

AStar Homecare Tattenhall Ltd

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Inspection report

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Tattenhall
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

AStar Homecare Tattenhall Ltd is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection 8 people were receiving personal care and support to remain as independent as possible. 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

People and their relatives were positive and complimentary about the care and support they received. People's care was planned in a personalised way and staff were responsive to people's needs. Staff treated people with dignity and respect. Support was tailored to meet people's diverse needs.

There were enough staff to meet people's needs. People were supported by a small team of familiar staff, who arrived as expected. People were positive about the reliability and consistency of staff. Staff were recruited safely. However, some records would benefit from further detail in relation to decisions made and to demonstrate processes were robustly followed. People's individual risks around their health and care needs were assessed and managed. Care plans were in place, however, aspects of record keeping would benefit from further person-centred details being included and kept fully up to date. Reviews were in progress, and staff understood people's care needs well and supported people's choices and preferences.

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; overall the policies and systems in the service generally supported this practice. However, we have made a recommendation in relation to the provider's policy.

People were protected from the risk of abuse and harm and the provider had procedures in place to help prevent and control the spread of infection. Medicines were managed safely. People were supported by staff who had the skills, knowledge and experience to care for them effectively. Staff felt supported within their role. Communication within the service was effective and staff were kept up to date with changes.

Staff were attentive and reactive to changes in people's health and well-being. The service worked closely with local health and social care professionals to promote good outcomes for people. Where required staff liaised with health professionals to support people at the end of life. People felt able to raise concerns and had information about how to make a complaint if necessary. The service had not received any complaints.

The service was well-led. The provider's values and ethos supported a person-centred approach. The registered manager had promoted an open culture and staff felt able to raise any issues or concerns. People told us the manager was approachable, flexible and supportive. A learning culture was promoted. Systems were in place to monitor the quality of the service. The registered manager worked closely with people and

the staff team. They had clear and regular oversight of the care being provided. They had a considered approach to developing the service and feedback was sought from people to help develop the service.

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

Rating at last inspection

This service was registered with us on 5 October 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

AStar Homecare Tattenhall Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 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 and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 November and ended on 1 December 2022. We visited the location's

office/service on 24 November 2022.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 2 relatives about their experience of the care provided. We spoke with 4 members of staff including the registered manager, office manager, area manager and community carer. We reviewed a range of records. This included 5 people's care records, along with medicines documentation, 2 staff files in relation to recruitment and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff to meet people's needs. The registered manager considered their recruitment and staffing needs prior to taking on any new care packages.
- People were supported by a small team of familiar staff, who arrived as expected. The service was flexible and would amend and/or add calls if required.
- People were positive about the reliability and consistency of the staff team. Relatives said, "They are on time, and if delayed I always get a message. I know they are coming" and "They come at the right time and are punctual and do what we ask."
- Systems were in place to ensure staff were recruited safely and relevant checks had been carried out. However, some records would benefit from further detail in relation to decisions made and to demonstrate processes were robustly followed. The registered manager was responsive to our feedback and acted to address this.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm.
- The provider had a safeguarding policy in place, however, guidance relating to staff responsibilities within the policy would benefit from further detail.
- Staff had received safeguarding training and understood their duty to report any concerns of a safeguarding nature.
- Whilst there had been no safeguarding concerns, the registered manager understood how to report any concerns to the local authority and to notify the CQC should this be required.

Assessing risk, safety monitoring and management

- Risks to people's health were safely assessed, monitored and managed.
- Risk assessments had been undertaken and guidance for staff to mitigate risks was recorded. Whilst staff were knowledgeable about the actions they should take, we noted the level of detail varied in some records. The registered manager was responsive to our feedback and was already in the process of updating these assessments.
- Environmental risks were considered for each property staff visited, to support the safety of people and staff.
- Systems were in place to monitor and minimise risks of late or missed calls, through electronic call monitoring.

Using medicines safely

- Systems and processes were in place to ensure medicines were managed and administered safely.
- People received support from staff who had been trained and had their competency checked to administer medicines safely.
- Information regarding the support people needed with their medicines was recorded within their care records, which were up to date and accessible to staff.
- Staff worked closely with the local pharmacy to quickly address any issues as they arose.

Preventing and controlling infection

- The provider had procedures in place to help prevent and control the spread of infection. They had an up to date policy in place.
- Staff were provided with appropriate personal protective equipment (PPE) and had undertaken relevant training.
- The registered manager carried out checks to ensure staff wore PPE correctly. People told us staff wore PPE during visits.

Learning lessons when things go wrong

- Systems were in place to record and learn from any accidents or incidents if required. The registered manager was keen to learn lessons where necessary to continue to improve 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff understood the need to obtain consent and the registered manager confirmed all the people being supported had capacity to understand and consent to the care being provided.
- Staff had undertaken training in relation to the MCA and supported people to make day to day decisions which were important to them.
- Whilst staff were working within the principles of the MCA, the provider's policy was not fully in line. There was also limited guidance regarding staff responsibility in relation to the completion of MCA assessments and best interest decisions, should these be required.

We recommend the provider reviews their policy to ensure it is robust and fully in line with the MCA and seeks guidance from a reputable source about the assessment and recording of mental capacity and best interests for people.

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

- The registered manager spent time with people and their relatives in order to understand the support they required and how to best meet their needs. One relative told us, "They came and did an assessment, asked what we wanted, it was in depth."
- The completed assessments formed the basis of their care plans and provided information to enable staff to work with people safely. The registered manager took time to review and amend the care plans, to ensure they met people's needs and choices.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills, knowledge and experience to care for them effectively.
- Staff undertook a comprehensive induction, shadowing and ongoing refresher training. The provider had systems in place to monitor this. Specialist training could be provided as required.
- The registered manager had implemented a new system to support staff to read and understand the policies and procedures in place.
- Staff received supervision with spot checks to check they carried out their responsibilities well.
- Staff felt supported within their role. Communication within the service was effective and staff were kept up to date with changes.

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

- People's needs had been assessed in relation to their eating and drinking.
- Where staff supported people with food and drink, guidance was in place.
- The service had systems to monitor where people may be at risk of not eating or drinking enough.

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

- Where people had specific health needs, these were recorded to ensure staff knew how best to support them.
- The service was very attentive and reactive to changes in people's health and well-being. One relative told us the manager's quick response to a situation had resulted in a positive outcome.
- The service worked closely with local health and social care professionals to promote good outcomes for people. Where needed they had referred to physiotherapists, district nurse and occupational therapists.
- A relative told us that the continuity and support of staff was important as it meant staff noticed any changes or concerns.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were extremely positive about the way staff treated and supported them. People told us, "They're marvellous, I'm happy with them," and "They're like friends." A relative said, "I can't speak highly of them enough, they are so caring."
- Staff told us they got to know people well and understood their preferences. One staff member commented, "Getting to know them (the people), I pride myself on that."
- The service had an equality and diversity policy in place. The registered manager promoted the importance of treating each person as an individual and told us they were able to tailor the support to meet people's diverse needs.

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

- The registered manager had regular contact with people and their relatives and asked for their feedback about the care provided.
- People were involved in their care and were supported by the provider to actively express their views. They had been asked to complete questionnaires to share their views about the service.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. A relative commented, "They definitely treat him with dignity" and another person told us "They help me to have a bath, they're great with me."
- Staff received training and had a good understanding of the importance of promoting people's dignity and gave us examples of how they did this in practice.
- Staff supported people to maintain their independence where possible. A staff member told us, "I wouldn't take away from people if they are capable". People with rehabilitation needs had been supported effectively to make improvements along with input from other professionals.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned in a personalised way and staff were responsive to people's needs. A relative commented, "They know him well, they are kind and professional."
- Staff understood the importance of meeting people's choices and preferences. They had access to electronic care plans and daily records and were able to add any changes as needed.
- Care plans were personalised and in the main reflected people's needs and wishes, although some would benefit from further individualised and updated information. However, staff understood people's individual needs well.
- People's care and support was kept under review and changes were made where required. Review meetings to review and update records were due in some cases and the registered manager told us these would be undertaken as soon as possible.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were taken in to account and care plans included guidance for staff to support people effectively.
- The provider had an accessible information policy in place and considered the format in which people wished to receive information. For example, one person preferred information sent via text messages.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place.
- People and their relatives knew how to make a complaint but told us they had not needed to as they were encouraged to share any "niggles" which were quickly rectified.
- The service had a system in place for recording and dealing with complaints should any be received. The registered manager saw any complaints as an opportunity to learn and adapt.

End of life care and support

- Where required staff liaised with health professionals to support people at the end of life.
- Staff received training to support people at the end of their lives.

- People's care records included whether they had DNAR (do not attempt resuscitation) in place and where this was kept in case of an emergency.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; 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 responsibilities in relation to the duty of candour. They worked in an open and transparent way.
- People and their relatives were positive about the quality of the care, and the provider's values and ethos supported a person-centred approach. A relative told us the care had, "Made a difference to our lives." Another person told us, "The care is exemplary."
- People and staff told us that the manager was approachable and responsive.
- The registered manager had promoted an open culture and staff felt able to raise any issues or concerns. A staff member told us, "The office will deal with it, if anyone makes a mistake. It's not getting people into trouble they are learning, it's a learning curve for everyone."

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

- People and staff were positive about how the service was managed and told us the registered manager was accessible, flexible and supportive. People commented, "I can't sing her [manager's] praises highly enough" and "If I need to get in contact they always respond."
- The registered manager undertook some care visits and worked closely with people and the staff team. They had clear and regular oversight of the care being provided. They had a considered approach to developing the service.
- Systems were in place to monitor the quality of the service. Some aspects of the service were being developed, with a new staff structure to develop arrangements for staff supervisions and auditing.
- The registered manager was aware of the legal requirement to notify CQC about certain events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Communication within the service was effective and staff told us the registered manager would always be available to provide support as needed.
- Feedback was sought from people to help develop the service and questionnaires were sent out to gather feedback.
- The registered manager sent out a monthly newsletter to help keep people informed about the service.

- The service worked in partnership with others including health and social care professionals to ensure people received the support they needed.
- The registered manager was keen to develop good links with the community and used their location to support a local community donation scheme.