

3 Star Health Care Limited

Leicester

Inspection report

116H Larchmont Road
Leicester
Leicestershire
LE4 0BW

Tel: 07716740075
Website: www.3starhealthcare.com






Date of inspection visit:
20 March 2019
26 March 2019

Date of publication:
18 April 2019

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

About the service: 3 Star Health Care Limited, Leicester is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older and younger adults, including people living with dementia and people with a physical disability. Not everyone using this service receives regulated activity; 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.

What life is like for people using this service:

- The provider did not operate effective systems to assess and monitor the service in order to identify and bring about required improvements to the service.
- The provider had not complied with their registration responsibilities with the CQC. They had not notified the CQC, in a timely manner, of changes to the nominated individual and to the address of the registered location.
- Staff understood how to safeguard people from the risk of abuse. Records did not clearly demonstrate the actions taken in the event of suspected safeguarding incidents, or the measures in place to protect people.
- People's care plans included assessments of risks associated with their care and support. Records were not always sufficiently detailed to guide staff on the measures they needed to take to keep people safe.
- There were enough staff in place who had completed relevant training to give them the skills and knowledge needed to meet people's needs.
- People were supported to have sufficient amounts to eat and drink and stay healthy. Staff liaised with relatives and health professionals to support people to maintain their health and well-being.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Records did not consistently demonstrate staff had undertaken assessments of people's mental capacity.
- People were treated kindly and compassionately by staff. People and their relatives were supported to express their views and be involved in making decisions about their care. Staff respected people's privacy and dignity and supported them to maintain and develop their independence.
- People received personalised care, having their needs, preferences and wishes detailed in their care plans. Staff were responsive to changes in people's needs and wishes.
- People and relatives were confident any concerns or complaints would be responded to and improvements made as a result.
- People, relatives and staff had confidence in the leadership of the service and felt involved and consulted in the service. They were supported to share their views and these were used to develop the care provided.

Rating at last inspection: At our last inspection in February 2018, we rated the service as Requires Improvement. This is the second time the provider has been rated as Requires Improvement.

Why we inspected: This was a scheduled inspection.

Follow up: We will continue to monitor the quality of the service through the information we receive until we return to visit as per our re-inspection programme. If any information of concern is received, we may inspect sooner.

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

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 effective
Details are in our Effective findings below.

Good ●

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 ●

Leicester

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

3 Star Healthcare Limited, Leicester is a domiciliary care service. It provides personal care to people living in their own homes. It provides a service to older and younger adults, people with physical disabilities, sensory impairment and people who are living with dementia. At the time of our inspection, there were six people using the service.

The service did not have a registered manager in post. There was a manager who intended to apply for registration with the Care Quality Commission. A registered manager and the provider 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 48 hours' notice of the inspection visit because the manager and provider were often out of the office supporting staff or providing care. We needed to be sure that they would be available to meet with us.

What we did:

Inspection activity started on 20 March when we visited the office location to see the manager and review records. It ended on 26 March 2019 when we made telephone calls to people, their relatives and to staff.

When planning our inspection, we looked at the information we held about the service. This included any notifications of significant events that had occurred in the service which the provider is required to tell us

about by law. The provider had completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the manager, one person who used the service, two relatives and two care staff. We reviewed the care records for three people, including their care plans to ensure the care provided reflected their needs. We also look at records in relation to the management of the service including three staff recruitment and training records and quality assurance systems and processes.

Is the service safe?

Our findings

Safe - this means people were protected from avoidable harm

People were not always safe and protected from avoidable harm.

Assessing risk, safety monitoring and management:

- At our last inspection in February 2018 we found risk assessments did not always contain sufficient information to protect people from risks to their health and welfare. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.
- At this inspection we found the provider had made some improvements to records.
- People's care records included risk assessment for areas such as risks associated with their health conditions, mobility and their environment. Where people required equipment to enable them to move around their home, this was listed.
- Risk assessments had been reviewed to ensure records reflected the current risks people faced.
- However, records did not always provide guidance on the measures staff needed to take to reduce risk.
- For example, one person was at risk of choking and advised staff on the position the person needed to be seated to reduce this risk and the supervision staff needed to provide. However, a second person was at risk of harm through smoking. Their care plan did not include the measures staff needed to take to minimise the risk of harm for the person, such as reminding them of fire safety.
- The person and relatives we spoke with all told us they felt safe using the service. One relative told us, "I have seen staff using the hoist to transfer [Name]. They have always used this safely, I've never had any concerns and I trust them with [Name's] care."
- Staff demonstrated they had a good awareness of the risks people faced and the measures required to keep them safe. One staff member was able to describe how they kept a person safe who had fluctuating abilities.
- The care manager told us they would develop risk assessment records to ensure these provided the detailed guidance staff needed.

Staffing and recruitment:

- At our last inspection in February 2018 we found staff recruitment checks were not fully in place to protect people from receiving personal care from unsuitable staff. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.
- At this inspection, we found one out of the three staff files we reviewed did not have details of the staff member's check with the Disclosure and Barring Service (DBS) and had one employment reference on file.
- Two staff files confirmed the provider had completed robust checks to ensure staff were suitable for their role, including checking identity and checks with the DBS.
- The manager advised that all staff had current DBS checks and staff files had been audited. They were unable to locate the missing documentation during our inspection visit.
- The person we spoke with and relatives told us they were always supported by the right number of staff required to meet their needs. One relative told us, "[Name] requires two staff and they always arrive at the same time."

- The person we spoke with and relatives confirmed staff usually arrived on time and stayed the full length of the call.

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

- People were protected from potential harm or abuse.
- There were policies and procedures in place for staff to follow to keep people from harm and staff received training in how to safeguard people from abuse as part of their induction and training.
- Staff demonstrated they understood their role in protecting people from abuse, and would have no hesitation to raise concerns with a manager if they suspected abuse.
- Although the provider had taken appropriate action when a potential safeguarding incident had occurred, they did not maintain detailed records.
- For example, staff had taken appropriate action to liaise with agencies and raise a safeguarding for a person where they suspected financial abuse. The manager was able to describe the actions they had taken and the positive impact for the person as a result. However, records did not clearly demonstrate the measures staff had taken to protect the person, or the outcome of the safeguarding investigation.
- Where a person made frequent allegations of neglect, staff liaised with the person's social care professional in response to each allegation. This was not supported by any written protocol or risk assessment which would help to protect the person and staff.
- The manager told us they would ensure robust documentation was in place for all potential safeguarding concerns.

Using medicines safely:

- The provider had policies and procedures in place to support the safe administration of medicines.
- Staff had completed appropriate training to give them the skills and knowledge they needed to support people safely.
- At the time of our inspection, people were able to manage their own medicines or received support from their relatives and did not require staff support.

Preventing and controlling infection:

- The provider ensured staff had access to guidance, advice and equipment to reduce the risk of people being exposed to infections.
- Relatives told us staff wore personal protective equipment, such as gloves and aprons, when they supported people with care and disposed of clinical waste safely.
- The provider had monitoring systems in place to ensure people were protected from the risk of infection whilst care was provided.

Learning lessons when things go wrong:

- The provider had processes in place to analyse and review incidents and accidents in the service and ensure lessons were learnt.
- Following one incident, the provider had met with the person and their relative to agree a protocol to reduce the risk of further incidents.
- At the time of our inspection, there had been no accidents in the service.

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

People's outcomes were consistently good, and feedback confirmed this.

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

- People's needs were assessed prior to them using the service and information was used to develop care plans.
- One person told us, "[Provider] came to my house and met with me, we talked about what I wanted, how I wanted it done, preferred times. They also gave me information about the service."
- Protected characteristics under the Equality Act had been considered. For example, people's lifestyle preferences, religious and cultural needs.

Staff support: induction, training, skills and experience:

- Staff received training to ensure they had the skills to do their job. One staff member told us, "I completed induction and all mandatory training when I started. I shadowed [Provider] to be introduced to people. They explained what I was supposed to do and I could ask any questions, everything was explained before I supported people on my own. I undertake further training to keep up to date."
- Staff records confirmed staff had undertaken a range of training relevant to their role.
- Staff confirmed they felt supported and received regular supervision and feedback from the provider and manager.

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

- People mostly received support from their relatives who provided their meals and drinks.
- One person told us staff always ensured they had drinks available to prevent them becoming dehydrated.
- A relative told us staff supervised their family member during meals to prevent the risk of choking.
- Where people had specific dietary needs, regardless of whether or not staff provided meals or assistance, this was detailed in people's care plans.

Staff working with other agencies to provide consistent, effective, timely care:

- People were supported by staff who knew them well.
- Staff were able to liaise with relatives and other agencies to report any changes in a person's well being in a timely manner.

Supporting people to live healthier lives, access healthcare services and support:

- People's care plans included details of their medical conditions and how these affected them.
- The person we spoke with told us they managed their own healthcare needs, but staff were proactive in supporting them to arrange medical appointments when they were needed.
- Staff liaised with pharmacists to ensure people's medicines were ordered in sufficient time to avoid them running out.

- Relatives told us staff followed advice and guidance from healthcare professionals which had helped to improve and maintain people's health and well-being.

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.
- People's care plans included guidance for staff on decisions and choices they were able to make, and when other people, such as relatives should be involved.
- We found the provider did not have clear records where people lacked the capacity to make all their own decisions. For example, one person's care plan referred staff to their relative for all decisions, but was not supported by any assessment of their capacity to make basic day to day decisions about their care.
- The manager and staff demonstrated they understood their requirements under the MCA. One staff member was able to describe interventions to support people to comply with their care, but ultimately respecting their right to decline care.
- The manager told us they would ensure mental capacity assessments were included in people's care plans

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people were well treated and supported:

- The person we spoke with and relatives told us staff were kind and caring. The person told us, "Staff take their time, have a chat with me and check I am okay before they start helping me. They care about how I am."
- A relative told us, "Staff are caring, they spend time talking with [Name]. They communicate well with [Name] and this helps to build trust."
- Staff told us they had the time they needed to meet people's needs which included spending time talking with people; helping to build positive relationships.

Supporting people to express their views and be involved in making decisions about their care:

- People, and those important to them, were consulted about how they wanted their care to be provided.
- Care plans included details of people's histories, wishes, preferences and what outcomes people wanted from their care.
- This knowledge was used by staff to ensure they provided care to meet people's needs, in the way they wished.
- Relatives told us staff were skilled at communicating with people. For example, staff understood how to support a person who was sight impaired through description and prompting.
- A second person used non-verbal communication. Their relative told us staff had taken the time to get to know the person and now knew what each facial sign and gesture meant and could respond accordingly. This helped to involve the person in their care.

Respecting and promoting people's privacy, dignity and independence:

- The person we spoke with and relatives told us staff provided care that was respectful and maintained people's dignity. They confirmed staff supported people to develop and maintain their abilities and independence.
- One relative told us, "Before they [staff] started, [Name] couldn't do much but now, [Name] can do a lot more (for themselves). [Name] values independence and staff really support and encourage this."
- Staff were able to describe how they maintained people's privacy and dignity, such as keeping people covered during care and supporting people to maintain their appearance.
- Staff were respectful of people's homes, the role of relatives in people's lives and how people liked to be addressed.
- Specific needs, such as cultural or preferences for how staff entered people's homes, were respected and observed.
- People's information was kept confidential and only shared with relevant agencies with their consent.

Is the service responsive?

Our findings

Responsive - this means that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans included people's life history, significant events and their wishes and preference.
- Staff were provided with detailed guidance about people's specific routines which were important to them.
- One person's care plan detailed the order in which the person liked their care to be provided, from the time of staff arrival to the time of their departure.
- A second person's care plan included detailed guidance for staff on tasks the person was able to undertake independently and when staff should step in to provide support.
- People, and those important to them, told us they were involved and consulted throughout every stage of care planning and this was evident in the records we saw.
- This information helped staff to provide personalised care.
- The manager and provider were regularly involved in supporting people with care and as such reviewed the care provided on a daily basis.
- The manager told us they would ensure reviews of care were formally recorded to demonstrate care plans were reflective of people's current needs.
- Although staff were skilled in communicating with people, care plans did not include details of people's specific communication needs or how they preferred their information to be provided.
- Relatives confirmed people received information through them or verbally, in line with their preferences and abilities.
- The manager told us they would ensure communication strategies were included in people's care plans to comply with the Accessible Information Standard.
- People's care plans included details of their hobbies and interests, which supported staff to discuss areas of shared interest and knowledge.

Improving care quality in response to complaints or concerns:

- The provider ensured people and their relatives had access to a complaints procedure that detailed how they could raise concerns, and how these would be managed.
- The person we spoke with a relatives told us they felt comfortable to raise concerns and were confident action would be taken to resolve these.
- The provider had received concerns around timekeeping. They had taken action to make improvements as a result, which included more stringent monitoring of visits and the provision of transport for staff.

End of life care and support:

- The provider was not supporting any people requiring end of life care at the time of our inspection.
- They told us they would consider this should the need arise and ensure staff were appropriately trained to support people.

Is the service well-led?

Our findings

Well-Led - this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality person-centred care. Some regulated may or may not have been met.

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

- The provider undertook only limited quality assurance to assess the quality of the care and support provided. This involved spot checks of staff providing care and support. Quality assurance processes did not include effective monitoring that allowed the provider to come to an informed view about the quality of the service.
- Records of spot checks showed staff timekeeping, appearance and communication with the person was assessed. The manager told us they also reviewed documentation and asked the person and/or relative for their feedback. However, this was not reflected in records of spot checks.
- The provider had not identified areas for improvement in maintaining accurate and sufficiently detailed records.
- The provider had not ensured all risk assessments were sufficiently detailed and robust, all staff recruitment files were complete, or accurate and detailed records were maintained where safeguarding concerns had been identified.
- The provider did not operate effective systems and processes to make sure they assessed and monitored the service and made improvements in a timely manner.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

- The manager told us they would liaise with the provider to ensure robust quality assurance was in place following our inspection visit.
- Staff understood their roles and responsibilities and felt confident in seeking advice and guidance from the manager or provider if they needed to.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The service did not have a registered manager. There was a manager in post who told us they intended to apply for registration with the CQC, but no application had been made at the time of our inspection visit.
- The service was without a nominated individual. A nominated individual is a person who is employed as a director, manager or secretary of the body and whose name has been notified to the CQC as being the person who is responsible for supervising the management of the carrying on of the regulated activity by that body. The manager told us the nominated individual had left and had not been replaced.
- The provider had changed the address of the registered office. They had not submitted the required forms

to the CQC under their legal responsibility.

These were breaches of Regulation 15 Care Quality Commission (Registration) Regulations 2009, Notice of changes.

- The manager told us they would liaise with the provider to ensure the relevant applications were made with CQC following our inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The person we spoke with and relatives spoke positively about the service and the management of the care provided.
- The person told us, "They provide what I want, good care. They are very accommodating and flexible around my needs. They are a small agency and really care about me. They are the best care company I have ever had."
- A relative told us, "They are well trained staff who do a fantastic job. I am very happy with the service. I can rely on them and don't need to organise or coordinate them, which makes life easier and things run smoothly."
- People, relatives and staff told us they were able to share their views directly with the provider and manager during care visits. A staff member told us, "I can discuss with the manager if something is not working and we can talk about what support I need or what can be changed."

Continuous learning and improving care:

- The provider and manager had identified that improvements were needed to the governance of the service, particularly in areas such as documentation.
- The manager told us they were in the process of implementing electronic systems which would help them to standardise paperwork and ensure documentation was sufficiently detailed and robust.

Working in partnership with others:

- The provider and manager made appropriate referrals for professional support, including health and social care professionals. Staff worked together with professionals to achieve good outcomes for people.

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 15 Registration Regulations 2009 Notifications – notices of change</p> <p>The provider had not given notice in writing in a timely manner to the Commission following a change of nominated individual and a change in the address of the registered location.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not established effective systems and processes to assess, monitor and improve the quality of the service provided.</p>