

Five Star Homecare Leeds 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

About the service

Five Star Homecare is a domiciliary care agency providing personal care to adults living in their own homes. 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. During our inspection visit, the service was caring for 38 people.

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

People and their relatives were positive about staff and told us the service provided was safe and had a positive impact in their lives.

Overall, medication was managed safely. Most risks to people's care were assessed and actions put in place to manage them. Incidents were analysed and actions taken, when required. Recruitment was managed safely.

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.

People's healthcare needs were understood and met. The provider kept in close contact with relevant healthcare professionals. Support with nutrition and hydration was provided effectively.

Care plans were detailed, and person centred. Staff knew people well and had the necessary skills, training and support to do their jobs appropriately.

There was a complaints and compliments procedure in place, and this was being followed. People and family members were confident that any concerns or complaints would be listened to and acted upon quickly by the registered manager.

There were several quality assurance measures in place and most had been effective, but we found some examples where this could be further improved. We received positive feedback about the management team being approachable and responsive.

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 15 December 2020).

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 regulations.

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.

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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

This inspection was conducted by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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 10 July and ended on 19 July. We visited the location's office/service on 11 July 2023.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning team and Healthwatch Leeds. 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. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with 4 people who were using the service and 5 relatives of people using the service. We spoke with 6 staff members; this included care workers, the registered manager, deputy manager and compliance manager.

We looked at care records for 3 people using the service including medicine administration records. We looked at training, recruitment and supervision records for staff. We also reviewed various policies and procedures and the quality assurance and monitoring systems 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure there were robust systems to manage medication safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Overall, medication was managed safely.
- We found some examples of gaps in medication administration records where codes had not been used, but on review of care records we confirmed medication had been administered by care workers or support provided by relatives. We discussed this issue with the registered manager, and they told us the action they were going to take to prevent this happening again.
- Staff were trained in the administration of medicines and could describe how to do this safely. Their competency had been checked regularly.
- Medicine audits were regularly completed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure systems were in place or were robust enough to demonstrate safe management of risks to people's care. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There were effective risk management systems in place.
- Risks to people's care were assessed and control measures put in place to manage those risks and provide adequate guidance to staff. For example, a care plan explained how staff were required to support a person when they were feeling distressed or how to use a hoist to move another person.
- Checks on equipment used to mobilise people were completed and recorded.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure systems in place were effective in identifying and reporting safeguarding concerns.. This was a breach of regulation 13(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People and relatives told us Five Star Homecare provided a safe service. One person said, "I feel safe with them around." Relatives commented, "I would say overall my relative is safe and getting a good service" and "All safety measures are followed when carrying out every aspect of the care to my relative."
- Staff had received training in safeguarding adults, knew how to identify abuse and how to raise a concern. One care worker said, "I would speak with one of the managers, and pass my concerns and the reasons."
- The registered manager knew what to do if a safeguarding concern was reported to them and we saw evidence of previous concerns being appropriately reported.

Staffing and recruitment

- People were supported by staff who were safe to work with them. Staff files contained the information required to aid safe recruitment decisions such as full employment history, references and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.
- People and relatives told us the care workers did not miss any care visits, stayed for the full length of the visit and arrived on time most of the time. One person said, "The punctuality is OK. If they are ever late, the office lets me know."

Preventing and controlling infection

- People were protected against the risk of infections. Staff had completed training in infection control and food hygiene and told us protective equipment was made available by the provider regularly.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At our last inspection the provider had failed to ensure systems were in place to demonstrate consent to care was sought in line with regulations and good practice. This was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People told us staff always asked for their consent. One person commented, "The carers listen to me and carry out the care I need". Relatives also told us staff respected their loved one's choices.
- Staff recognized the importance of seeking a person's consent before providing care or support.
- Staff had received MCA training and understood how to implement the MCA's principles in the delivery of care.
- The service was considering people's capacity to make decisions during initial assessment, planning and reviewing care. Appropriate records were completed, when required.

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

- People's needs in relation to the protected characteristics under the Equality Act 2010, were considered in the planning of their care.
- People's needs were assessed before the service began to provide care and support.

Staff support: induction, training, skills and experience

- We received positive feedback about staff's skills and experience in caring for people. One relative said, "The carers appear very professional and well trained."
- Staff completed a comprehensive induction and training programme. We reviewed the training matrix and staff files and we saw training was up to date.
- Staff were supported with regular supervision and told us these were beneficial and relevant to their roles.

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

- Feedback we received from people and relatives confirmed they were confident staff would contact healthcare professionals if required.
- The records confirmed the provider had completed referrals when required and maintained regular contact with relevant services such as social workers and district nurses.

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

- People's dietary requirements and preferences were included in their care plans.
- Care notes described the support provided around people's nutrition and hydration and was consistent with their planned care.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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 and their relatives were positive about the support received and told us staff were caring and pleasant. Their comments included, "I feel I get all the support I need and they will always offer me extra support if I needed it with anything"; "I think the carers have a very jolly personality and are very caring" and "The carers generally have a good, bright bubbly personality and pleasant to be around."
- Staff spoke with commitment about the work they were doing and the people they were supporting. One staff member gave us several examples of when they provided people with extra support such as running errands or help with phone calls.
- The service was recording the compliments they had received since our last inspection, and we saw several examples of people, relatives and members of the public praising the work done by staff.

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

- People's views and preferences were detailed in their care plans. We saw each care file had details of people's history, important people in their lives and their preferred routines.
- People and relatives had been involved in planning and reviewing care plans. One relative told us, "There is a care plan in place, and it's kept up to date and I'm happy with the input I've had on it".

Respecting and promoting people's privacy, dignity and independence

- Staff gave us examples of how they respected people's privacy, for example, when supporting people with personal care.
- Our conversations with people confirmed staff respected people's dignity. One person told us, "I am well respected and treated with dignity". A relative commented, "I feel they are very respectful to my relative's needs and treat [them] with dignity".
- People's records were kept securely in the office.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 plans were centred around their needs and reflected a person-centred approach to care. For example, people's health conditions were described in their care plans to ensure staff had the necessary knowledge. Some people required equipment to meet their needs; we saw their care plans described in detail how staff should use this equipment. The daily notes we reviewed showed people's care plans were being followed by staff.
- Staff knew people's needs and preferences and explained how they would be responsive to people's changing needs.

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.

- The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard (AIS). The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person's preferred method of communication was highlighted in their care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider was supporting some people with accessing activities of their choosing; this helped people to be independent and avoid social isolation. For example, one person was supported to go out every week with staff. One relative told us, "The carers often take my relative to a café to support [their] independence and to get [them] out."

Improving care quality in response to complaints or concerns

- People and relatives told us if they had any concerns, they would not hesitate to discuss them with care staff or management and were confident their concerns would be responded to. Their comments included, "I've used the service for 2 years and never made any complaints in that time" and "I've only made one complaint in the past because my relative took a dislike to one of the carers. That carer does not come

now".

- The provider had policies and procedures in place to manage complaints and concerns. We reviewed how this was being managed and found it to be appropriate.

End of life care and support

- At the time of our inspection, no one required end of life care but staff had been trained to provide care to people at the end of their lives.
- The management team told us who would be the healthcare professionals they would involve, if required.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

At our last inspection the provider had failed to ensure records were not always accurate, complete or contemporaneous and quality assurance processes were effective. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were several quality assurance systems in place, and we found examples when these had been effective in identifying issues and addressing areas for improvement. However, we also found examples when these had not been fully effective in identifying areas for improvement. For example, medication audits had not identified that codes were not always being recorded by staff. The registered manager told they would continue to work on their quality assurance processes.
- The registered manager was knowledgeable about their regulatory responsibilities, their policies and procedures and good practice guidance.
- People, relatives and staff spoke positively the service and its management. People and relatives comments included, "I think the service is managed well enough for me"; "I generally have a good overall relationship with the manager. She is quick to respond to anything I need or for any advice" and "I generally think the relationship with the manager is very good. She is there when I need information and very responding".

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 under the duty of candour and were open about any lessons that needed to be learnt as a result of incidents or complaints.
- Staff told us the management were supportive and any issues raised would be acted on timely.

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

- People and relatives told us care provided by Five Star Homecare had a positive impact in their lives and

they would recommend the service to others. Their comments included, "There's nothing I would change about the care. I would recommend Five Star Homecare, because they are satisfying for me"; "I've already recommended it a few times"; "I'm happy with how things are" and "Everything goes like a dream with the care [person] gets".

- The registered manager promoted openness and learning throughout the staff team, during team meetings and offering opportunities for staff to develop by accessing additional training.
- Staff told us how they felt supported to raise any concerns and openly discuss any issues. There were systems in place to ensure effective communication.
- Policies and procedures were available and accessible to staff to support them in their roles.
- Surveys were given to people who used the service and their family members. The results of these surveys were analysed by the registered manager.

Working in partnership with others

- Records showed us that health and social care professionals were regularly involved with people's care planning. Professional advice was documented and followed.