

Five Star Support Limited

# Five Star Support

## Inspection report

Sandbank  
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Date of inspection visit:  
16 June 2022  
17 June 2022

Date of publication:  
02 August 2022

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

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.

### About the service

Five Star Support is a domiciliary care agency providing personal care to 13 people with physical disabilities, learning disabilities and autism at the time of inspection.

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

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

### Right Support

People were supported to access local facilities and staff supported people to pursue their interests. People received support from a consistent staff team. Staff knew people well including their likes and dislikes. One relative told us, "They all seem to know [person] character". Staff supported people safely and knew how to manage risks and report any concerns. Medicines were managed safely.

### Right Care

Care records were person centred and clearly outlined people's support needs. Staff worked with other professionals to ensure people received joined up care. Relatives told us that staff were caring and professional. One relative said, "The management team take into consideration what care is required." Relative told us people were supported to make their own decisions and choices. Another relative told us, "I'm very happy with the service."

### Right Culture

The registered manager promoted an open and positive culture and set a good example for staff to follow. Staff told us they received the training to enable them to support people safely and they were supported by the management team. Relatives spoke highly of the staff team. One relative said, "I've commented on how good the carers are with [person]." Systems and processes were in place to ensure the service remained safe and effective. 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](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 April 2019) and there was a breach 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.

#### Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service sustained an injury. The information CQC received about the incident indicated concerns about the management of care records. This inspection examined those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Five Star Support on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Five Star Support

## 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 Health and Social Care Act 2008.

#### 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 and specialist housing.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 June 2022 and ended on 24 June 2022. We visited the location's office on 16 and 17 June 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with four relatives for their views about the service. We spoke with two external professionals. We spoke with seven staff including the nominated individual, registered manager, and care workers. We viewed a range of records. This included three peoples care records, including, two people's daily living records and medicine records. We reviewed a range of quality assurance records and training records. We continued to seek clarification from the provider to validate evidence found.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People received their medication as prescribed.
- People received support from staff to take their medication as prescribed and safely. Relatives confirmed this, one relative said, "[Person] has their own community nurse that goes in to check on medication, there are no concerns".
- Where people were prescribed medicines to be taken 'when needed' (PRN), protocols were in place.
- Staff received medication training and underwent competency checks.

### Staffing and recruitment

- Recruitment checks were completed when staff commenced employment.
- We reviewed the recruitment records for four staff members. Whilst we did identify unexplored gaps in staff members' employment history, the registered manager was able to produce this information during the site visit.
  - The registered manager ensured staff had a DBS check prior to commencing work. The Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
  - The registered manager monitored staffing levels to ensure there were enough staff to support people safely. Staffing levels were adjusted when necessary to meet people's needs.
  - Daily logs evidenced that people received support from a consistent staff team.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse.
- Staff were aware how to safeguard people from the risk of abuse and how to escalate concerns. One staff member said, "Emotional, sexual, financial, physical and neglect." Another staff member told us, "I'd report concerns to my manager straight away, CQC and safeguarding."
- As part of the inspection we spoke to a health and social care professional, they said, "They submit safeguarding's as soon as they need to. [Registered manager] will even prompt things she doesn't need to, they always come and ask for help."
- Records evidenced where safeguarding concerns had been raised, they had been investigated and escalated appropriately.

### Assessing risk, safety monitoring and management

- Relatives were confident their loved ones were supported safely.
- Risk assessments outlined all known risks to people and guidance for staff to follow to support them

safely and mitigate the risk. Staff confirmed that risk assessments contained all the information they needed to support people safely.

#### Preventing and controlling infection

- Staff followed safe infection control practices.
- Relatives confirmed that staff took appropriate measures for infection control. One relative said, "I'm not there all the time but yes from what I've witnessed." Another relative told us, "[Person] is high risk, so staff wear masks."
- Staff received infection control training, regular spot checks and were provided with personal protective equipment.
- Staff carried out regular COVID-19 testing to help prevent the spread of infection.

#### Learning lessons when things go wrong

- Incident and accidents were recorded, and appropriate actions had been taken to reduce the risk of further harm.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection we were not assured that staff had received supervision and appraisal as is necessary to enable them to carry out their duties. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- Staff were supported in their role and provided with the necessary training.
- Improvements had been made to ensure staff received regular supervisions, spot checks and personal development plans. The registered manager had implemented a policy which detailed how often these should take place.
- Staff confirmed their supervisions were supportive. One staff member told us, "They are really professional, it's usually with [staff member], they're really good."
- Staff confirmed they received an induction and felt confident to start working unsupervised. One staff member said, "It's a three-day long induction and you shadow."
- Staff had the required training to enable them to meet people's needs and support them safely. One staff member told us, "I have just started working full time and they have given me more challenging service users. They are going to give me further training and I'm always with more experienced staff who take the lead."

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

- People's needs and choices were assessed.
- Care records were person centred and clearly detailed people's support needs.
- Relatives confirmed their loved ones were offered choice. One relative said, "[Person] does [make choices]. Obviously, staff support and suggest appropriate things, but they'll always go along with what [person] wants. They guide appropriately."
- The registered manager carried out an assessment prior to people using the service to ensure their needs could be met. The registered manager told us, "We will ring the families and arrange an appropriate time for the assessment, we will go out and do the assessment using the service users passport, we will talk about things, their needs and what they think their package should look like."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked with other agencies to ensure people received consistent care and support.
- Relatives told us their loved ones could access other services when needed.
- Care records evidenced staff worked with other agencies to ensure people received joined up support. This included, social workers, community nurses, speech and language therapists, occupational therapists and behavioural support nurses. An external professional told us, "I'm always confident discharging a patient to Five Star."
- Care records included people's goals and aspirations and how staff could support people to achieve these.

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

- People were supported with eating and drinking.
- Care plans outlined people's dietary requirements and the support they needed with eating and drinking. For example, one person's care records outlined they could only eat halal meat, no animal fats and no gelatine. Staff confirmed this, one staff member told us, "It will be in the care plan, you get all that information when you met someone, and we update it if their dietary requirements change."

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 MCA 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.

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

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.

- Not all people had signed their care plans to consent to care. We found one care plan outlined the person had capacity to consent, however, their care plan had been signed by staff and a relative. We discussed the importance of recording consent with the registered manager who agreed to review this.
- Staff had received training in MCA and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA and how this was used when supporting people. A staff member told us, "Well it is making their decisions, things that are in their best interests. They get tested, they do the two-stage assessment, if they haven't got capacity you act in their best interests, so they don't make a decision that's detrimental to them."
- People were assessed as having a level of capacity to make some decisions themselves. The registered manager had completed mental capacity assessments and worked with external professionals to determine this.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- The registered manager and staff promoted a positive culture.
- Relatives were happy with the care their loved ones received. One relative said, "They are wonderful."
- The registered manager and staff promoted a person-centred culture. One external professional said, "[Person] now is a different person, they do so much with [person]. [Person] is out and about. There was some worry a first, if [person] was going to gel with them, they really understand [person] and they know what [person] needs. It's really nice to see, before [person] was stressed out and worried, [person] knows now they have support and they are there for them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and honest. One relative said, "I'd say the service is exemplary, they (registered manager) are very truthful. If they can't provide for whatever reason they are very honest."
- External professionals were positive about the registered manager and how transparent they were. One professional said, "They have always let me know if there are any issues, or what's happening. They are always contactable; they go above and beyond." Another professional told us, "They always discuss things with me. If they have any concerns, they will grab me or call me. They are always welcoming; they don't mind if we turn up unexpected."
- The registered manager understood the duty of candour and their responsibility to be open and honest when things go wrong.

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

- The registered manager and staff were clear about their role and understood risks and regulatory requirements.
- The provider had quality assurance systems and processes in place to enable them to monitor and improve the quality and safety of people's care. We discussed with the registered manager how existing checks on people's daily logs, medication administration records (MAR) and staff recruitment could be further improved. The registered manager took immediate steps to address this during the inspection.
- Staff felt supported by the management team and felt the management team were approachable. One staff member said, "You know what you're doing and if there's any problems they listen to you straight away. You don't get judged. I might raise something that's small, but you're never devalued. I feel valued that's the

main thing".

- Complaints were recorded, investigated and dealt with appropriately.
- The provider submitted statutory notifications to the relevant bodies when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager and staff engaged with people who use the service, and the public.
- Staff encouraged people to complete bi-monthly quality surveys to collect their views about the service. This was analysed to identify any themes or trends. The feedback from people was positive and complimentary of the service.
- Relatives spoke positively about their interactions with the registered manager and were encouraged to complete quality surveys to feedback on their loved one's care. The feedback received was positive.
- The registered manager produced regular newsletters to keep people and relatives up to date with what was happening within the service.
- Peoples equality characteristics were included in their care records. This included age, gender, ethnicity, sexual orientation, religion and disabilities. Staff took these into account when providing support to people.
- The registered manager took on board feedback during inspection and immediately addressed improvements required, such as implementing and updating audits.

Working in partnership with others

- The registered manager worked in partnership with other agencies and external professionals.
- External professionals complimented the registered manager and staff for the way they worked in partnership with others. One professional said, "For me they are always proactive. A service user started to show disruptive behaviours before they spoke to me they had rang the doctors for advice."