

Stars Social Support Limited

Stars Social Support

Inspection report

2a High Street
Dodworth
Barnsley
South Yorkshire
S75 3RF

Tel: 01226201669

Website: www.starssocialsupport.co.uk

Date of inspection visit:
27 August 2020
03 September 2020

Date of publication:
09 July 2021

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

The Stars Social Support is a domiciliary care agency. It provides personal care to people in their own houses and flats in the community. At the time of inspection 27 people were receiving support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

The provider had not created strong systems to promote people's safety in terms of the recruitment of suitable staff. Some risk assessments did not detail what care and support people needed to reduce risk to them. Medications were not managed safely. For some staff medication training was out of date and observations of competence had not been completed. People told us they felt safe and relatives told us they thought their relatives were safe when staff visited.

The service had not made enough improvements following the last inspection. Some governance systems such as audits had been implemented. However, they had failed to identify where improvements were required, and failed to identify the concerns highlighted during the inspection. The registered manager understood the regulatory requirements, however, they needed to improve their knowledge around key requirements. People spoke highly of the management team, commenting they were approachable and supportive. People told us they thought the service was well-led.

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

The last rating for this service was requires improvement (published 8 May 2019). The provider did not complete an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 13 February 2019. Breaches of legal requirements were found. The provider did not complete an action plan after the last inspection to show what they would do and by when to improve fit and proper person employed and good governance.

We undertook this focused inspection to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has

deteriorated to inadequate. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stars Social Support on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, good governance and fit and proper person employed at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below

Is the service well-led?

Inadequate ●

The service was not always well-led.

Details are in our well-led findings below.

Stars Social Support

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 26 August 2020 and ended on 2 September 2020. We visited the office location on 27 August 2020.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included three people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with four people who use the service, two relatives, an area co-ordinator and three support workers. We continued to seek clarification from the provider to validate evidence found. We requested additional information in relation to staff training. We look at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

At our last inspection the provider had failed to implement robust recruitment procedures. This was a breach of Regulation 19 Fit and proper persons employed, Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

Staffing and recruitment

- Safe recruitment procedures were not in place to ensure only staff suitable to work in the caring profession were employed. Gap's in employment history were not followed up, and people's references were not followed up after they had been requested.
- When the disclosure and barring service (DBS) identified concerns, a risk assessment had not been completed to assess staff's suitability.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate recruitment was effectively managed. This was a continued breach of regulation 19 Fit and proper persons employed, Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Not all staff who provided care had received the appropriate training or received training updates to ensure they were competent.
- Staff did not receive training in a timely manner when employment commenced.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff were safe to deliver care. This was a breach of regulation 12 Safe care and treatment, Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Using medicines safely

- Medicines were not managed safely. Medication recorded on the medication administration record (MAR) differed from information recorded in the care plan.
- Medication administered when necessary (PRN) did not have detailed protocols in place, especially in relation to medication used to reduce anxiety.
- Staff responsible for administering medication had not received training updates and competency had not been observed.

We found no evidence that people had been harmed however, systems were either not in place or robust

enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 Safe care and treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

- People told us they always received their medicines on time and safely, and they had no concerns around their medicines.

Assessing risk, safety monitoring and management

- Not all risks to people's safety and welfare were assessed.
- Some risks had been assessed. However, the assessment did not include all relevant information such as how a person's behaviour may affect the task, the type of equipment that was required and how it should be used safely.
- Where risks had been identified and plans put in place, these had not been reviewed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risks to health and safety were managed safely. This placed people at risk of harm. This was a breach of regulation 12 Safe care and treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to safeguard people from abuse. However, they were not always implemented. For example, where people received financial support, audits of finances were not completed in a timely manner.
- People told us the service was safe. Comments included, "I feel safe because of the care I receive," and "I definitely feel the care received is safe." Although people told us the service was safe, this is not what we found.
- Staff told us they felt happy raising any concerns they had about people they were supporting and were confident they would be dealt with appropriately.

Preventing and controlling infection

- Staff had access to personal protective equipment such as masks, gloves and aprons.
- People told us staff wore the correct PPE. However, one relative was not sure whether staff always wore the appropriate PPE. This was discussed with the registered manager and assurances were provided that staff had the correct PPE.

Learning lessons when things go wrong

- Staff told us they completed accident and incident forms, but they never received feedback regarding this. This made staff question what actions had been taken by the management team.
- There were appropriate processes in place for recording accidents and incidents. However, there was no overall analysis completed to identify where lessons could be learnt.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key questions has now deteriorated to Inadequate. This means there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high quality care.

At our last inspection the provider had failed to maintain accurate records and support staff effectively through supervision. This was a breach of regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

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

- The provider had not provided effective oversight and governance of the service's safety and quality to ensure all regulatory requirements were met. For example, the concerns we identified at this inspection relating to medicines, staff recruitment, training and risk assessments, had not been identified by the provider.
- We checked to see if there were any provider level audits being undertaken of the service to ensure any shortfalls in service delivery could be identified and acted upon in a timely way. Robust audit systems were not in place.
- There were no systems in place to learn when things went wrong.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate good governance. This was a breach of regulation 17 Good governance, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

- There was a registered manager in post who provided support to staff.
Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- The registered manager had sought the views of people who used the service and staff. However, the registered manager had not used this feedback to continually improve the service. The people we spoke with confirmed their views were obtained and they felt listened to.
- The management team made themselves easily available to people using the service, relatives and staff.
- People and staff were engaged with the service. Staff meetings were held. Staff met or spoke on the telephone with the registered manager and area co-ordinators to discuss any concerns.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role. However, they had not developed a culture of continuous learning. They needed to improve their own knowledge and understanding in key areas of their work.
- There was an open and honest culture in the service. People were complimentary about the manager.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.

Continuous learning and improving care

- There were some systems in place to enable the registered manager to monitor the quality of the service. However, they were ineffective and we found continuous learning and improvements to care were not in place.
- The registered manager did not understand their legal responsibilities and legal requirements, including how to meet regulation. The manager had not developed a culture of continuous learning to enable them to recognise and identify risk to people.

Working in partnership with others

- Feedback from one key organisation told us, when they request information, the service was very slow at getting back to them, which resulted in them having to chase numerous of times.
- The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us the service had worked with clinical commissioning groups, social workers, mental health services and Barnsley local authority.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Not all risks had been identified and assessed to reduce the potential incidents. Risk assessments were not reviewed. Information regarding equipment required to support people was not included in the risk assessment. Information regarding behaviour was missing from risk assessment. Staff training was out of date, some staff had not received training updates or observations of practice. Information in care plan was different to MAR in relation to medications people took. PRN protocols were not detailed.</p>

The enforcement action we took:

To suspend registration.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were some systems and processes in place to identify where quality/safety were compromised. However, they were not all effective. There were some audits in place, however they lacked detailed of what had been checked, actions to taken and what had been completed.</p>

The enforcement action we took:

To suspend registration.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Robust recruitment procedures had not been following, and missing information had not been</p>

followed up.

The enforcement action we took:

To suspend registration.