

1-2-1 5 Star Care Ltd

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Inspection report

11 Nelson Street
Carlisle
CA2 5NB

Tel: 07885684300

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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

1-2-1 5 Star Care is a domiciliary care service delivering care and support to people in their own homes living in Carlisle. At the time of the inspection the provider was supporting approximately twenty-seven people, mainly older adults. The service delivers personal care and support. They also provide community meals.

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 and well supported by the service. Staff understood how to protect people from harm and abuse. Staff had been appropriately recruited, in sufficient numbers, allowing the team to deliver timely and appropriate care. One person said, "The staff are great, good workers and nice girls."

People were very satisfied with the care and support they received. Staff understood how to help with medicines and were skilled in care tasks. People had detailed care plans and were happy with the discreet and dignified delivery of care. 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 judged that staff were well-trained and skilled. Staff had received detailed induction and training was on-going. Staff treated people with respect and, as one person said, "We have a good rapport". Staff supported people, where possible, to continue to be engaged with cultural and social activities.

The staff and people who used the service judged that the service was well organised and the management team were open and approachable. Systems were in place to make sure that people received good quality services. The team were keen to improve and develop.

Rating at last inspection

The last rating for this service was good (published 22 June 2017). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

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.

1-2-1 5 Star Care

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

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. They delivered care to around twenty-seven people in the city of Carlisle.

The service had a manager registered with the Care Quality Commission. This means 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 the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 January 2020 and finished on 3 February 2020. We visited the office location on 24 January 2020.

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 the inspection

We had contact, by telephone, with ten people who used the service (or their relatives) about their experience of the care provided. We spoke with the provider, the registered manager and one support worker during our visit to the office. We also spoke with five further staff members by telephone.

We contacted four professionals who regularly visit the service.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff development. We reviewed a variety of records relating to the management of the service, including rostering of the care delivery.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received 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 good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had suitable systems in place to ensure staff were aware of how to safeguard people from harm and abuse. Staff had been trained in understanding what was abusive and were aware of how to manage this.
- One person said, "[The staff and management] know if I am not right and would do something about it. I can talk to them."

Assessing risk, safety monitoring and management

- Risks to staff and people who used the service were suitably assessed and managed. Good assessments of lone working, specific tasks, the person and their environment were in the records we reviewed.
- The management team told us they always did an initial assessment of needs, the person's home and any other issues and, "We update them regularly or when there are any changes." People confirmed that assessment was on-going.

Staffing and recruitment

- The service was appropriately staffed to ensure consistent care delivery. Recruitment was appropriately managed. Staffing levels met the hours shown on rosters and there had been no missed calls or shortened visits
- The provider ensured all new staff were suitably vetted. We saw records confirming new members of the team did not have access to vulnerable people unless their background was thoroughly checked.

Using medicines safely

- Where staff administered medicines this was done correctly and people's medicines were safely managed on their behalf. Medicines administration records were completed and checked on a regular basis.
- We spoke with staff who confirmed they had received training and their competence was checked. One team member explained how the "Paperwork is checked at least monthly and we are observed when dealing with medicines."

Preventing and controlling infection

- The provider had appropriate systems to ensure good infection control in people's homes. Staff were provided with suitable equipment to help with this.
- People were happy with the way staff managed infection control. One person said, "They are very clean and neat."

Learning lessons when things go wrong

- The provider analysed and reviewed all aspects of the service and improved on any matters where they, or the people they supported, felt change was needed.
- The provider and the registered manager said they had not had any serious failures but were planning to train some staff in some of the management tasks to prevent any potential breakdowns in the management systems.

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 now 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.

- The provider worked with social and health care professionals to ensure care and support met people's needs, and was in line with good practice and legislation. Good assessments of need ensured the team continued to monitor and assess people's needs and any risks in the package of care.
- Care records showed ongoing contact with health and social care professionals and advice given was acted upon.

Staff support: induction, training, skills and experience

- Staff were suitably inducted, trained and mentored to ensure the workforce was skilled and experienced. The provider had developed a very detailed induction and training package, based on good practice and legislation. Staff were encouraged to reflect on their practice and come prepared to appraisal and supervision. Staff were supported to improve and develop.
- People felt the staff were well trained and competent. A staff member said, "I feel I can progress with this company" and explained the extra training and support being given to enhance her development.

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

- Where needed, staff ensured people were supported to have good levels of hydration and nutrition.
- The provider also offered an additional service so people could have home-made meals delivered to them. Food was prepared in an industrial kitchen which was part of the office base. Food safety arrangements were in place.
- We spoke with two people who received these meals and they were extremely satisfied. They said, "Very good" and "Just the kind of home-made food I like."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager had ensured the team worked well with health and social care professionals.
- Staff worked with local community nurses and with social workers. These interactions were recorded in detail and staff said they followed the guidance given to them by other professionals.

Supporting people to live healthier lives, access healthcare services and support

- Systems were operating to ensure people were supported to live healthy lives and access appropriate health care.
- A relative told us how well a person was supported with meals provided, medicines given and health care accessed when necessary.

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.

- The team were aware of their responsibilities in care delivery, under the MCA . No one in receipt of care was under any authorisation of the MCA but the provider would alert social workers if there were any issues around deprivation of liberty.

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 now 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; respecting equality and diversity

- People were treated well, with appropriate attention paid to diversity and equality. Staff confirmed they had been trained in equality and diversity and they took human rights into consideration.
- A member of staff said, "We get time to sit with them. I have a cuppa or bring my lunch and we eat together because they may not see anyone else." Another staff member said, "We care about people. The provider and I fed someone's cat when they were in hospital because it was important to them."

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

- People were given opportunities to express their views and were fully involved in decision making. This was done through visits, surveys, phone calls and reviews of care.
- One person said, "[The provider] was here this morning just checking I had everything I need." Another said, "I get frequent visits and can phone or they phone me. I am in charge of my care."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were promoted by the person-centred approach to care delivery.
- One person told us, "The staff would do more for me - washing up for instance- but they know I can do it. They encourage me to stay independent."
- A relative told us, "The staff deliver full personal care with discretion and sensitivity. Dignity is always maintained." There were examples of people becoming more independent, becoming more assertive or being less reluctant to receive personal care.

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 now 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

- Individual, person-centred planning was in place to ensure people received appropriate care to meet their needs.
- Care plans were detailed and gave good guidance for staff. For example one plan had a personal goal, "I can still make decisions but it does take me a little while to think about the answer". This helped the person to retain their control while having needs met. One person said, "My key worker updates my care plan after consultation with me."
- We spoke with a relative who said, "They are very good with my relative who has dementia and they are more settled and they talk more because of the way the staff work with them."

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.

- Communication needs were appropriately met because staff were suitably trained and informed of the needs of people. These included the communication needs of people living with dementia.
- One person had a white board where reminders were written to help with short term memory loss. Some of the team had experience of finger spelling and simple sign language for people living with hearing loss

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

- The team were working on ways to lessen social isolation and to help people take part in activities. Some people had extra time so staff could take them out to events, entertainments and to shop.
- The team had organised a Christmas party and summer outings for groups of people. They also had a book club and staff were encouraged to sit with people to have a chat and, where the person was agreeable, to bring their lunch and eat with the person.

Improving care quality in response to complaints or concerns

- The provider considered complaints and concerns to be a positive way to improve the service. There had been no formal complaints in the service.
- One person said, "I had an issue, went straight to [the provider] and it didn't happen again." No one else we spoke with had ever had to complain and were confident the management would deal with any problems.

End of life care and support

- Staff had received training on end-of-life care and the team had a history of supporting people in the last stages of life.
- Staff confirmed they supported community nurses and families and this had allowed people to die at home.

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 now 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

- The provider and the registered manager ensured people had good outcomes because the care was person centred, inclusive and empowering.
- Both the provider and the registered manager worked in this service, undertaking management tasks, supervising staff and, at times, delivering care. Staff saw them as role models. One team member said, "The managers are very hands-on. We follow their lead...they have good values."
- A relative said, "I have no issues with management. I feel they are approachable and lead the service well." One person said, "I think the managers are very good and the staff rate them too. I know the managers very well."

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 provider and the registered manager were aware of the duty of candour and were open and honest in their practice.
- People, their relatives and the staff confirmed the management team were open and transparent. A team member said, "I think the managers are very good, very honest."

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

- The service had a clear and simple structure allowing quality care to be delivered safely and appropriately. The management team consisted of the provider and the registered manager.
- Staff had a good understanding of their responsibilities and also felt they could consult management and team mates where they had a query. The team had been involved in the planning for new roles of lead carer.
- The management team had identified potential risks in having only two people covering the management tasks. They had started to train some staff to be lead carers who would do supervision, competence checks and some rostering. This was being done to ensure ongoing quality in care delivery.

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

- The people using the service, and their relatives confirmed that people were treated fairly and were consulted on a regular basis.

- Staff confirmed they had training in equality and diversity and were committed to treating people fairly. People told us they thought the staff treated them appropriately.

Continuous learning and improving care

- The provider ensured the whole team kept on learning to ensure people had the best care possible.
- The provider continued to review all systems in the service. The provider encouraged staff to reflect on their practice. There were awards for employee of the month and going above and beyond what was expected. These, along with team reflections on any areas of unmet need or difficulties, meant this team were committed to continuous learning and improvement.

Working in partnership with others

- The team worked with other health and social care providers to ensure people received appropriate levels of care and support.
- Staff told us they had good support from community nurses and other health professionals.