

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?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

All Star Care is a domiciliary care agency that was supporting 13 people in their own homes. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene, medicines and eating. Most of the people using the service were older people, some of whom were living with dementia. At the time of our inspection nine people were receiving the regulated activity from the agency.

People's experience of using this service:

There was a lack of robust management oversight and monitoring which meant some shortfalls had not been identified. These included a lack of contemporaneous care records and a lack of robust medicines records.

Although people were cared for by staff who had been recruited through a recruitment process, the provider did not ask staff to confirm they were fit to deliver care to people. Staff did not always receive training at the start of their employment or appropriate or ongoing supervision.

People were encouraged to give feedback about their care. People received their care from consistent staff. Staff were kind and caring and treated people with respect. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were enough staff employed to meet the services care commitments. Staff understood their roles in keeping people safe from abuse and felt able to speak up about any concerns they had. Potential risks to people and staff had been assessed, although some people people's care records required further detail and staff maintained appropriate standards of infection control.

Staff monitored people's health and reported any concerns they had about people's wellbeing. Where people had food provided to them by care staff they said they were satisfied with this aspect of their care. Accidents and incidents were recorded and staff learnt from these. The provider planned changes to the service to help ensure staff arrived on time and stayed the full length of time with people. We only received positive feedback about the provider and the agency.

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

Rating at last inspection and update

At the last inspection the service was rated Requires Improvement. The report of this inspection was published on 4 August 2018.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve. We found at this inspection some improvement had been made, however we

identified three separate breaches of regulation in safe care, training and supporting staff and governance.

Why we inspected:

This was a planned inspection based on the previous rating where we found a breach of Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 in the employment of staff.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not consistently effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not consistently well-led

Details are in our Well-led findings below.

Requires Improvement ●

All Star Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

Two inspectors carried out the inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care and support to people living in their own homes.

The service was registered with the Care Quality Commission and the provider was also the manager of the agency. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service notice of the inspection because we needed to be sure the provider would be available to support the inspection.

Before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

During the inspection

The inspection activity started on 1 August 2019 when we announced the inspection. We visited the office location on the 6 August 2019 to see the provider and to review care records, documentation and policies and procedures. We checked care records for six people, including their assessments, care plans and risk assessments. We looked at two staff files and the complaints log, accident and incident records, quality monitoring checks and audits.

On 5 August 2019 we spoke with two people who used the service and one relative by telephone to hear their views about the care and support provided.

After the inspection

We asked the provider to send us through some documentation following our inspection as they were unable to provide it to us on the day. We also spoke with two staff members and a health care professional by telephone.

Is the service safe?

Our findings

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

The last rating for this service was Requires Improvement. This was because the provider did not follow robust recruitment processes. We found at this inspection some improvement had been made to the recruitment process, however we identified other shortfalls in this key question and as such the rating remains Requires Improvement.

Some aspects of the service required improvement to make sure people were consistently safe.

Staffing and recruitment

At our last inspection the provider had failed to carry out robust recruitment processes. This was a breach of Regulation 19 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19. However, we have made a recommendation to the provider.

- The provider's recruitment procedures ensured only suitable staff were employed. Prospective staff had to submit an application form and to attend a face-to-face interview. The provider also obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.
- However, although the provider's job description stated that staff should be fit enough to work in the role, there was no declaration signed by prospective staff to state they met this criteria. This meant that the provider was not working in line with their policy or Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

We recommend the registered provider obtains satisfactory information about any physical or mental health conditions which are relevant to the potential staff member's ability to carry on the regulated activity.

- There were enough staff employed to meet the agency's care commitments. People told us they received a reliable service and that staff almost always arrived on time. People told us staff stayed the full time and they had never missed a call. One person told us, "Sometimes they can be 10 minutes late, but I will get a phone call."
- The provider told us they would not take on care packages unless staffing resources were sufficient to ensure the commitment could be met.
- The provider said they had recently recruited a new member of staff and had an on-going recruitment drive. They told us, "I need to recruit staff that people want. It's not about who I want. At the end of the day, I am acting as the recruitment agency for people receiving the care."

Using medicines safely

- Although people received the medicines they required, records in relation to medicines were not well kept

and did not follow good practice. One person told us, "They (staff) give me my medicines and write it all down so it's in order."

- There was no evidence to show that the provider had reviewed or audited the charts. We also found that of the three care staff the provider employed one had not undertaken medicines training since starting with the agency.
- One person's MAR had a handwritten change to one of their prescription. The original dosage was crossed out in pen but there was no signature to show who had done this. This same person's care plan states, 'staff must ensure there are four hours between each dose'. However, staff were not recording the time when each dose was given. This meant they could not guarantee the person's care plan was being followed and the person was receiving their medicines in line with the prescription instructions.
- There were no body maps for topical creams (medicines in cream format) to show staff where to apply the cream to the person. One person's care plan read, 'cream legs and other dry areas' meaning this person may not have their topical cream applied correctly.

Assessing risk, safety monitoring and management

- Assessments were carried out to identify any potential risks to people receiving care. Risk assessments considered the environment in which care was to be provided and any equipment involved in people's care. One person told us, "I cannot stand alone, but I have my zimmer frame here."
- However, not all identified risks to people had supporting documentation. This included one person who had a leg ulcer, another person who was at medium risk of falls and a third person who was at risk of urine infections. However, the impact to people was low as staff knew people and their needs well.
- The agency did not have a business contingency plan to ensure people would continue to receive their care in the event of an emergency or the provider being unavailable. We asked the provider who would take management responsibility should they be unable to do so and they told us, "I think [name] would step up. That's probably what would happen." However, there was no formal plan in place which recorded the steps to take should this situation arise.
- People did however have access to an on-call phone number should they need advice or support outside of their normal care hours. The provider told us, "I am always on call."

The lack of robust medicines management processes, the failure to assess potential risks to people and not considering management arrangements in the event of an emergency was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff provided their care. They said staff understood how their care should be provided and followed the guidance in their care plans. A relative told us, "There's been a couple of occasions when they've been concerned and they've phoned me. I have no qualms at them not doing the right thing."
- Staff understood their responsibilities in protecting people from abuse. A staff member told us, "I would record it in the daily notes and report it to [the provider] or the proper authorities."

Learning lessons when things go wrong

- Staff recorded any accidents or incidents that occurred and fed these back to the provider. The provider told us that following a missed call to a person (who was not receiving the regulated activity) they had decided to introduce a monitoring system. This meant staff would have an app on their telephone to show what time they arrived and what time they left a call. This would help ensure that people always received the care when they were expecting it.

Preventing and controlling infection

- Staff helped people keep their homes clean and maintained appropriate standards of infection control. A relative told us, "They always wash up and clean the immediate area. I have no complaints. They wear gloves and aprons when appropriate."
- Staff infection control practice was observed during spot checks carried out by the provider. A staff member told us, "We always wear PPE (personal protective equipment) and wash our hands."

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

The last rating for this service was Good. We found at this inspection the rating had decreased to Requires Improvement. This is because not all staff had received appropriate training for their role and they were not provided with ongoing supervision.

Staff support: induction, training, skills and experience

- Staff had an induction when they joined the agency, which included shadowing the provider during care calls. A staff member told us, "I shadowed [the provider] three times."
- Staff were also expected to complete the Care Certificate, which is a set of nationally-agreed standards that health and social care staff should demonstrate in their work. Although none of the staff had yet completed this despite some staff having been employed for some time. A relative told us, "I have no reason to believe they (staff) are not trained."
- A spot check of a staff member's competency delivering care in a person's home in June identified, 'medicines training needed and infection control training needed' for one carer. We reviewed the training records and saw these had still not been completed by the staff member.
- The provider's PIR stated that the required training for staff was, 'mental capacity act, safeguarding adults at risk, safe handling of meds, manual handling of people, emergency first aid, food hygiene, infection control and health and safety'. We read that of the three staff, one had not undertaken safeguarding adults training, one had not undertaken the Mental Capacity Act training and none of the staff had taken health and safety, first aid or food hygiene and nutrition and hydration training.
- Staff also told us they did not have regular supervisions with the provider. A staff member said, "We will, only if we ask her to help us with something." A second staff member said, "Apart from my interview, I have only had one supervision. It worries me. We don't see [the provider] face to face, everything is done by text or email. We don't have staff meetings."

The lack of ensuring staff received training at the start of employment and on-going supervision was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us they could rely on their care workers and that staff usually arrived on time. They said they were informed if staff were running late.
- Staff told us they usually had enough time to provide all the care people needed at each visit. One member of staff told us, "I am always running to time." However, another told us, "I sometimes go over which means I can run late."
- People's needs had been assessed before they began to use the service to ensure the agency could provide appropriate care. The provider said, "I write most of the information in a note book. I keep that and use it for the care plan. The assessment is a one to one conversation using a template so I can ask all the relevant questions." They added, "If it is someone with complex needs, I always carry out the first few care

calls."

- The provider said they provided care to people who received financial support from their local funding authority and as such they shared their assessment with the agency and reviewed the person's care regularly once the person started to receive the service.

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

- Staff supported people to maintain good health. Relatives confirmed that the agency contacted them about any concerns that staff had observed.
- The agency worked effectively with other professionals to ensure people's healthcare needs were met, such as the GP or district nurse.
- The provider told us, "Staff will obtain the person's consent to call the doctor if they are concerned about them, or they will tell the family." They added, "We take [name] to their appointments."

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

- People's dietary requirements were checked during their initial assessment and any dietary needs or preferences recorded in their care plans. No one currently being cared for required a modified or specialist diet.
- People were supported by staff to eat and drink sufficient quantities. We read in people's care plans where staff were required to heat up main meals that were left by family, or to ensure fluids were left for people.

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

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

- The agency was not providing care to anyone who lacked the capacity to make day to day decisions and we saw people had signed their consent to care.
- Staff had a good understanding of the need to obtain a person's consent before commencing care. One staff member told us, "I always ask if it's okay (to carry out care) and only do so if they agree to it. If they refuse then I would report it."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

The last rating for this key question was Good and we found at this inspection this rating remained the same. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us the staff who visited them were kind and caring. One person said of their care workers, "They know my routines well. I am very happy. I have developed quite a friendship with them (staff)."
- People and relatives told us consistency of staffing was important to them. One person told us, "I see the same person most of the time." A relative said, "It's mostly the same carers. They all know her needs pretty well."
- One person's faith was important to them and this was recorded in their care plan. The records evidenced that friends from their church visited them regularly.
- We asked a relative if they felt staff were kind and caring and showed their family member respect and they told us, "All of these." A healthcare professional told us, "Staff are polite and professional."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff treated people with respect. People told us staff maintained their privacy and dignity when providing their care. One person said of staff, "On the whole it is running well and smoothly. Staff get me ready for bed."
- We asked staff what they understood the agency's values to be. A staff member told us, "It is to keep clients as independent as possible, to keep them at home and to take the pressure off families."
- People were encouraged to identify their individual needs and these were respected. For example, people were asked if they had a preference of a male or female care worker and this was respected and implemented by the service. A relative told us, "I am always consulted and frequently contribute to [name's] care plan."
- Relatives told us the agency did their best to provide flexibility in the service provided. For example, a relative said, "They are adaptable. I ask for a schedule of the visits so I can plan." They added, "If I see an area that can be improved, they'll do whatever they can. When my mother had a new need [provider] did what was needed."
- Support plans recorded the aspects of care that people could manage themselves and the areas in which they needed assistance. Staff encouraged people to do things for themselves where possible but provided support when they needed it. We read in one person's care plan, '[Name] is independent in having a wash or a shower... is independent in shaving, and is independent with oral care'. A staff member said, "[Name] does things independently. She only sometimes needs help with her medicines, washing and dressing."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

The last rating for this key question was Good. We found at this inspection this rating remained the same. People's needs were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- Each person had an care plan, which recorded their needs and preferences and provided guidance for staff about what was needed at each care call.
- Care plans were reviewed once a year, and reviewed more often if people's needs changed, for example following a hospital stay.
- Staff told us they were given enough information about people's needs before they began to provide their care. A staff member said, "If it is a new client we are sent the care plan. If I find something is different when I do the call, I will let [the provider] know so they can change the plan."
- The service endeavoured to consider and assess people's individual needs. The provider told us, "We now carry out a lonely assessment to see if people are lonely. We identified one person was and spoke with them and their family and we now provide an additional half-hour call for staff to take them for a walk."
- The agency was not providing end-of-life at the time of our inspection. The service's assessment document did not address end-of-life care and people were not asked whether they wished to record their wishes about this aspect of care. The provider told us, "If a person is CHC funded then information about end of life is recorded, such as if they have a DNAR in place."

Improving care quality in response to complaints or concerns

- The agency had a complaints procedure which set out how complaints would be managed. This was given to people and their relatives when they began to use the service. One person told us, "I have no complaints."
- The provider told us they had received no concerns or complaints since our last inspection.
- The agency had however received positive feedback and reviews. These included, 'Reliable and efficient. All of the carers have been pleasant and respectful. When required they have been willing to stay until a problem has been resolved or a paramedic, GP or other qualified individual has arrived. If a care visit is unavoidably delayed, contact is made to give a revised estimated arrival time'.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (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. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each of the people the agency provided care to was able to communicate verbally and as such did not have any specific requirements in this respect.
- We noted however that the provider gave people the option to receive the information provided to them

in other formats or languages.

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

The last rating for this key question was Requires Improvement. We found at this inspection this rating had not improved. Although people's needs were met and people were happy with the care they received the service was not robustly managed and there was a lack of quality assurance monitoring.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and Continuous learning and improving care;

- Quality assurance checks were not robust or always carried out. The provider told us they audited the daily notes written by staff, however we sampled daily notes for two people over a period of four months and read that on more than 20 occasions either no start or end time of the call had been recorded by staff. This meant the provider could not be assured that staff arrived on time or stayed for the full length of time.
- Although the provider told us they audited people's MARs and their daily records, there was no evidence to show this happened. For example, we did not see that the provider had signed to say an audit had been carried out and as such they had not picked up the lack of recording start and finish times. There was also no analysis of these audits which identified learning for staff.
- Records were not always contemporaneous which may mean people might not receive the care they required. The provider struggled to find paperwork for us when we visited the office as they held some in paper format and some on the computer. They also told us some documentation was at their home address. The impact to people was low however as only a small number of staff worked with people and they knew them well.
- There was a range of information in each person's care plan. However, in the case of one person, the provider was able to give us much more detail about the person than was recorded. For example, they told us the person had specific needs in relation their eating and when they received personal care. They were also able to explain to us what one medical condition that was recorded meant.
- A second person was recorded as having, 'recurrent UTIs' but there was no information on how staff should support the person to avoid this or what they should do should they suspect the person was suffering from one.
- A third person had noted in their care plan that staff should change their pain patch each week. We found no records relating to this and spoke with the provider who told us the person's family member did this and as such staff were not required to do so. This meant this person's care plan was not up to date.
- A further person had variable blood pressure which could result in them fainting, but there was no care plan drawn up to identify the signs for staff to look out for.
- The care provided by staff was monitored through spot checks, although these were not regularly carried out. During spot checks the provider checked various aspects of a staff members performance. However, they did not always record the outcome or frequency of these spot checks, telling us, "I know this is something I need to do." This meant the provider was unable to monitor how often a staff member was checked to help ensure they always followed good practice, or any shortfalls were identified and acted

upon, for example through additional training. A staff member told us, "I've only had one spot check since starting."

- In addition, the provider did not quality assure the service people received from the commencement of their care package. They did not have a process to check if people were happy with the care they were receiving shortly after starting with the agency or through telephone or face to face reviews. This may mean the provider would not pick up on concerns from people.

The lack of good management oversight, contemporaneous records and robust quality assurance was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; how the provider understands and acts on duty of candour responsibility

- We received positive feedback about the provider. A relative told us, "[Provider] keeps in touch and always responds to texts." A staff member said, "[Provider] is supportive." They told us they felt valued in their role and the provider was, "Always there if you need her." A second staff member told us, "She is a really nice person." A healthcare professional said, "[Provider] is honest and trustworthy. It is a very good agency."

- The provider sent satisfaction surveys to people and their families each year. One person told us, "[Provider] has sent me a questionnaire." A relative said, "I've been asked on at least three occasions to give feedback or some input."

- One person had fed back that they felt staff were 'always' caring, 'always' listened to them and 'always' treated them with respect and dignity. They also said they would recommend the agency to friends and family.

- In addition, the Clinical Commissioning Group had fed back they would be, 'likely' to recommend the agency as a family member had told them, 'They were very good with my dad, very helpful and patient. Would recommend them to my friends if they need someone reliable'.

- The provider understood their responsibilities as a registered person, including duty of candour and the requirement to submit statutory notifications when required.

Working in partnership with others

- The provider told us they worked closely with the community nurses and local hospice. A healthcare professional told us, "Staff are always very happy to follow our guidance and [provider] will always ask if they need support."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not ensured there were robust medicines management processes, potential risks to people were always assessed and there was a contingency plan in place for the management of the agency in the event of an emergency.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not ensured there was good management oversight, contemporaneous records and robust quality assurance processes in place.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider had not ensured staff received training at the start of employment and regular on-going supervision.</p>