Miss Katrina Haslett

All Star Care

Inspection report

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Tel: 07793405828

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This announced comprehensive inspection was conducted at the provider's office on 30 May 2018 and was the first comprehensive inspection since the provider registered this location in February 2017. We had carried out an inspection in November 2015 at the provider's previous location where we found that the provider was meeting legal requirements. The overall rating of the service was Good. Safe, caring, responsive and well-led had been rated as Good and effective had been rated as Requires Improvement. We had found the provider had not demonstrated that staff were provided with formal training to understand the Mental Capacity Act 2005 (MCA). At this inspection we found that staff had received training in this topic and arrangements had been made for new staff to attend relevant training.

All Star Care is a domiciliary care agency which provides the regulated activity of 'personal care' to people living in their own houses and flats in the community. It provides a service to older adults, people with physical disabilities, people with mental health needs and people living with dementia who reside in Surrey and Sussex. Not everyone using All Star Care receives regulated activity, the Care Quality Commission (CQC) only inspects the service being received by people provided with personal care; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the provider was providing services for nine people, which included four people who received personal care. None of the people using the service for personal care received funding from the local authority. One person received continuing health care funding, and other people used direct payments and self-funding arrangements.

There was a registered manager in post at the time of our inspection, who was the proprietor of the company. A registered manager is a person who has registered with CQC 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 manager was present during the inspection and is also the proprietor of the service. At the time of the inspection the registered manager was carrying out personal care visits to people who used the service in the mornings and managing the service at other times. This was a temporary arrangement.

People who used the service reported that they felt safe and comfortable with staff. The provider ensured that people received a punctual service from properly trained staff that they knew well. There were sufficient care workers deployed to cover periods of authorised leave and unforeseen circumstances when staff were unable to attend work. However the staff recruitment was not consistently thorough, for example two members of staff had only one reference each and the registered manager's discussions with staff about any gaps in their employment was not consistently recorded.

There were systems in place to assess risks to people's safety although one risk assessment did not have sufficient guidance for staff to ensure they effectively promoted the safety of the person. Staff received medicines training and medicine records were checked by the registered manager to ensure that staff correctly adhered to the provider's medicines policy. People were protected from the risk of infection as staff

followed infection control protocols.

Staff were provided with mandatory training and other specific training to meet the needs of people who used the service. This included training to care for people who were frail and at the end stage of their lives. The staff member we spoke with felt well supported by the registered manager, however the registered manager informed us that the frequency of one to one formal supervisions had reduced since she took over some of the daily personal care visits.

People's needs were assessed before they began using the service and the registered manager encouraged people to contribute to the care planning process. People were asked about their interests, preferences, likes and dislikes, so that staff were equipped to provide care that was tailored to people's needs. The care plans were kept under review although we noted that one care plan had not been updated to reflect a significant change in a person's health and wellbeing. People had signed their care plans to demonstrate that they had been consulted about their care. The service was compliant with the requirements of the Mental Capacity Act 2005 (MCA) and staff understood the principles of the MCA. People confirmed that they were supported by staff to make choices about their care and preferred routines at home.

People told us that staff were kind, caring and friendly. They knew the registered manager well and spoke highly of her approachable manner. Staff supported people in a respectful way and understood the importance of protecting confidential information. People knew how to make a complaint and felt that the registered manager would respond professionally to any complaints.

We received positive comments from people who used the service and the member of staff we spoke with about the supportive and helpful managerial style demonstrated by the registered manager. Although it was evident that she knew people well and sought their views about the quality of the service, we found that the registered manager's dual responsibilities in terms of managing the service and carrying out personal care visits had impacted on the time needed to rigorously monitor the quality and accuracy of people's risk assessments and care plans. Additionally dedicated 'spot checks' monitoring visits were not taking place at the time of the inspection to enable the registered manager to comprehensively monitor how staff interacted with people and carried out care. We were advised by the registered manager that she was planning to revert to a fully managerial role in the near future. Beneficial links had been formed with local organisations and records showed that the registered manager sought guidance where necessary from health care professionals.

We have issued one breach in relation to the quality of the provider's recruitment practices. You can see what action we asked the provider to take at the back of the full version of the 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?

Requires Improvement

The service was not always safe.

The staff recruitment practices were not sufficiently robust and were not in line with the provider's own recruitment policy.

Risk assessments were in place to identify and mitigate risks to people's safety and wellbeing, although one of the risk assessments needed additional clarity.

People felt safe with staff who had received suitable training to protect people from abuse.

Systems were in place to safely support people with their prescribed medicines.

Is the service effective?

Good

The service was effective.

Staff received training and support to meet people's needs. Formal supervision and appraisals were not up to date, although the registered manager had frequent contact with staff to provide advice.

Systems were in place to enable staff to support people with their nutritional and health care needs.

People's care was planned and delivered in accordance with the Mental Capacity Act 2005, which ensured that their rights were maintained.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

Staff understood how to protect people's dignity and privacy. Confidential information was appropriately protected.

The registered manager provided people with information, and

could advise people how to access independent advocacy support if required.

Is the service responsive?

Good

The service was responsive.

People were consulted about their needs and wishes as part of the provider's assessment and care planning process.

Information was recorded about people's interests and social backgrounds to enable staff to develop good relationships.

People's changing needs were identified and addressed, and the care plans were kept under review. However one care plan contained obsolete information.

People knew how to make a complaint and were confident that any complaints would be effectively managed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager had a clear ethos and values, which was shared by the member of staff we spoke with and understood by people who used the service.

The registered manager maintained close contact with people who use the service and staff. However, formal monitoring of the quality of the service had not been achieved which had impacted on areas of practice, for example safe staff recruitment.

Positive progress had been made with the provider's aim to develop links with other organisations to benefit people who used the service and staff.

All Star 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 was planned to check 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.

The inspection took place on 30 May 2018 and was announced. The provider was given two days' notice of our intention to carry out an inspection because we needed to make sure that the registered manager would be available to support the inspection process. The inspection was carried out by two adult social care inspectors.

Prior to the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included any notifications of significant incidents reported to the CQC and the provider's inspection report for the previously registered location. Notifications are changes or events that occur at the service which the provider is required by law to inform us about.

During our visit to the provider's office, we looked at the care plans for two people who used the service and two staff files, which contained information about the recruitment, training, supervision and appraisals for staff. We looked at a sample of the provider's policies and procedures, incident reports and the complaints log.

Following the visit to the provider's office we spoke by telephone with three people who used the service. We also spoke with one care worker.

Requires Improvement

Is the service safe?

Our findings

We checked the recruitment files for two care workers to determine whether satisfactory systems were in place to safely recruit staff with suitable knowledge and experience for their roles and responsibilities. The files we looked at did not evidence that the provider had obtained two references, in line with their own staff recruitment policy. Each file contained one reference only. The registered manager told us that sometimes members of staff had previously worked for one employer only and therefore could not produce more than one professional reference. We spoke with the registered manager about other options that prospective employees could pursue, for example personal references from members of their local community. One reference had been verified for authenticity by the registered manager and the other reference wasn't. Prospective staff were required to produce evidence of their identity and eligibility to work in the UK before they commenced employment, and Disclosure and Barring Service checks had been undertaken. The DBS provides criminal records checks and barring functions to assist employers to make safer recruitment decisions. The registered manager told us that she had spoken with staff about any gaps in their employment history but this was not clearly documented in one of the staff files.

These findings constituted a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The registered manager informed us that they had presently recruited sufficient staff to meet people's needs and staffing levels were kept under review. At the time of the inspection the registered manager was providing some personal care visits to people in the mornings and carrying out managerial responsibilities in the afternoon. The registered manager explained to us that she had at times turned down work if she did not have sufficient staff to safely meet people's needs. People who used the service told us that staff were reliable, dependable and punctual. People reported to us that they received their care and support from staff they were familiar with, which provided consistency, a sense of stability and a standard of care they were happy with. The provider had robust contingency plans in place to ensure that all visits were covered if a staff member was unable to attend work at short notice due to unforeseen circumstances and to support people during extreme weather conditions.

People who used the service informed us that they felt very safe and comfortable with their care workers. Staff were described as "lovely and honest" and "very suited to working with older people, definitely trustworthy." The registered manager and the staff member that we spoke with demonstrated a clear understanding of different types of abuse and how to protect people from the risk of abuse. The provider used the local authority's safeguarding policy and procedures, and records showed that staff had up to date safeguarding training. The provider's whistleblowing policy advised staff of their entitlement to raise any concerns about the conduct of colleagues or the management to external authorities including the Care Quality Commission (CQC). The staff member we spoke with was familiar with the provider's whistleblowing policy and was confident that the registered manager would take appropriate action if they initially reported concerns to her.

The care plans we looked at demonstrated that individual risk assessments had been created to guide staff

about how to protect people who used the service from different risks, for example falls and the occurrence of pressure ulcers. In the first care plan we noted that a person used a medical aid following surgery. Staff were instructed to check that the medical aid was correctly in place, however there were no guidelines in place to advise staff of the potential risks to observe for so that any issues of concern could be promptly brought to the attention of a health care professional. The risk assessments in the second care plan contained suitable guidance to enable staff to provide safe care. The provider carried out environmental risk assessments known as a 'health and safety checklist' to check that people who used the service and staff were not put at risk due to visible factors within people's homes, for example loose rugs and cables and/or clutter that could lead to trips and slips.

The registered manager informed us that staff were not supporting people who used the service with their medicines at the time of the inspection, apart from one person who was prescribed eye drops. The staff member we spoke with confirmed that they had received medicines training and their competency to prompt and administer medicines had been assessed by the registered manager. The registered manager told us that during her visits to people's homes she checked whether staff were correctly completing medicine administration record (MAR) sheets. The registered manager kept up to date with professional guidelines for the safe management of medicines, including 'The Handling of Medicines in Social Care' from the Royal Pharmaceutical Society of Great Britain.

Appropriate actions had been implemented to protect people from the risk of infection. The member of staff we spoke with confirmed they had received infection control training as part of their induction and could easily access the personal protective equipment (PPE) they required from the registered manager, for example disposable gloves and aprons.

The registered manager was aware of the need to keep detailed records in relation to any incidents or accidents that occurred, and to analyse this information to determine if there were any concerning trends that needed to be addressed. The registered manager demonstrated a clear understanding of how to act on this information if necessary, for example to speak with people and their relatives if applicable about the importance of seeking advice from their GP or relevant healthcare professional to check if there were any underlying medical factors that may have contributed to a fall or other accident. We were told about visual changes that the registered manager had made to the design of the rotas to minimise the risk of staff accidentally missing out a visit to a person who used the service, which was implemented when the registered manager identified a flaw in the previous design.

Good

Is the service effective?

Our findings

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. In order to deprive a person of their liberty within the community, providers are required to notify the local authority who is responsible for applying to the Court of Protection for authorisation to do so.

At the previous inspection conducted at the former location for this service we had found that some members of the staff team did not fully understand their responsibilities under the Mental Capacity Act (MCA) 2005. Therefore the provider could not comprehensively demonstrate that staff were aware of the legal requirements when assessing people's capacity, supporting people to make decisions and ensuring that the least restrictive option was used to meet people's needs.

At this inspection we found that staff had attended MCA training or arrangements had been made for them to join a training session, to enable staff to ensure that people's care was delivered in line with the MCA. People told us that members of the staff team always asked their permission before they provided personal care. One person who used the service told us, "Of course, they are very polite [staff] and check that they have my permission." A staff member told us that they were supporting a person with cognitive impairment who was able to express their wishes and choices for their day to day care and clearly demonstrated that the staff member was welcome in their home. The care plans we looked at showed that people were able to sign their consent to care and contribute their ideas to the planning of their care. The registered manager was aware of the need to obtain copies of documentation to verify if people had a Lasting Power of Attorney (LPA) in place, to ensure that the service was appropriately sharing information with people's legally authorised representatives.

People told us that staff were well trained, skilled and knowledgeable. One person told us, "Yes, they know what they are doing, [registered manager] makes sure of that." The registered manager told us that staff undertook induction training and initially shadowed experienced staff, which was confirmed by the staff member we spoke with. Records showed that the training programme included safeguarding, moving and handling, health and safety, food hygiene and medicines administration. There were opportunities for staff to receive training in relation to the specific needs of people who used the service, for example wound management. Staff were supported by the registered manager to undertake national qualifications in health and social care at levels two and three, which provided them with opportunities to develop their careers if they wished to. The registered manager told us that staff who were new to the health and social care field were supported to enrol on the Care Certificate. This is an agreed set of standards that sets out the skills, knowledge and behaviours expected of specific job roles in the health and social care sectors. It is made up of 15 minimum standards and forms part of a structured induction programme.

The registered manager told us that one to one supervision sessions for staff and annual appraisals were not happening as regularly as before due to the impact on her daily schedule now that she was carrying out

personal care visits. However, the registered manager's close proximity to people who used the service and the staff team enabled her to closely monitor and promptly identify whether there were any changes in people's needs that indicated staff needed additional training and support. The staff member we spoke with told us they usually received one to one supervision once every three months. The registered manager was described as being "very supportive" and could be contacted for advice whenever necessary.

People who used the service told us they were happy with how staff supported them to meet their individual nutritional and hydration needs. Our discussions with people and the care plans we looked at demonstrated that the scope of this support varied, for example some people needed encouragement and prompting to eat and other people required practical assistance including groceries shopping or help to prepare meals and snacks. One person told us, "[Members of the staff team] have asked me what I like to eat and drink and it is written down. They have got to know me well and understand my preferences." The registered manager told us that where necessary she had liaised with people's health care professionals so that any professional guidance about how to safely support people with eating and drinking was incorporated within the care plan and understood by the staff team. We were informed that one person had fortified powder in their drinks for a clinical reason, however this information was not recorded in their care plan.

The people we spoke with thought that staff demonstrated a good understanding of their health care needs and provided sensitively delivered care. The registered manager told us that staff could support people to arrange and/or attend appointments with their GP and other health care professionals, if people and their relatives where applicable requested this nature of support. The registered manager described circumstances when she had been concerned about the health and wellbeing of people who used the service and passed on these concerns to their relatives or GP, with their consent.

Good

Is the service caring?

Our findings

People who used the service told us that the registered manager and the staff team were very kind and caring, and they had no hesitation in recommending the service to their relatives, friends and neighbours. One person stated, "They are all wonderful" and a second person commented "They show so much patience and are always cheerful. You can see that [registered manager] chooses staff with a good attitude."

The registered manager and the staff member we spoke with discussed the people who used the service in a positive and thoughtful way which demonstrated that good relationships had developed. The care plans we looked at contained information regarding people's former occupation, social history and their interests, which provided staff with sufficient details to initiate meaningful conversations and/or encourage people to engage in activities they were known to enjoy, for example reading, listening to music or watching favourite television programmes. This enabled staff to support people to feel more stimulated and fulfilled, particularly if they were not in a position to attend regular social activities outside of their home due to their illness or disability.

People who used the service told us they felt respected by staff and praised the informal but courteous way that staff communicated with them, which enabled them to feel relaxed with their care workers. The registered manager told us that she endeavoured to match people with members of staff with similar personalities and interests, and our discussions with people and a member of the staff team showed that there was genuine warmth in the way that relationships were described. We spoke with the registered manager about how the service provided support to people to meet particular needs and wishes, for example regarding culture, gender, linguistic requirements, ethnicity and religious practices. The registered manager told us that equality and diversity issues were discussed with staff as part of their induction. People's needs and wishes were ascertained as part of the provider's assessment procedures so that staff could appropriately support them. At the time of the inspection none of the people who used the service required staff support to meet any specific cultural, religious or personal diversity needs and wishes.
The care plans we looked at showed that people who used the service were supported by staff to maintain their own independence, in line with their aspirations and abilities. For example one of the care plans stated that staff placed a section of breakfast items on a kitchen trolley, which enabled a person to choose what appealed to them and in a quantity that suited their appetite each day.

People who used the service told us that they were supported by staff in a manner that promoted their dignity and privacy. For example, one person said they felt comfortable receiving personal care because staff were gentle and sympathetic. The care plans were written in a respectful way and the notes recorded by staff at the end of each visit showed that staff valued people's entitlement to receive care that wasn't rushed and took into account people's specified individual likes and dislikes.
There was a confidentiality policy in place, which was shared with staff during their induction training. The registered manager told us that she reiterated this policy during supervision sessions and other discussions with staff as there was now an increasing number of ways that confidential information could be breached through social media platforms. Confidential information was securely held at the provider's office and there were strict protocols in place for staff to safely store important information including entry codes to

access people's homes. The provider's confidentiality policy explained the exceptional circumstances when a person's confidentiality could be breached, for example if they were at risk of abuse.

The registered manager had worked for a local social services department before she established All Star Care. She was aware of advocacy services that people who used the service could access if they wanted independent advocacy support to make a complaint about the quality of their care from the agency, or from any other organisation that was providing them with health care and social care services.

Good

Is the service responsive?

Our findings

People who used the service told us they were pleased with how staff understood and met their needs. One person told us, "They provide a wonderful service, I could not be more satisfied" and another person stated, "They look after me very well."

The care plans demonstrated that people's needs were comprehensively assessed before the agency commenced their care package. The assessment took into account people's health care needs, their home environment and whether informal carers wished to be involved in supporting different aspects of people's needs. People who used the service were asked for their views and preferences, so that the care plans written by the registered manager clearly demonstrated that people had been consulted as much as possible.

The care plans we looked at showed that changes to people's needs and circumstances were ordinarily identified and the existing care plans were updated, or new care plans were developed if there were significant changes. Care plans showed that where people had long-term physical and/or mental health care needs, the registered manager had liaised with health care professionals to obtain professional guidance about how staff should support people on a daily basis. This input by external professionals enabled staff to have concise and accurate instructions to respond to people's needs. We noted in one person's care plan that they had a wound which was being dressed by the district nursing service. However, when we spoke with the registered manager about the person's needs we were informed that the wound had now healed but the care plan had not been updated to reflect this.

The registered manager was aware of her responsibilities in relation to the Accessible Information Standard (AIS). From 1 August 2016 onwards, all organisations that provide NHS care and/or publicly funded adult social care are legally required to follow the AIS. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services and their informal carers with a disability, impairment or sensory loss. We discussed the AIS with the registered manager although at the time of the inspection people who used the service were predominantly self-funding. We noted that none of the people who received a personal care service currently needed additional support to access information.

Records showed that some staff had received end of life care training and the provider had prior experience of providing care for people who were receiving care and treatment from community palliative care services. The registered manager spoke about the links the service had developed with relevant professionals, including Macmillan nurses and district nursing services. We noted that the registered manager demonstrated an active approach to support people who were becoming increasingly frail, for example she had contacted funding authorities if people needed a statutory re-assessment of their needs.

There was a complaints procedure in place and people were advised about how to make a complaint in the provider's service user guide. The people we spoke with told us that they had no concerns or complaints about the service and felt confident about speaking with the registered manager in the event they were not

satisfied with the quality of the service. We confirmed that there had not been any complaints.

Requires Improvement

Is the service well-led?

Our findings

People who used the service spoke positively about how the service was managed. One person told us, "[Registered manager] knows what she is doing and is kind. I wouldn't wish to use another agency." Another person felt that the service was more efficient than a large organisation as the registered manager personally knew people and regularly met them. The staff member we spoke with described the registered manager as a good manager who led by example regarding how people should be provided with a personalised and positive standard of care. Records showed that the registered manager sent memos to staff to update them about information they needed to be aware of and the staff member told us that the registered manager also maintained contact with the staff team by telephone.

The provider had a clear ethos and vision which was shared with people who used the service and their representatives in the All Star Care Statement of Purpose. The provider's aims included the provision of flexible care that was tailored towards each person's individual needs, while supporting people to remain as independent as possible. One person we spoke with stated how the service was enabling them to remain living in their own home, which was very important to them.

We found that the registered manager was open and transparent in the way she spoke about the service and acknowledged that specific shortfalls had occurred since it had become necessary for her to undertake personal care visits in the mornings. These shortfalls included the quality of staff recruitment, and the absence of some formal supervision sessions and appraisals. We were advised that a long-standing and experienced member of the staff team was on an extended period of authorised leave and once they returned to work the registered manager would be in a position to dedicate more time to managerial responsibilities, including the growth of the service.

The previous inspection report for the service when it was registered at a different location showed that the provider sought the views of people who used the service and their chosen representatives through the use of surveys and questionnaires. At this inspection the registered manager informed us that she had not been in a position to formally gather quality assurance feedback although informally she spoke with people during personal care visits to their homes. The current management arrangements at the service had also impacted on the registered manager's schedule to regularly conduct unannounced quality monitoring visits to people's homes, known as 'spot checks'. It was recognised that the registered manager's visits to people's homes to deliver personal care enabled her to gather significant information about the standard of a care worker's performance. However unless these visits were carried out with a care worker for people who needed doubled handed calls, the registered manager could not carry out staff observations.

The registered manager informed us that she had developed links with other relevant organisations. The service was formerly a member of the United Kingdom Homecare Association which is a professional association for homecare providers. They were presently a member of a federation for small businesses and 'Connect For Care', an organisation specifically aimed to support local care providers. The registered manager told us that she was considering options including organising external training opportunities for her staff team in conjunction with other small domiciliary care providers, in order to broaden the scope of

training in a cost effective way.

The registered manager was aware of her responsibilities in relation to informing the Care Quality Commission (CQC) of any notifiable incidents that had arisen, and recognised when they were required to inform other organisations of events at the service, for example local authority safeguarding teams. The registered manager kept up to date with information published for providers on the CQC public website and understood the legal requirement to publicise their rating on their website and any other literature they produced.

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
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not ensure effective recruitment by ensuring that staff employed and had the skills, competencies and experience for employment. 19(1)