

Miss Katrina Haslett

All Star Care

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected All Star Care on the 5 November 2015. All Star Care is a domiciliary care agency providing personal care for a range of people living in their own homes. These included older people and people with a physical impairment. At the time of our inspection the service supported five people and employed four staff.

The service had a registered manager. 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.

All Star Care has not been previously inspected. We found areas of practice that required improvement.

Should people lack mental capacity to make specific decisions, the service was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests. However, despite senior staff having appropriate knowledge, we found that care staff had not received formal training around the MCA. This is an area of practice that requires improvement.

Medicines were managed safely and people received the support they required from staff. There were systems in place to ensure that medicines were administered and reviewed appropriately.

Summary of findings

The service had good systems in place to keep people safe. Assessments of risks to people had been developed and reviewed. The service employed enough, qualified and trained staff, and ensured safety through appropriate recruitment practices.

People said they always got their care visit, they were happy with the care and the staff that supported them. One person told us, “It’s a very good service. They are very helpful, they do what I want”.

People told us they were involved in the planning and review of their care. We were given examples that showed the service had followed good practice and safe procedures in order to keep people safe.

Staff received an induction, basic training and additional specialist training in areas such as dementia care, nutrition and first aid. Staff had group and one to one meetings which were held regularly, in order for them to discuss their role and share any information or concerns.

If needed, people were supported with their food and drink and this was monitored if required.

The needs and choices of people had been clearly documented in their care plans. Where people’s needs changed the service acted quickly to ensure the person received the care and support they required. A member of staff told us, “We know our clients, and you can tell if they are not quite right”.

People and their family members told us they were supported by kind and caring staff. A person told us, “They are very caring and respectful to me”. Another said “Oh yes, they are very kind. My son was impressed with them. Very kind”. Staff were able to tell us about the people they supported, for example their personal histories and their interests.

People’s personal preferences, likes and dislikes were recorded on file and staff encouraged people to be involved in their care. A person told us, “Yes, the care I get is what I agreed and want”.

People knew how to raise concerns or complaints. People and their relatives were regularly consulted by the provider using surveys and meetings. A person told us, “I had a questionnaire and filled it out recently”.

The registered manager provided good leadership and support to the staff. One member of staff told us, “I’ve been able to approach [the registered manager] with anything, she has been really supportive with me”.

Quality assurance was undertaken by the provider to measure and monitor the standard of the service provided.

Summary of findings

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 safe.

People and relatives told us they felt safe with the staff that supported them. Detailed risk assessments were in place to ensure people were safe within their home and when they received care and support. Medication was administered and managed appropriately.

The service had clear policies in place to protect people from abuse, and staff had a clear understanding of what to do if safeguarding concerns were identified.

There were enough staff to deliver care safely, and ensure that people's care calls were covered when staff were absent. When the service employed new staff they followed safe recruitment practices.

Good



Is the service effective?

The service was not consistently effective.

Care staff had an understanding around obtaining consent from people, but had not had any formal training around the Mental Capacity Act 2005 (MCA), and what they were required to do if someone lacked the capacity to understand a decision that needed to be made about their life.

Staff understood people's health needs and acted quickly when those needs changed. Where necessary further support had been requested from the social services and other health care professionals. Where required, staff supported people to eat and drink and maintain a healthy diet.

There was a training plan in place for staff. The staff we spoke with were complimentary about the support they received from the service through supervision.

Requires improvement



Is the service caring?

The service was caring.

People were pleased with the care and support they received. They felt their individual needs were met and understood by caring staff. They told us that they felt involved with their care and that they mattered.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care. Staff were able to give us examples of how they protected people's dignity and treated them with respect.

Staff were also able to explain the importance of confidentiality, so that people's privacy was protected. Care records were maintained safely and people's information kept confidentially.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People and their relatives were asked for their views about the service through questionnaires and surveys. People told us they felt listened to and staff responded to their needs.

People told us that they knew how to make a complaint if they were unhappy with the service.

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

Good



Is the service well-led?

The service was well-led.

The provider completed a number of checks to ensure they provided a good quality service.

Staff felt supported by management, said they were listened to, and understood what was expected of them. People were able to comment on the service provided to influence service delivery.

We saw that the staff promoted a positive and open culture. The staff we spoke with had a clear understanding of what their roles and responsibilities were.

Good



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 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.

The inspection took place on the 5 November 2015. This visit was announced, which meant the provider and staff knew we were coming. We did this to ensure that appropriate office staff were available to talk with us, and that people using the service were made aware that we may contact them to obtain their views.

An inspector and an expert by experience in older people's care undertook this inspection. 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 helped us with the telephone calls to get feedback from people.

Before the inspection we reviewed other information we held about the service. On the day of the inspection we spoke with the registered manager who was also the provider. We contacted five people that used the service by telephone. In addition to this we spoke with a further two care staff following the inspection.

Over the course of the day we spent time reviewing the records of the service. We looked at four staff files, staff rotas and other records related to the management of the service. We also reviewed five care plans and other relevant documentation to support our findings.

Is the service safe?

Our findings

People said they felt safe and staff made them feel comfortable. One person told us, “Oh yes, it’s quite safe, it’s just how they are”. Another said, “I have never felt any cause for concern. I’m quite satisfied with the care I get”.

People told us that their care calls were not missed, they always got their visit from regular staff, and that staff arrived on time. One person said, “It’s five or six carers. I’ve got to know their names. They tell me who is coming next and when they are coming back”. Another commented, “I have five different carers. They bring new girls round and introduce them. I always know who comes”. Another person told us that their calls were on time and that the continuity of care was very good.

There was a system in place to identify risks and protect people from harm. Each person’s care plan had a number of risk assessments completed, that had been discussed with them and reviewed. The assessments detailed what the activity was and the associated risk, who could be harmed and guidance for staff to take. The registered manager told us, “We assess at the point of referral to ensure that we can provide the care. We review people’s risk assessments annually, or when their needs change. We have one person who likes to sleep in their chair. We advise them that sometimes it may be better to go to bed, but it’s their choice and we have assessed their safety”.

Systems were also in place to assess wider risk and respond to emergencies, such as extreme weather. We were told that the service operated an out of hours on-call facility within the organisation, which people and staff could ring for any support and guidance needed. The registered manager told us, “We prioritise people in terms of need. We have a 4x4 for when it snows and a heat wave plan”. They added, “We can access all the care plans remotely and have systems of contact for the staff, as well as directories of important phone numbers”.

Staff described different types of abuse and what action they would take if they suspected abuse had taken place. There were a number of policies to ensure staff had guidance about how to respect people’s rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly.

Systems were in place to cover sickness and ensure that care calls went ahead as planned. The registered manager told us “We have a system for when people call in sick. We ring round and other staff will cover”. We asked staff if they felt that the service had enough staff to meet the needs of people. One staff member told us, “We have enough staff to cover the calls. It’s sometimes tricky if anyone rings in sick, but we cover it”. Another said, “We have enough staff for the number of people we care for”. The registered manager told us, “We only take on care packages that we know we can manage. We have an ongoing recruitment programme”. They added, “We cover all the calls and clients will phone if the care workers are late. The care staff also call if they are running late”.

Safe recruitment practices were followed when they employed new staff. All records we checked held the required documentation. Checks had been carried out by the provider to ensure that potential new staff had no record of offences that could affect their suitability to work with vulnerable adults.

We looked at the management of medicines. Only one person was supported with their medication by the service. They told us, “They give me my pills. They make sure I take them before they go”. Care workers were trained in the administration of medicines. The registered manager described how staff completed the medication administration records (MAR) and we saw these were accurate.

Is the service effective?

Our findings

People told us they received effective care and their care needs were met. One person told us, “I think it’s a very good service. It’s the efficiency and friendliness of the carers. They don’t overpower you. They treat you as a person not an object, They are very helpful and do that little bit extra”. Another said, “They are all basically well trained and they know what they are doing”. However, we found areas of practice that required improvement.

The Mental Capacity Act (MCA) 2005 was designed to protect and restore power to those people who lack capacity and are unable to make specific decisions for themselves. The registered manager understood the principles of the Mental Capacity Act 2005 (MCA) and gave us examples of how they would follow appropriate procedures in practice. There were also procedures in place to access professional assistance, should an assessment of capacity be required. They were aware any decisions made for people who lacked capacity had to be in their best interests. Staff understood the importance of gaining consent from people before providing care, whilst also respecting people’s right to refuse consent. One staff member told us, “We always ask first, I wouldn’t just do something without asking”. However, despite staff having an understanding of obtaining consent, we found that care staff had not received formal training around the MCA. This is a risk as staff may not have clarification about the actions they can take if someone does lack capacity, and the legal safeguards that govern this. This has been identified as an area of practice that requires improvement.

People told us that they were matched with care workers they were compatible with. If they felt a care worker was not suited to them they were able to change them. One person told us, “I get on well with all of them. There was one I didn’t like two years ago. I asked them to change her and they did”. Another person told us, “I’ve never refused a carer, I soon would if necessary”. The registered manager told us, “If a client didn’t like a particular care worker, we just wouldn’t send them in”.

Staff had received training that was specific to the needs of people, for example in food hygiene, manual handling, medication, safeguarding and health and safety. Staff completed an induction when they started working at the service and ‘shadowed’ experience members of staff until

they were deemed competent to work unsupervised. They also received training which enabled them to provide effective care, for example around end of life care and diabetes. People felt staff were well trained. One person told us, “Oh yes, I think they are well trained”. Another said, “Yes they seem pretty with it. They seem to know what they are doing”. Staff received ongoing support and professional development to assist them to develop in their role. Staff we spoke with confirmed they received supervision and appreciated the opportunity to discuss their role and any concerns. We saw copies of supervision records, and any concerns identified were recorded and actioned by management.

Where required, staff supported people to eat and drink and maintain a healthy diet. People told us that their care workers prepared food for them and that they always had a choice of what they wanted. One person told us, “They do all my meals. I decide what I want to eat, it depends on what I’ve got. They always top my glass up before they go”. Another said, “They make my food, I choose what to have. They give me lots of drinks, I never go without”. A further person added, “Yes, I have food that’s delivered. I choose what to eat. They order it if I want them to, or they leave it to me. They always leave me with two glasses of water and a cup of tea”. Care plans provided information about people’s food and nutrition. The registered manager told us “We offer people their meal of choice and a choice of shopping. We don’t support anybody with a specific diet at the moment, but if we did, we would record their food and fluid as needed”.

People had been supported to maintain good health and have ongoing healthcare support. One person told us, “They usually ring the doctor if I need to be seen. My feet and nails are done regularly”. Another person told us, “They arrange my chiropodist, dentist or optician”. We spoke with staff about how they would react if someone’s health or support needs changed. One told us, “We get to know our clients well, so we would know if something was wrong with them”. Another staff member said, “We know our clients, and you can tell if they are not quite right”. The registered manager told us, “Staff are confident to raise concerns if need be and contact the GP. We liaise with district nurses, the heart nurse, GP’s and physios”. We also saw that if people needed to visit a health professional, such as a dentist or an optician, then a member of staff would support them.

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, “Yes, very caring and respectful to me”. Another said, “They are all very good to me, always kind and respectful”.

We asked people if they felt that staff understood them and their needs and offered them choice in the way their care was delivered. One person said, “I make my own decisions and they listen to me”. Another person said, “I’m quite capable of making my own decisions, even though I’m 94. They would know if I wasn’t happy”. Another person added, “Yes, I make my own decisions all the time. They do what I ask”. Staff were also able to describe how they met or understood people’s individual needs and preferences. One staff member said, “We get to know the clients really well. They are all individuals, with their own likes and dislikes”. The registered manager told us, “It’s all about giving people choice, explaining to them that it’s your care, it’s your time. We discuss at assessment what people want and what they want help with”.

People told us they were encouraged by staff to maintain their independence. One person told us, “They wash me in my chair, they encourage me to do bits myself and they do my back. It works very well”. Another said, “They encourage

me to do some things myself”. A member of staff told us, “We encourage people to be independent, for example doing their own buttons up and brushing their hair”. The registered manager added, “Staff always promote independence, we encourage people to dress themselves and choose their clothes”.

People we spoke with said they felt staff treated them with dignity and respect. One person told us, “They are always very careful when they wash me, they keep me covered”. Another person said, “They let me get in the shower backwards and give me a wash. They cover me with a towel”. Another person added, “I get on very well with them, they are like granddaughters. They call me by my Christian name and are very friendly”. Staff were able to give us examples of how they protected people’s dignity and treated them with respect. One member of staff said, “We treat people as individuals and know what they like and dislike”.

The service had a confidentiality policy which was accessible to all staff. People using the service received information around confidentiality as well. One staff member told us, “We are told about the importance of confidentiality”. The registered manager told us, “We are very careful with confidential information, for example, key safe numbers and information about people is not accessible. We are very strict about staff not talking about other people, and there is information about confidentiality in their job description”.

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs. One person told us, “They do what is needed”. Another said, “It [the service] meets my needs”.

We asked staff how they ensured that they knew what support the person they were caring for needed. All of them said the information was contained in the person’s care plan, including their personal histories. People and their relatives told us they had been involved in the planning and review of their care. People also told us that they understood their care plans and had discussed choices around their care. One person told us, “I agreed my care, I have a care plan”. Another said, “I wasn’t well initially and my son agreed my care with them. I haven’t seen it, but I’ve got a care plan”. People had up to date care plans which recorded information that was important to them, and staff we spoke with said they felt the care plans were detailed enough so that they could provide good quality care. One staff member told us, “They have all the information that we need”. When we reviewed the care plans we saw that people’s personal histories, likes, dislikes and hobbies and interests had been recorded.

People received care which was personalised to reflect their needs, wishes and aspirations. Care plans showed that assessments had taken place and that people had been involved in the initial drawing up of their care plan. These plans also provided information from the person’s point of view. They provided information for staff on how to deliver peoples’ care. For example, information about personal care and physical well-being, communication, mobility and dexterity. One person’s care plan stated that

they wished to brush their own teeth, but just needed assistance with putting paste on the brush. Another person had requested that they did not want soap used on their face.

People were treated as individuals and their care needs reflected personal preferences, for example, people were able to change the times of their calls to suit their plans. One person told us, “I rang last week, because I was going to the dentist, and they changed things to suit”. We looked to see if people received personalised care that was responsive to their needs. People were happy with the standard of care provided. They also told us that the care met their individual needs and their decisions were respected. One person said, “I suggested the other night that they put more cream on a certain area, and they listened to me and respected that”. A staff member told us, “We always ask if there is anything else we can do for people”.

Everyone told us they had been asked to give feedback about their care or support. They had recently received satisfaction questionnaires, or had been contacted for their feedback over the phone or in person. One person told us, “I had a questionnaire and filled it out recently”. Another person said, “Recently they asked me to fill out a questionnaire and I speak with the manager”.

The service had a complaints policy that was made available to people and staff. No formal complaints had been received, but we asked people what they would do if they were unhappy with the service. One person told us, “No reason to complain, why should I?” Another person said, “No, never needed to complain. They do exactly what I want. They’d listen if there was a problem”. The registered manager added, “Information on how to make a complaint is sent to people. We haven’t had any complaints so far, but we would always listen to feedback”.

Is the service well-led?

Our findings

People indicated they felt the service was well led. One person told us, “I arranged to see the management, they come periodically. They are quite good really”. Another said, “I don’t think they could improve on anything, I’m very happy with the whole thing”. A further person added, “I would give them nine out of ten. Can’t improve on anything, all is good”.

People and staff were complimentary about the registered manager. One member of staff told us, “I’ve been able to approach [the registered manager] with anything, she has been really supportive with me”. Another said, “The manager is very supportive and listens”. A person told us, “I have met the manager, I liked her. I would say its good leadership, they liaise well with each other”.

The service had a clear set of values in place. We discussed the culture and ethos of the service with the registered manager. They told us, “Our ethos is making a difference to someone’s day, even if it’s just showing up with a nice smiley face. We want to make people’s day’s better, providing care that people need and want”. A member of staff added, “We really get to know people well and make them feel comfortable with their care”.

There was a positive culture in the service, the management team provided strong leadership, led by example and rewarded staff. The registered manager went out and provided hands on care, and a person told us, “[The registered manager] often comes to care for me. I get on very well with her”. The registered manager told us, “I praise the staff regularly. I lift morale and I am hands on. I want to lead by example, I have a positive and energetic attitude”. They added, “Development of staff is very important and I want them to feel valued. We have a weekly bonus system in place that is awarded to staff. As long as their work is good, there is no sickness and people are pleased with them, they get an extra £1.00 per hour. I’m a firm believer in reward”. Staff said they felt well supported

and were happy in their roles. One staff member told us, “It’s a good place to work, I’m happy here. It’s a small company and we can provide a good service to people, with good continuity”.

The provider had systems and mechanisms in place to drive continual improvement and people were given the opportunity to give feedback about the service. Regular spot checks took place between care workers and supervisors to assess competency and provide support and guidance. There were good systems of communication within the service, and staff knew and understood what was expected of them. The registered manager told us, “Staff are fully aware of their accountability and responsibility, they must evidence what they do and why”. Staff meetings took place and the service regularly updated staff with any issues, changes or relevant information they may require. Topics discussed at a recent staff meeting included, annual leave arrangements, moving and handling practices, communication with relatives and updates on people’s needs and requirements.

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that manager’s would support them to do this in line with the provider’s policy. We were told that whistle blowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

The service remained up to date with relevant developments in the sector. We saw that they received regular updates from organisations such as the United Kingdom Home Care Association (UKHCA), the CQC and the Local Authority. The service also had links with a local hospice to share information and learning around palliative care.