

Star Domiciliary Care Limited

Star Domiciliary Care

Inspection report

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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

We inspected Star Domiciliary Care on 5 October 2016. This was an announced inspection. We informed the registered provider at short notice (48 hours before) we would be visiting to inspect. We did this because we wanted the registered manager to be present at the service on the day of the inspection to provide us with the information we needed. This was the first inspection for the service which became registered in September 2014.

At the time of our inspection the service was providing personal care to 10 people. These were mainly older people some of who were living with dementia.

The provider had originally registered to also provide nursing care to people in their own homes but this side of the business had not yet commenced.

The service had a registered manager who is also the registered provider. 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 2008 and associated Regulations about how the service is run.

The registered provider did not have a robust system in place to ensure all risks associated with delivering care were identified and control measures outlined for staff to follow. This placed people at risk of harm although we found no evidence of harm to people during our visit. Checks made on quality and safety were not recorded. Systems to support staff and for people who used the service to provide feedback to the registered provider were not formally in place. This meant the registered provider could not evidence they were providing a quality and safe service for people.

Staff had received an induction and some basic training; however they had not received training in all areas the registered provider outlined were required for them to complete their role. For example, first aid and medicines training. Although staff told us the registered manager was supportive no formal staff supervision or appraisal had taken place. This meant staff did not have the training and support necessary to enable them to carry out their duties.

The service did not assess people's capacity to make their own decisions or record best interest decisions made on behalf of people who lacked capacity in line with the Mental Capacity Act 2005. This meant there was a risk of people receiving support which was not in their best interests.

The registered provider did not ensure they completed all checks outlined in their recruitment policy to ensure safe recruitment of staff. Records relating to the recruitment of staff were not always available at the registered provider's office.

Systems in place for the management of medicines so people received their medicines safely were not robust. For example; protocols for 'as and when required' medicines were not in place and staff had not been formally trained in this part of their role. The registered told us they would review and implement a

system based on current best practice to improve this area.

The assessment tools used and care plan documents were not always clear for staff to follow. Care records we saw contained information about the person's likes, dislikes and personal choices in most areas. However, some records needed further detail to ensure care and support was delivered in the way people wanted it to be.

There were enough staff employed to provide support and ensure people's needs were met. Staff were aware of the different types of abuse and what would constitute poor practice. Staff and the registered manager knew how to report concerns they may have to relevant authorities.

People and relatives told us staff treated people with dignity and respect. Staff were attentive, showed compassion and were patient with people.

People were provided with their choice of food and drinks which helped to ensure their nutritional needs were met. Staff at the service worked with other healthcare professionals to support the people.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident staff would respond and take action to support them.

Three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found during this inspection. These related to safe care and treatment, good governance, and staffing. You can see what action we told the provider to take at the end of this report.

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.

The system in place to assess the risks associated with delivering personal care was not robust.

There were sufficient staff employed to meet people's needs. Safe recruitment procedures were in place, but were not always followed and records relating to those checks were not always available.

Systems were in place for the management and administration of medicines. However, some improvements were needed to ensure the system incorporated current best practice.

Staff were knowledgeable in recognising signs of potential abuse and said they would report any concerns regarding the safety of people to the registered manager.

Requires Improvement ●

Is the service effective?

The service was not always effective

Staff had not received all of the training required or support via supervision and appraisal to enable them to perform their role.

The Mental Capacity Act 2005 was not used during assessment to ensure people who lacked capacity had decisions made in their best interests.

People were supported to maintain good health and had access to healthcare professionals and services. Staff encouraged and supported people to have meals of their choice.

Requires Improvement ●

Is the service caring?

This service was caring.

People told us they were well cared for. People were treated in a kind and compassionate way.

People were treated with respect and their independence,

Good ●

privacy and dignity were promoted.

People were included in making decisions about their care. The staff were knowledgeable about the support people required and about how they wanted their care to be provided.

Is the service responsive?

The service was not always responsive.

The documents used to assess and plan people's needs did not ensure robust records were written and this could cause confusion. Most care plans contained person centred details around how a person wanted to be supported.

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The systems in place to monitor and improve the quality of the service provided were not robust and checks made were not recorded.

The service had a positive culture however forums for staff, people and their families to provide feedback had not been implemented fully.

Staff were supported by their registered manager and felt able to have open and transparent discussions with them.

Requires Improvement ●

Star Domiciliary Care

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.

We inspected Star Domiciliary Care on 5 October 2016. This was an announced inspection. We gave the provider short notice (48 hours) that we would be visiting to ensure the registered manager was available to provide the information we required.

The inspection team consisted of one adult social care inspector and one 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. The expert by experience made telephone calls to people who used the service and relatives to find out their views on the care and service they received.

Before the inspection we reviewed all the information we held about the service. The registered provider was not asked to complete 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.

During the inspection we spoke with six people who used the service or their relatives / representatives. We visited two people in their own homes. We spoke with the registered manager who is also the registered provider and two care staff. We contacted the local authority to find out their views of the service. They did not report any concerns.

We looked at three people's care records, including care planning documentation and medication records. We looked at three staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

The registered provider used a range of assessment tools and care plan documents from various sources. The registered manager told us this was because they felt none of the documents were sufficient when used in isolation. This had led to an inconsistent approach around how risk was identified, assessed and how control measures were recorded for staff to follow and keep people safe.

We saw there were gaps in risk assessments for people and in other cases repeated information. For example, we saw one person was identified in their care plan as being at risk of falling. No falls risk assessment had been completed. However in the care plan description we could see control measures such as instructions for staff to ensure the environment was clutter free to reduce the risk of tripping were described. In another person's care plan they were identified as using equipment to help them to be moved. There were no records to confirm the equipment had been serviced and was safe to use. For another person we saw the care plan instructed staff to check the person's skin for 'sores', however there was no risk assessment to identify the level of risk of pressure sores.

We saw support was identified as required on some people's assessment document, but the registered manager told us relatives provided this support. This meant staff could be confused about which support they were required to deliver.

We did not find any evidence people had been harmed. However, the system did not clearly identify or assess the hazards associated with the support the service delivered. This meant there was a risk not all control measures that must be in place to reduce the risk of harm to people and staff members were recorded.

This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

During the inspection we looked at the recruitment records of three staff to check the registered provider's recruitment procedure was effective and safe. At the time of the inspection five staff were employed.

Evidence was available to confirm appropriate Disclosure and Barring Service checks (DBS) had been carried out to confirm the staff member's suitability to work with vulnerable adults. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

References had been obtained and where possible one of these was from the last employer. Some references had been received after the care worker started work. The registered provider's recruitment policy, dated April 2015, stated the registered manager could start a care worker prior to references being received as long as they had assessed the available information and found the candidate was suitable to work with vulnerable people. The registered manager had taken these steps and could describe in detail what they had done to ensure the new staff members were of good character but they had not recorded

this.

We saw a full employment history was not recorded on applications for employment and this had not been explored with members of staff by the registered provider. Not all documentation including some reference records were available on the day of the inspection. The registered manager confirmed following the inspection they had collated all the records together. They provided us with some of the information we saw was missing about the recruitment process following the inspection

The recruitment process was not clear in the records we were able to see. This meant the registered provider could not evidence candidates were recruited safely in line with their own policy. This placed people at risk of being supported by staff who were not of good character. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Medicines had been supplied by the pharmacy in blister packs, packets or bottles. Medicines had a pharmacy label which detailed the instructions to ensure staff administered the medicines to people appropriately. This information was transferred onto a medicine administration record (MAR), which staff used to record when they had supported a person to take their medicine. We saw two people's MAR's and they had been completed appropriately. This meant people had received their medicine safely.

The registered manager told us they regularly checked the MAR's for each person when they visited their home. This ensured people had been supported to take their medicine as prescribed by care workers. However this check was not recorded. The registered manager confirmed following the inspection they would ensure a record of their checks was implemented.

Where people were prescribed 'as and when required' (PRN) medicines the registered provider did not have written protocols in place to ensure staff understood for example; when a person required the medicine or what the maximum dose was in a 24 hour period. The registered manager agreed to put these in place.

Staff we spoke with described how the registered manager had coached them on a one to one basis around the safe management of medicines. One care worker told us "[name of registered manager] has supervised me and said we will do more training. I sign for everything and in the notes so if an ambulance comes they will know people have had medication." Another care worker told us "[name of registered manager] demonstrated and taught me about the packs, how to ensure the time between a dose is correct. If I saw an error I would call [name of registered manager].

The registered manager explained they did not formally record the induction process or checks they made to assess staff were competent in this area. They also told us formal training in medicines management had not happened for staff. Following the inspection the registered manager confirmed they had arranged training and devised a competency check document which they planned to implement for all staff by 11 November 2016.

We spoke with people who needed help from staff to administer their medicines. People did not report any problems and advised care staff were reliable. One person said, "The lady does the pills, she does them ok."

We discussed with the registered manager how the medicines management system was not robust and they agreed to re-visit their policy. We recommend that the registered provider ensures current practice is aligned to best practice and implement any changes they need to make the system safer.

There had been no safeguarding incidences since the service opened in 2014. Staff were aware of the

different types of abuse and what to do if they witnessed any poor practice. The registered manager was aware of local safeguarding protocols. Staff told us they had received training in respect of abuse and safeguarding of vulnerable adults and records confirmed this. They said the training had provided them with the information they needed to understand the safeguarding processes relevant to them. One care worker told us "I feel [name of registered manager] would take concerns seriously and I would feel confident to whistle blow." Whistleblowing is where staff members can disclose concerns they have about any part of a service where they feel dangerous, illegal or improper activity is happening.

People who used the service and their relatives we spoke with during the inspection were aware of who to speak with should they need to raise a concern. They told us they felt safe and trusted the staff who helped to provide them with the care and support they needed. One relative told us "I have met the three ladies who come. I have had a nice chat with them so I know what they are like; it gives you confidence when you live far away that [name of family member] will be looked after properly." A person the service supported told us "Of course I feel safe."

We saw the service had safeguarding and whistle blowing policies and procedures in place. These outlined to staff what action they needed to take if they suspected a person was at risk of abuse from anyone.

We saw the rota for the service and people's preferences for call times were recorded in their care plans. We could see every effort was made to ensure people received support at their preferred time. The registered manager told us no calls were ever missed, although lateness did happen at times and they told us this was kept to a minimum. The registered manager said there were enough staff to meet people's needs.

We spoke to people and their relatives who told us the service provided consistent and reliable support. One person the service supported was able to tell us the names of their care staff and who they knew would cover in an emergency or when regular staff were on holiday. Another person told us "The same girls come, I know who is coming and they are always on time." A relative told us "They have been on time when I have been here and my [name of family member] would soon be on the phone to me if they weren't."

The registered manager explained how they altered peoples call times to meet their needs during religious or cultural festivals. Staff we spoke with confirmed this.

The registered manager told us the service had never received any reports of incidences or accidents that required them to follow their policy. We found staff we spoke with were aware of how to report accident and incidences should they occur. Staff confirmed they had access to an on-call system where they could seek support and help in an emergency. Staff told us they called the on-call person each night to handover and confirm all calls had been delivered and everyone was safe.

Is the service effective?

Our findings

Staff had not received all of the training the registered provider highlighted they felt was mandatory. We saw the list of training topics the registered provider had defined as mandatory which included medicines, the Mental Capacity Act and first aid and which none of the staff had received training in. We discussed with the registered manager how staff would receive training in areas they had identified as mandatory. They told us they would source this training from other providers and had already started to make links with a company who could support the service to deliver the care certificate. The care certificate sets out learning outcomes, competences and standards of care that are expected.

We also discussed the need for staff to receive role specific training to enable them to do their job when supporting people with particular illnesses or conditions such as diabetes, learning disabilities and dementia. None of the staff had received specialist training.

A formal system of supervision and appraisal had not been implemented by the registered provider as per their policy dated November 2015; which stated each employee would be invited four times per year for formal supervision. This had not happened for care workers when we inspected.

There was no definite plan to address the training and supervision staff required to enable them to carry out their role. This meant people were at risk of receiving poor care because staff may not have the knowledge, competence or skills to complete their role. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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 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.

The registered manager and care workers we spoke with had little understanding of the MCA. The registered manager told us training had not been completed in this area at the time we inspected. We saw the topic of mental capacity was contained within the assessment documentation under 'cognitive loss'. However, this prompted staff to think about dementia and memory loss, not other ways a person may not have capacity such as a learning disability.

We saw for one person a mental capacity assessment had not been completed during assessment and best interest decisions were not recorded for them. The registered manager told us they felt the person lacked capacity to make their own decisions. The person should therefore have been assessed and best interest decisions documented. The registered manager told us they did not know this process was their responsibility.

This meant people who did not have capacity were at risk of receiving support which had not been agreed in

their best interest. We recommend that the registered provider ensures staff receive training in this area and implements the use of the Mental Capacity Act 2005 as required.

People told us they were confident staff had the skills and knowledge to support with their specific needs. One relative told us "[name of care worker] knows what she is doing; another lady came with her once to meet us in case she is ever away, and they seem very capable."

Staff we spoke with told us they had a thorough induction supported by the registered manager. One care worker said "I came in and did it with [name of registered manager] and I felt confident to start work. I was told I would do more training as I go along. I like this, it tells me I want to work here long term." We saw from records staff had also completed an induction training certificate with an external company which included topics such as safeguarding, health and safety, plus person centred care.

Staff spoken with during the inspection told us they felt well supported by the registered manager, they described the coaching and time they spent with them in people's homes, explaining how they should complete their role. The registered manager told us they used these opportunities to observe staff practices and to give them feedback if needed.

The service provided support to people at meal times. Those people who were able were encouraged to be independent in meal preparation and the choice of food they wished to eat. One person told us "The carer makes me a sandwich in the morning and puts it in the fridge for my lunch; they make what I ask for. In the evening the carer cooks whatever I ask for; they cook lovely and one staff is an excellent carer."

Staff discussed with us how they supported people to eat well and reported any noted changes in appetite or weight. One care worker said "People tend to have a poor appetite and I try to coax them to eat something. I tell them what is on offer and I offer people a change. I would tell [name of registered manager] to get the GP or dietician and the numbers are also in the care plan folder."

The registered manager and staff we spoke with during the inspection told us they worked with other healthcare professionals to support people using the service. The registered manager told us how they communicated with social workers, occupational therapists and hospital staff as part of the assessment process and on going care. One person's relative told us "The staff know to call the GP if there are any signs of infection for my family member that is very reassuring to me." This meant people were supported to maintain good nutrition and health and had access to healthcare services.

Is the service caring?

Our findings

All of the people we spoke with as part of the inspection process were complimentary about the care and service received. One person said, "I am very happy with the carers, they are lovely, they are very nice to me, lovely in fact." Another person told us "The carers are very pleasant, very nice to us." A relative told us "The carer is very nice to my family member, they like their carer a lot. As long as they keep doing as they have we will be very happy."

The registered manager told us there was a person centred approach to the support and care people received and this was evident in the way the staff spoke about people who used the service. Staff spoke with kindness and compassion and were highly committed and positive about the people they supported. Staff knew and understood the individual needs of each person, what their likes and dislikes were and how best to communicate with them so they could be empowered to make choices and decisions; for example one care worker told us about a person they support who they talk through the routine with each time to ensure they supported the person as they wished. The care worker said "We were taught about likes and dislikes or that some people may have a wash in a certain way. I always ask the person and I feel the care plan has enough detail for me."

We observed warm interactions between the registered manager and two of the people the service supported. The registered manager clearly had a positive relationship with the people and their relatives. We saw the registered manager knew about people and their needs, they were observed to be respectful and kind in their approach. Friendly banter was observed and this made people smile, they told us they enjoyed the registered manager and staff visiting.

The registered manager told us the service's values were to ensure people they supported were treated with privacy; dignity and respect; equality; independence; rights; and confidentiality. It was clear from our discussions with staff these values underpinned the work they carried out with people. One person who used the service told us how staff maintained their privacy, they said, "The carers have a key to get in the front door but they always knock on my sitting room door before they come in." A relative told us how their family member needed the furniture arranged in a specific way because of their sight and they were pleased the carers did this all of the time. Another family member said "They are very nice to my relative and they would let me know if it was different, the other agency we used were poor, but this one is very obliging and very professional and helpful when you ring."

People's diversity and human rights were respected. Staff demonstrated to us they knew how to protect people's dignity whilst assisting with personal care but how they also ensured people were safe. One care worker said, "I always cover people with a towel during personal care and I am mindful if the person is a shy person." Another care worker told us how they respected people's cultural preferences or personal preferences with personal care and they gave examples where people had requested female support only and this was respected.

People and their families told us they had been involved in developing their care plan with the registered

manager. This meant the important information about how they would like their support to be was captured in the care plan for staff to follow.

Is the service responsive?

Our findings

During our visit we reviewed the care plans of three people who used the service. We saw people's preferences were not always recorded, for example in one person's care plan it stated the person required staff to shave them but did not describe what type of shave the person liked.

Staff told us the detail around how a person liked to be supported was sought by them from the care plans or available when they talked to families and the person during a visit.

We saw person centred information was written in some of the care plans, for example one person's plan specifically told staff how many pillows they wanted at bedtime and also the person liked the TV on when they first got into bed. We saw in another person's care plan it detailed how staff must communicate effectively by using relatives to translate from the person's own language into English. Staff told us how they observed the person's body language and non-verbal communication to understand what a person wanted if they could not communicate verbally with them.

We saw the care plans contained documents from various systems; this meant assessment was not clear because each document contained differing information. For example, we saw a person required support in one assessment document to eat and prepare food, whilst another document said the person had no needs in this area. We saw for some people the tasks that family members completed were not clearly defined. The registered manager told us they had used different care plan systems because they felt each document had positives which helped gather information about people's needs.

The registered manager told us they would review the documentation to ensure the care plans were clearer and contained all the information care workers needed to care for people safely.

People and relatives we spoke with during the inspection told us staff knew them well and were responsive to their needs. A family member told us "We sat down together and got the plan sorted out with us and the social worker. I can ring anytime, I have all of the numbers and if there is anything to sort out I just ring the manager."

The registered manager explained to us how they supported a person with personal care around their need to participate in prayers at certain times of the day. Also how the service worked with relatives to ensure Halal food was available for a person.

People and their families told us they had received a service which met their needs in the way they wanted it.

The registered manager told us the service had received one complaint in the last 12 months. We saw the letter which had been sent to the person who had complained which outlined the outcome of the registered provider's investigation.

People told us they felt listened to and confident in approaching staff or the registered manager. One family member told us "I have no complaints everything is fine."

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. The provider registered to provide care to people in their own homes in September 2014. The registered manager explained they did not start to provide care to people until November 2015 and they had not implemented all of the systems they planned to when we visited in October 2016.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems help providers to assess the safety and quality of their services.

We were told by the registered manager checks were carried out on aspects of the service. This included the checking of care plans, other care records such as daily notes and medicine charts. However, it was clear from our review these checks had not picked up issues within the service such as lack of training, staff not being formally trained to give medication, inadequacy in recording and care records that failed to support staff to understand people's needs and the risks when providing support.

The registered manager told us care records were checked in people's own home and none of the records were available at the registered provider's office. This unsafe practice meant old documentation was at risk of being lost. The registered manager told us they would start to bring documentation back to the office for filing regularly to ensure they had complete records of the personal care the service had delivered.

Staff were observed in their practice by the registered manager to ensure they were competent. However, none of these checks were recorded to enable us to see what was checked and where issues were noted what actions had been put in place to make improvements.

We were told by people and their families that they saw the registered manager at least weekly and they were able to speak to them about any concerns or feedback. One person told us "I see the manager all the time, it's all very nice, I can't think of any improvements." However the registered manager told us they had not yet implemented a formal system for seeking feedback on the service they provided from people and their families.

The registered manager who was also the registered provider told us they had recognised the need for better quality assurance systems and they had delegated the role of quality manager to a care worker to start the implementation of a robust system. At the time of our visit this had not yet started.

Although the feedback from staff and people who used the service was positive the registered provider had failed to implement systems and processes which evidenced the service was providing a quality and safe service to people.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff we spoke with told us they felt supported by the registered manager. One care worker told us "I am supported more than I was expecting, the manager is definitely supportive, understanding and will focus and act on what you tell them. The manager is responsive" another staff said "You feel like you are doing a good job, you feel like it will grow and get bigger. You can talk to the manager and she is very approachable. Also very knowledgeable and will always give an explanation."

We saw one team meeting had been held in March 2016 since the service had started to deliver care for people. The meeting minutes included information for staff on how they could access policies and procedures and the detail of planned future training. The registered manager had also thanked everyone for their hard work. The registered manager told us they planned to have more frequent meetings in the future to ensure staff had opportunity to discuss the service away from people's homes. From the evidence we checked during our inspection we could see there had been no cause to submit any statutory notifications to the CQC. The registered manager was aware and able to tell us situations where they knew they had to submit statutory notifications should the need arise.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people and staff members were not always assessed or control measures highlighted to reduce the risk of harm. Regulation 12 (1), (2), (a), (b), (e)</p>
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records relating to persons employed were not complete and records relating to people supported were not stored at the registered provider's location.</p> <p>The quality assurance system was not robust enough to evidence people received a safe and quality service. Regulation 17 (1) (2), (a), (b), (c), (d), (e), (f)</p>
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not have all the training required to enable them to carry out their duties.</p> <p>Staff had not received formal supervision and appraisal from the registered provider to ensure they had appropriate support. Regulation 18 (1) (2) (a)</p>

