

3 Star Health Care Limited

Leicester

Inspection report

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28 August 2020
01 September 2020
02 September 2020
16 September 2020
30 September 2020

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Leicester is a domiciliary care service. The service provides personal care to people living in their own homes. At the time of the inspection five people were using the service.

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. At the time of the inspection all people were receiving personal care.

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

Since the last inspection the provider had introduced an electronic care monitoring system. This gave the registered manager and the nominated individual instant access to 'live' care records and staffing systems.

Systems were in place to safeguard people from abuse and they were followed by the registered manager. People using the service, their relatives and staff spoke positively of the registered manager, reflecting on their commitment to provide reliable and good quality care. Staff followed current guidance to keep people and themselves safe.

Recruitment and selection procedures ensured the provider had the information needed to provide assurances that staff were suitable to work at the service.

Most people and their families took on the responsibility of managing their own medicines. Where the provider took on the responsibility, people's medicines were appropriately managed. The registered manager regularly worked alongside staff and used the opportunity to carry out regular medicine's administration checks.

People provided positive feedback about the regular staff who provided their care. They told us they consistently received the care they required.

People and their representatives were involved in the planning of their care and had opportunities to feedback on the service they received. People felt listened to and their views were acted upon.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff understood infection control requirements and worked in a safe way to limit the spread of infection. This included meeting the COVID-19 infection control guidance. Personal Protective Equipment [PPE] was appropriately used and staff followed infection control procedures.

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

Rating at the last inspection and update

The last rating for this service was Requires Improvement (published 18 April 2019) and there were breaches in two regulations. Regulation 15 Registration Regulations 2009 Notifications – notices of changes and Regulation 17 HSCA RA Regulations 2014 Good Governance.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

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 changed from Requires Improvement to Good. 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 Leicester on our 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 (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.

This was a focused inspection to check the provider had followed their action plan and 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.

Inspection team

The inspection was carried out by 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

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be available to support the inspection. We also needed to obtain the consent from people using the service and relatives to be contacted by us to obtain feedback on their experience of using the service.

The inspection activity started on 28 August 2020 by making telephone calls to people using the service and relatives. We visited the office location on 2 September 2020. Following the office visit we reviewed further records and made telephone calls to staff. The inspection ended on 30 September 2020.

What we did before the inspection

We reviewed the providers action plan and other information we had received about the service since the last inspection. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included care and staff records and records relating to the management of the service, including the providers policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at 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 we rated this key question Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding and whistleblower policies were in place, that also involved the multi-agency safeguarding reporting procedures.
- All staff received safeguarding training as part of their induction and refresher training.
- Records showed the registered manager reported and investigated safeguarding concerns and shared information with regulatory bodies as required. At the time of the inspection one safeguarding matter was currently under investigation. The registered manager was able to demonstrate the actions they had taken to report the concerns and how they worked with other agencies to ensure the person's safety whilst the investigation was underway.

Assessing risk, safety monitoring and management

- People had risk assessments in place which supported them to be independent and take positive risks.
- Staff understood and worked in line with people's risk assessments. One person said, "I have two wonderful staff that provide my care. I struggle to swallow, and they make sure my food is liquidised for me." Another person said, "I have a great carer, they know my [medical conditions] and just how I need my care provided."

Staffing; Recruitment

- The registered manager acknowledged the challenges of Covid-19 on staff recruitment and was committed to providing a consistent and stable staffing team for each person using the service.
- Recruitment and selection procedures were followed before staff started working at the service. They included checking references and carrying out Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions.
- People and their relatives confirmed they usually received care from the same team of staff and that they arrived on time and stayed the full length of the call times. One relative said, "[family member] requires two staff to help with washing and dressing, they always arrive on time."

Using medicines safely

- At the time of our inspection, most people received support from their relatives and only required minimal support from staff with taking medicines.
- Staff had completed appropriate training to give them the skills and knowledge needed to administer medicines safely.
- The registered manager regularly worked alongside the care staff and used the opportunity to observe and

check that people had received their medicines.

Preventing and controlling infection

- The registered manager ensured staff had access to current COVID-19 infection controls advice and guidance. Information on COVID-19 was also discussed in staff meetings to ensure all staff understood.
- Staff were provided with suitable personal protective equipment (PPE) to reduce the risk of the spread of infections.
- People using the service and their relatives confirmed staff always wore PPE, such as gloves and aprons, and disposed of these items safely.

Learning lessons when things go wrong

- The registered manager and the nominated individual had made improvements as identified from the last inspection. They had improved the processes to continuously monitor the quality of the service.
- Following one complaint, the registered manager had met with the person to discuss their concerns and improve the person's experience of using the service.

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 and there were breaches of two regulations. Regulation 15 Registration Regulations 2009 Notifications – notices of changes and Regulation 17 HSCA RA Regulations 2014 Good Governance.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People, relatives and staff told us they had confidence in the leadership of the service and felt involved and consulted in the service. Records showed the views of people and staff were regularly sought.
- The provider had introduced an electronic software care monitoring system. The system was used for scheduling calls and continuously reviewing people's care. It was also used for planning and recording and monitoring staff rostering, staff recruitment and training. The system allowed the registered manager to 'spot check' the care people received at any given time.
- People and their relatives all spoke positively about the quality and reliability of the service. They said they received care from a core group of reliable staff and would recommend the service to others.
- Improvements had been made to the quality and governance arrangements at the service, to record and continuously monitor people's care.

Planning and promoting person-centred, high-quality care and support; 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 and the nominated individual reviewed the care people received on a 'live' care monitoring system. This reduced the risks of scheduling errors and missed calls and improved the overall quality monitoring of the service.
- Staff told us they had received training on how to use the electronic care recording system. One member of staff said, "It is very easy to use, when we arrive at a person's home, we record the support we have provided, and it goes straight onto the system."
- The registered manager understood the criteria under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, truthful information and a written apology.
- Records showed the registered manager had taken appropriate action in response to complaints or concerns about the service.
- The registered manager was very hands on and regularly provided care alongside the care staff. They met

with people and relatives and made themselves accessible at all times.

- Staff spoke positively of the support provided by the registered manager, and said they were always contactable. One member of staff said, "[registered manager] is very supportive. She knows the clients really well and makes sure they always receive good care."

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

- People using the service and relatives spoke highly about the care they received. They told us they were able to share their views directly with the registered manager during care visits and felt able to contact the registered manager at any time if needed.
- People and their relatives were supported to express their views and be involved in making decisions about their care. Feedback was sought from people using the service and their relatives, we saw the feedback received from people was positive.
- People told us the staff knew their needs and preferences as to how they wanted their care and support delivered and it was provided according to their wishes.

Continuous learning and improving care

- Improvements had been made to the quality and governance arrangements at the service, to record and continuously monitor people's care.

Working in partnership with others

- The registered manager and staff worked together with professionals to achieve positive outcomes for people. For example, they had worked closely with a physiotherapist to support a person that was previously wheelchair bound to regain their mobility.
- People were supported to stay healthy. Staff effectively communicated with relatives and health professionals to support people to maintain their physical and mental health.