

Five Stars Care Ltd

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Inspection report

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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

Five star care provides respite and personal care to people who live in their own homes. Some of the people using the service had complex needs and the frequency of visits depended on people's individual requirements. Visits ranged from shorter visits of around 2 hours to longer visits of up to 12 hours.

On the day of our inspection, 15 people were using the service. Some elements of the service although provided by five star care would not need to be registered with the Commission if this was their sole purpose. Because of this, we have focused our inspection on the people in receipt of personal care only.

There was a registered manager in post. 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. The former registered manager had left in April 2016. The former Head of Care had been appointed as manager and was applying to CQC to become the new registered manager.

There were sufficient staff to meet people's needs and to manage risk. Systems were in place so people could take their prescribed medicines safely.

The provider had a robust recruitment process, which helped protect people from the risk of avoidable harm, and staff were supported to develop their skills and knowledge.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. People were supported to consume food and drink of their choice and staff worked well with people and health care professionals, to ensure people maximised their health and wellbeing.

Staff knew people well and had time to develop positive relationships with them. People received support that was personalised and the registered manager responded flexibly to changes in their lives.

Guidance was in place to enable staff to provide a consistent level of support. People and their relatives told us they were aware of how to make a complaint and felt they were listened to by the registered manager.

Staff were enthusiastic about working for the service and worked well as a team. The provider supported best practice and there were systems in place to check the quality of the service.

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.

Staff supported people to minimise risk and stay safe.

Rotas were efficiently planned and ensured sufficient staff were deployed to meet people's needs.

Staff supported people to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff were skilled and knowledgeable.

People were supported to make their own choices about the care they received.

Staff enabled people to eat and drink in line with their preferences.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and treated them with compassion.

Staff respected people's privacy and promoted their dignity.

Is the service responsive?

Good ●

The service was responsive.

Staff met people's care needs in a flexible way.

Staff received detailed guidance about how to meet people's care needs.

People's concerns were dealt with effectively.

Is the service well-led?

Good ●

The service was well led.

The service was run efficiently and staff knew their roles and responsibilities.

There were systems in place to seek feedback about the service.

Audits were carried out to review the quality of the service being delivered to people and continually drive improvement.

Five Stars Care Ltd

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 was planned to check 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 23 and 24 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to respond to our queries.

The inspection team consisted of one inspector and one expert by experience, who carried out phone calls after the inspection visit. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. They did return a PIR and we took this into account when we made the judgements in this report. We reviewed all the information we had available about the service including notifications sent to us by the manager. Notifications are information about important events, which the provider is required to send us by law. We also looked at information sent to us from others, including family members and the local authority.

During the inspection, we visited the agency's office and spoke with the registered manager, five members of staff and eight people, and their family members.

We looked at four people's care records and four staff records. We inspected information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and complaints. Healthcare professionals were approached for comments about the service and any feedback received has been included in the report.

Is the service safe?

Our findings

Without exception, people told us they felt safe with the staff that supported them. One person said, "I feel safe, they're all really good and we're very pleased."

People were protected from the risk of abuse by staff that understood how to identify and report concerns correctly. Staff understood what abuse was and could describe how they supported people to keep safe. The registered manager made sure staff had completed safeguarding training and they could explain which relevant external professionals to contact if they had concerns. Staff told us they were encouraged to whistle blow if they had any concerns about the safety or the quality of the service people received.

Staff described how they monitored people to look for any signs that their health was deteriorating to ensure they remained safe. For example, one staff member said they would look for patterns in someone's behaviour, such as someone becoming more confused or more agitated than usual. They told us that when this occurred it could indicate that the person was becoming unwell, and that they would quickly call the office to make sure the person got the help they needed.

Risk assessments had been carried out for each person and identified the risks that staff would need to be aware of to make sure the person was safe. Staff told us the information within the risk assessment helped them care for people in a safe way. One staff member said, "There is lots of information in the care plan which is kept up to date. If I am ever unsure I look in there and it explains what I should do." Another staff member said, "If there is someone with a complex condition the manager always makes sure there is extra information which is kept alongside the care plan. This helps me to know about the person's condition in more detail." Risks management plans were in place which included pictorial guidance for staff. For example, we saw information within a person's care plan that showed staff exactly how they should be positioned when using equipment or when they were being helped to bed. Senior staff had carried out risk assessments of the environment so it was clear who was responsible for keeping people's homes safe. For instance, care plans would state who tested the fire alarm or when the equipment had last been serviced.

There were enough staff available to meet people's needs. People told us that staff arrived on time, stayed for the duration of the visit, and were not rushed in their tasks. Rotas were planned to give staff enough time to meet people's needs, one person explained, "The timekeeping's fine. If they are going to be late, they'll let me know. They are very co-operative."

People told us they had built up good relationships with staff because they saw them on a regular basis. One family member explained, "[Name] has regular carers and they have got to know her well." Another person said, "We have regular people and they're all very nice." And another family member told us, "[Name] has a small number of staff and they all wear uniforms and badges."

Rotas were well planned and we noted realistic time was factored to allow for travel between visits. One staff member said, "This company is really good. There is always enough time to spend with people and enough time to get around. That is why I am here because I have a gap in my rota, so we come into the

office." The registered manager explained how the service had the use of pool cars which staff could use if they needed it.

Medicines were given to people safely and as prescribed from appropriately trained staff. There were arrangements and policies in place to support people with taking their medicines. Staff used medicine administration record (MAR) sheets to record when they had supported people to take their medicines and they knew what to do if people refused to take their medicines. Every month the MAR's were returned to the office and inspected to make sure that staff had been completing the records correctly. One person explained how the staff member noted down what they had taken and that they were happy with how things worked in this respect. Staff had been trained to help people take their medicines, and regular checks had been carried to make sure that staff remained competent.

Recruitment processes were in place for the safe employment of staff. The recruitment procedure required detailed application forms were filled in, references were checked and that the applicant had undertaken a comprehensive employment interview. Office staff checked that applicants had the right to work in the UK and carried out disclosure and barring checks (DBS) for new staff to ensure they were safe to work with vulnerable adults. Staff told us they had only started working once all the necessary checks had been carried out.

Is the service effective?

Our findings

We received overwhelmingly positive feedback from people. They told us they received care from staff that was well trained and knowledgeable. One person said, "Absolutely the staff are trained, they always seem to know what they are doing." A family member said, "I would say the staff are trained, they have learned techniques particular to [Names] condition."

All the staff received an induction when they first started working for the service which included shadowing more experienced members of the team. One staff member explained, "The induction was really good. I am new to care so they allowed me to have extra shadowing to make sure that I was fully confident and knew exactly how to work with the person before I went in on my own."

Following the initial induction staff were encouraged to complete the care certificate or progress to complete further qualifications in Health and Social care. Information inspected showed that a wide variety of training courses that had been completed, which included specialist training, like catheter care and epilepsy. The training was a mixture of both experiential classroom and eLearning sessions. For example, some staff had recently completed dementia eLearning, but then had gone on to complete virtual training, this helped them not just to develop their awareness about what it is like to have dementia, but also allowed them to experience it.

The ongoing training of all staff was monitored to make sure that people's knowledge remained up to date and specialist training was given. One staff member said, "If I ever want to know more about a person's condition, there are two ways I can do this. In the care plan there is always a lot of extra information that I can read if I need to understand more, or I can just ask [Registered Manager] and they will sort something out. My training needs are discussed in supervision."

Staff felt their skills were valued and they were listened to when decisions were made about people's care. For example, a staff member told us, "This is a really good company to work for, they are really supportive, and they really encourage you." Staff told us they were well supported and received supervision meetings with their line manager. As this was a new company, staff had not yet had an annual appraisal, but we were assured that the registered manager would complete these before the end of the financial year because staff told us appraisal meetings had been booked in.

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. We checked whether the service was working within the principles of the MCA and found that staff had a good awareness of capacity and consent. Staff had completed Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training.

Everyone told us that staff asked for their consent before carrying out care tasks. We inspected people's

information and found that consent had been obtained and was recorded within each care plan. Where a person had a lasting power of attorney in place it was clearly recorded. A lasting power of attorney (LPA) is a way of giving someone the legal authority to make decisions on a person's behalf if they lack mental capacity. When a person did not have a lasting power of attorney in place, records relating to the court of protection was also considered. At the time of our inspection no one required the support of an Independent Mental Capacity Advocate (IMCA). An IMCA provides statutory advocacy and gives some people who lack capacity a right to receive support from an IMCA.

People were supported to eat and drink and their food preferences and choices were clearly recorded. One person needed support to help them to eat and drink safely because they were at risk of aspiration. Detailed guidance was available to staff specifying the type and texture of the food the person and risk assessments and guidance for staff had been recorded. This information included guidance on how to support the person to eat and drink in a safe position.

The manager told us they were passionate about providing good dementia care to people, so that they could stay in their own homes for longer. We saw the service had plans to sign up to dementia friends and develop staff to become dementia champions. Dementia friends champions are trained people who encourage others to learn about dementia. The aim of the concept is for champions to run information sessions in their community and inspire others to help those living with dementia live well.

Information reviewed during the inspection showed the involvement of health and social care professionals and we saw that staff had worked with various agencies to make sure people accessed other services in cases of emergency, or when people's needs had changed. For example, GP's, occupational therapists, and social workers. Advice and guidance provided by external health and social care professionals were reflected in people's care records. This meant staff had the correct information available to work with professionals to ensure the individual needs of the people were met.

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, "Yes the staff are definitely caring and they are very careful." Another person said, "They are always asking [Name] if there's anything else they need, or whether they are comfortable." One family member explained, "After everything you hear, we were expecting it to be a nightmare but five stars has changed our minds about how good care in the home can be."

Staff spoke with affection about the people they cared for and people told us they had developed good relationships with the staff that supported them. Staff were aware of the impact their visits made to people's lives. For example, people were involved in decisions about their care and staff were skilled at making sure people were in control, they realised that this took time. One staff member explained, "I worked with someone who was end of life and they were very, very scared about what was happening to them. I was able to spend quite a lot of time sitting with them and reassuring them. They found a lot of comfort from me just holding their hand and gently stroking it. We worked to support the family as well. In other roles there just hasn't been the time to give to people like that."

People's privacy and dignity was respected by the staff working with them. All the relatives we spoke with told us that their family members were supported in a respectful manner. One family member said, "They are always careful to ensure [Name] has privacy, especially if there are other people in the house"

A member of staff told us the company ethos had an impact on the way they treated people. They explained, "It's such a good company to work for they are really supportive. You get to work with regular people and have enough time to spend with people."

Where people could not communicate verbally, staff had detailed guidance about how the person communicated their wishes. For example, [Name] can communicate with people using body language. They will touch their lips with their hands and if they are thirsty or hungry and will use physical gestures. Staff told us the rota provided continuity so that people would be supported by a small group of staff who knew them well. A family member told us, "I don't know what I would do if I didn't get this support. They have enabled me to change things in my life."

Staff were aware of people's personal preferences and told us that the care plans contained guidance about how to provide person centred care. Within the care plans we saw that personal interests, hobbies, likes and dislikes, religious and cultural needs had been explored, along with people's preferences about whether they wanted a male or female carer.

At the time of the inspection nobody at the service required the help of an advocate, but the registered manager said they would be able to link people with their local service. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on the issues that are important to them.

Is the service responsive?

Our findings

People told us their individual needs were met by responsive staff. One person said, "The staff are very vigilant and if they notice anything they tell me straight away."

A detailed assessment of people's needs had been completed before the service had started and people told us they had been included in the care planning process. Information gathered during the assessment was then used to develop a care plan which outlined what support should be provided to people. People had support plans in their homes and a copy was held in the office.

Staff confirmed there was always a care plan in place before they started caring for people, which contained enough information to enable them to carry out their role correctly. For example, when people needed to sleep in a certain position or required equipment to be used in a particular way pictures were retained in the care plan, showing staff exactly how the person needed to be positioned. We saw where people required social interaction to reduce their feelings of isolation; this was included in their support plans. For example, one person needed to be taken out to reduce feelings of isolation so this was provided.

People told us staff involved them in their reviewing their care. One family member said, "They check things out and talk to her." Information demonstrated that people's care had always been reviewed; when we asked people and their family members about this aspect they told us that they had been involved in an annual review of their care and felt involved in this process.

Daily records were well written and contained a good level of detail about the care that had been provided and any other issues or key events that happened during the visit. Staff could outline the needs of the people they were supporting and explained how they would check the support plan to see if there had been any changes since their last visit.

Everyone we spoke with said they had been given information on how to make a complaint to the service and knew how to do so. People told us they had not needed to raise a complaint about the service they received, and that it would be quickly sorted out because they had a good relationship with the registered manager.

The service had a policy and procedure for reporting complaints and people were provided with information about how they could raise complaints in information left in their homes. We inspected the way the service recorded complaints and noted that there had been no complaints raised in the last 12 months. We also noted the service had received a number of compliments about the quality of the service.

Is the service well-led?

Our findings

The overwhelmingly positive feedback we received from people during our inspection demonstrated that the service was well run. One family member said, "This service has made such a difference to [Names] life because they get the help they need." When speaking about the staff another person said, "Their only intention is on doing the right thing so I would recommend the service."

At the time of the inspection the service was in high demand and the registered manager explained that it was important to them to balance work requests carefully to make sure they could continue to deliver good care to people. They explained, "Care is about the person. We look carefully at each care package and we are strict about what we do and what we don't do. We consider if our staff have the correct training and if we can't meet the persons need then we don't say that we can. That way we can meet people's expectations, and deliver a good quality service in a safe way."

A clear management structure was in place. For example, the registered manager had two members of staff who supported them with the day to day running of the agency. They were able to demonstrate a good understanding and knowledge of the people who received a service from the agency as well as the staff team.

Staff told us the service was well organised and they enjoyed working at the service because the registered manager had a visible presence in the daily running of the service. One staff told us, "The registered manager copes really well. Even when they are really busy you wouldn't know because they still have time for you, yet everything still gets done. This atmosphere is what it's like every day." We noted the atmosphere in the office throughout the inspection was calm and welcoming.

Everyone told us that the service was well managed and staff worked well together. People were positive about the registered manager and care staff. One person said, "It is an excellent service." Another person said, "This service is good because the staff are so careful and have the right attitude."

All of the staff we spoke with described the team as having high levels of morale, and were pleased they worked for the service. One staff member said, "This is such a good company. They really look after you as a staff member. The registered manager is approachable and accommodating." Another person said, "I really wouldn't say this, but I truly believe this company delivers good care to people. I feel valued working here."

We looked at records related to the running of the service and found governance processes were in place. For example, the provider completed audits which helped to make sure that the quality of the service was maintained. Plans were then put together specifying the improvements they wanted to make over the coming year. For instance, we saw a plan that included that an electronic system would be introduced that would help them produce rotas. At the time of the inspection, staff were being trained and they were in the process of transferring across to this new way of working.

Regular staff meetings took place which enabled staff to get together to discuss any issues or concerns. Care files and other confidential information about people was kept in the main office and stored securely. This

ensured people's private information was only accessible to the necessary people.

The service used a range of ways to seek the views of people who used the service. As well as talking to them on a regular basis, they sent surveys to relatives and professionals to seek their views and opinions. We saw the latest questionnaires that had been sent out. The feedback showed that people were satisfied with the care they received.

The registered manager told us they talked to people on a regular basis and looked at ways they could make improvements and we saw evidence of this. One person told us, "Yes, they've been round a couple of times to see how things are going." The registered Manager explained, "People's feedback is so important to us. We want to act on everything that people need us to do for them, because ultimately that's how we will continue to deliver good quality care."