were safeguarded from the risk of abuse. Staff confirmed they received training in this subject and could explain what action they would take if they suspected abuse taking place.

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

People were supported to maintain a healthy and balanced diet which included their choices and preferences.

We observed staff interacting with people who used the service and found they were kind, caring and considerate. Staff respected people's privacy and dignity. However, while staff were caring they did not always support people to maintain their independence.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was predominantly able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The provider had identified the model of care and setting at The S.T.A.R. Foundation was not always suitable for people with a learning disability. This was due to the size and layout of the building. The provider was aware of this and was considering how they could improve the lives of people with learning disabilities. However, people were still able to access community facilities and had links with the local community and shops.

Right care:

- Care was predominantly person-centred and promoted people's dignity, privacy and human rights. People were supported with social stimulation. However, people's involvement in daily living skills was not always encouraged to enable independence.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff did not always ensure people using the service were leading confident, inclusive and empowered lives. People were not always supported to develop new skills to enable them to live enhanced lives.

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

Rating at last inspection (and update)

The last rating for this service was inadequate (published 9 November 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 9 November 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The S.T.A.R. Foundation

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The S.T.A.R. foundation is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection the service did not have a manager registered with the Care Quality Commission. This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided. The provider had appointed a manager and they were in the process of registering with CQC.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 11 May 2021 with a site visit and ended on 21 May 2021, after reviewing evidence sent to us following the site visit.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and two relatives about their experience of the care provided. We spoke with 10 members of staff including the provider, manager, nominated individual and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at 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 training data and quality assurance records.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. Accidents and incidents were not analysed to mitigate risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks associated with people's care had been identified and staff knew how to support people to meet their needs safely. However, risk assessments and care plans were sometimes contradictory, and required more information.
- Accidents and incidents were recorded and analysed to identify any trends or patterns. This helped to mitigate future risks and ensured lessons were learned.
- Environmental risks had been assessed and monitored and environmental safety checks were being carried out.

Preventing and controlling infection

At our last inspection the provider did not always ensure people were protected from the risk and spread of infection. Areas of the home were not kept clean or well maintained. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At this inspection we completed a tour of the service with the manager. Although some maintenance work was still required this had been identified by the provider. The home was predominantly clean and there were no malodours.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider's system for safeguarding people was not always effective. This was a breach of regulation 13 (safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had a system in place to safeguard people from abuse. Staff received training in this subject and knew what actions to take if they suspected abuse.
- People we spoke with told us they felt safe living at the service. One person said, "They saved me here and look after me properly." Another person said, "I am not worried or frightened, I feel safe, the safest I have ever been."

Staffing and recruitment

At our last inspection the provider could not evidence that sufficient numbers of staff were deployed effectively. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider now had a system in place to identify the number of staff required to meet people's needs. This was based on the dependency of each person.
- Through our observations and from speaking with staff and people who used the service, we found there were enough staff to meet people's needs in a timely way.
- The provider had a recruitment policy which ensured checks were carried out to ensure staff were suitable before they started working for the service. This included obtaining references from previous employers and ensuring criminal record checks were completed.

Using medicines safely

At our last inspection the provider did not have safe systems in place to manage medicines. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At this inspection we found the provider had taken action to ensure people's medicines were managed in a safe way. Medication Administration Records (MAR's) were completed and showed people received their

medicines as prescribed.

- The provider had protocols in place for people who required their medicines on an 'as and when required' basis. These were completed fully, ensuring people received their medicines when needed.
- Staff who were responsible for administering medicines completed training in this area. Staff also had competency checks to ensure they managed people's medicines in a safe way.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection we found people did not always receive care and support from suitably trained and skilled staff. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At this inspection we found improvements in this area. A comprehensive training plan was available, and staff had completed core subjects and mandatory training to support them in their role.
- Following training sessions, a competency assessment was completed to ensure staff understood the topic and could put their knowledge in to practice.
- Through our observations and talking with staff, we found their knowledge had improved in areas such as learning disability, autism and supporting people living with dementia. However, some staff told us they had not received person specific training. Therefore, the training plan had not always been effective and required further embedding in to practice.
- Staff we spoke with felt listened to and supported. One staff member said, "We get regular supervision and training."

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

- People's physical, mental and social needs were assessed, however care was not always delivered in line with best practice and current legislation. People were supported to set outcomes and work towards their goals.
- Care plans and supporting documentation had improved to include people's individual preferences and choices.

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

- People were supported to maintain a healthy balanced diet which met their needs and preferences. One person said, "I can't moan about the meals, they are nice and there is always plenty of choice."
- People we spoke with told us they enjoyed their meals and that snacks and drinks were freely available.
- People were supported to make meal choices the day before, however staff responded when people changed their minds. We observed one person did not want their chosen meal and an alternative was sought.

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

- The provider and manager had taken action to ensure people received consistent, effective and timely care and support.
- We found people had been referred to other professionals when required to ensure people's needs were addressed.
- The provider had employed an occupational therapist who was based at the home five days a week and had a visiting physiotherapist three times a week. This had a positive impact on people living at the home, particularly those who wanted to use the onsite gymnasium.
- People and their relatives told they had access to healthcare professionals. One relative said, "The Speech and Language Therapist is coming in today regarding food and swallowing."

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

- The service had wide corridors which facilitated people with physical disabilities and their equipment and open space both inside and out, where people could spend time with their friends and relatives.
- The service had an onsite sensory room, gymnasium and hydrotherapy room. Due to the current pandemic the hydrotherapy room was not in use at the time of our inspection. The manager was working on a risk assessment to ensure this facility could be available in the near future.
- The sensory room was currently in use for reading, relaxing and meditation sessions.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we found the provider was not always working within the principles of the MCA. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- At this inspection we found the provider had taken appropriate steps to ensure they were working within the principles of the MCA.
- Where people lacked capacity, decisions had been made in their best interests and relevant people were involved in the decision making process.

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

Respecting and promoting people's privacy, dignity and independence

At our last inspection we found the provider did not ensure people's privacy and dignity were respected. This was a breach of regulation 10 (Privacy and dignity) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- During our inspection we observed staff interacting with people and found they were kind, caring and respected people's dignity. We saw staff asking permission before entering bedrooms and knocking on toilet and bathroom doors prior to entering.
- People and their relatives spoke highly of the care they received. One relative said, "The carers are lovely, they really do meet [relatives] needs." One person said, "It's the best care I have ever had." Another person said, "I have a good laugh with the staff. I have three favourite staff who I would like to take home with me."
- On the day of our inspection there was a happy atmosphere in the home, staff and people engaged with each other in a caring and respectful way and appropriate banter was shared between them.

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

- We saw people were supported to express their views and be involved in their care. Staff ensured people's preferences were adhered to.

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

- Staff knew people well and were able to provide support which respects their equality and diversity. One person said, "These staff are my family."
- Staff were understanding in supporting people to meet their cultural and spiritual needs.

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 inadequate. At this inspection this key question has now requires improvement. This meant people's needs were not always met.

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

At our last inspection we found the provider did not always provide person-centred care which met people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People were supported by staff who knew them well. Staff completed care tasks in a caring way, however, did not always support people to maintain their independence.
- Most people and their relatives told us they were involved in care planning and any reviews about their care. However, one person said, "I have never seen my care plan, but I would like to be involved in writing it."
- Care plan documentation we reviewed was informative but sometimes contradictory, which made it difficult for the reader to understand the person's needs. Some further work was required to ensure care plan records were written in line with people's current needs.

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

- People were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them.
- Since our last inspection the provider had developed a photography club, gardening club and walking group, as well as a variety of other on and off site activities.
- On the day of our inspection we saw people engaged in a variety of activities including yoga, walking group and arts and crafts. Staff interacted with people in a way that promoted their involvement. We saw one person happily painting the face of a staff member. The interaction between them was positive and inclusive.

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.

- Staff communicated with people in a variety of different ways according to their needs. For example, speaking slower, waiting for the person to respond and getting down to eye level. This showed staff

understood the importance of communication.

Improving care quality in response to complaints or concerns

- The provider had a complaint procedure which was displayed in the main reception area of the home.
- The manager had introduced a grumbles and complaints form which has been used to assist people to express their concerns.
- The manager had a system in place to record complaints and their outcome and used them to improve the service.

End of life care and support

- Staff received training in end of life care. The training manager confirmed they received support from the local hospice.
- Care plans included people's end of life care preferences and wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection we found systems in place to monitor the service were not effective. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, systems required further embedding in to practice.

- Systems in place to monitor the quality of the service had improved and were beginning to be identifying areas of improvement.
- Audits were completed monthly and actions taken to address issues raised. The manager was keen to ensure governance systems continued to be used as a tool to improve the service.
- Some issues we identified during our inspection had not been identified during the audit process. For example, contradictory information in care planning documents had not been identified in the care plan audit. Therefore, the providers monitoring system required further development to show consistency.

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

- Managers and staff were clear about their roles and responsibilities. Since our last inspection there had been some changes in the management team. The previous deputy manager was now the manager and was in the process of registering with the Care Quality Commission. One of the owners had taken the role and responsibilities of the nominated individual.
- People and their relatives had confidence in the manager. One person said, "She [manager] is a good manager because she's a good listener and sorts things out."
- Both the provider and manager were clear about their responsibilities and legal requirements.

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

- The provider had improved the culture of the service and people told us the staff helped them achieve their outcomes. For example, one person told us staff assisted them to do their own shopping online, saying, "Every second gets better here, and more enjoyable."
- The provider had four senior staff who were also champions in dementia and dignity, outdoor activities,

learning disabilities and moving and handling. These champions led the staff team in these specialist areas. This had a positive impact on people's lives as people participated in various activities provided by staff who were knowledgeable about their needs and what they wanted to achieve.

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

- The provider was engaging with people, their relatives, staff and other stakeholders, to gain their views and opinions to drive improvements.
- The manager carried out a survey in January 2021, to obtain feedback. The outcome was mainly positive. Suggested areas for improvement were identified and taken seriously.
- A range of residents and staff meetings took place on a regular basis. People and staff told us they felt at ease to raise issues and felt listened to.
- People we spoke with and staff were complimentary about the positive changes in the home. One staff member said, "We [staff] are on board with the changes and making things better." Another staff member said, "I can see the improvements, everything is improving and lots of activities going on."

Working in partnership with others

- The provider could demonstrate they were working in partnership with others to meet people's needs and help them achieve their outcomes.