

Miss Katrina Haslett

All Star Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

All Star Care is a service providing care to people 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. At the time of our inspection, the agency was providing care to 11 people, although only seven of those received personal care.

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

Since our last inspection, the provider had failed to introduce governance systems to help ensure that they were providing good quality care to people. There was no auditing in place for medicines records, care plans or care calls. This meant the provider did not have clear management oversight of what was happening in the service and could not be assured that staff were meeting the requirements expected of them. In addition, the provider was unable to evidence staff had received appropriate training and the records held by the provider were in several places meaning it was difficult for the provider to show us evidence of care plans or systems and processes that they had.

Where people had their medicines pre-packed for them by the pharmacy, no records were kept by the agency to demonstrate which care worker dispensed and administered the medicine to the person.

Risks to people had been identified and guidance was in place for staff to help mitigate those risks. Where people had an accident or incident, this was recorded and action taken in response. Furthermore, the provider and staff knew what constituted a safeguarding concern and as such reported these appropriately.

Staff followed good infection control processes and people told us that staff arrived on time on the whole and stayed for the time they were expecting.

People were supported to access healthcare support when needed and where people received help with their food and nutrition, they were happy with this aspect of their care.

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 were asked if they were pleased with the service provided to them by the agency, although the provider did not formally record responses, staff told us they felt valued and supported by the provider and there was good teamwork.

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 20 September 2019) and there were breaches of regulation. We carried out this inspection to check improvements had been made. At this inspection we found some improvement had been made, however there was still further work to be done and the provider was still in breach of some regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 1 August 2019. Breaches of legal requirements were found.

We undertook this focused inspection to check they had improved and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective 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 remained as Requires Improvement. 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 All Star Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

All Star Care

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 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 did not require a manager registered with the Care Quality Commission. This means that the provider was 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 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.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We checked all of the information we held about the service at the Commission. This included notifications submitted and safeguarding concerns reported.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the provider and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment. Records relating to the management of the service, including policies were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, incident reports and recruitment 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 as the provider had failed to ensure there were robust risk assessments in place for people or good medicines processes. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a failure to ensure good medicine management processes were in place, assess potential risks to people and not consider management arrangements in the event of an emergency. At this inspection, we found some improvements. However, there was continued work needed to ensure the provider met good practices as the provider was still in breach of Regulation 12.

Using medicines safely

- Although people received the medicines they required, with one person telling us, "They do these safely" we found continued concerns around medicines practices.
- We asked the provider to show us people's medicine administration records (MARs) and evidence of how these had been audited, however they were unable to do this. They told us, "We've had COVID which stopped me going into people's houses." However, the provider regularly carried out personal care and as such could have retrieved medicines records during those care calls. The provider also told us, "I check the MARs when I'm in people's homes" but they could not show us evidence of any formal auditing of these records and the only MARs they could show us were from 2019.
- We reviewed one person's care plan and noted care workers administered their medicines. When we asked for the MAR charts for this person, the provider told us, "They have their medicines in blister pack. When they are in a blister pack, we do not use a MAR." They added, "Staff record medicines have been given in the daily notes." This demonstrated a lack of good medicines practices, as records relating to medicines administration should be robust, clear and regularly checked.
- Staff confirmed they had been given access to medicines training and we were provided with evidence that two staff had completed this. The provider told us one staff member had yet to pass this training but despite this, they were allowing them to administer people's medicines. They said, "I've watched them, and they are competent."
- Since our last inspection, the provider had introduced body maps for topical creams (medicines in cream format) and pain patch application sites.

The lack of robust medicine management processes was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- People were kept safe by staff as details around their potential risks were recorded and there was clear guidance for staff to follow.
- Staff knew people well and were able to describe people's needs. A staff member told us, "We monitor her skin all of the time because she does not move around very much."
- One person used a piece of equipment, with staff support, to enable them to transfer from the bed to a chair. Clear guidance was in the person's care plan on how that support should be provided by staff, for example, 'give a guiding hand on her back'.
- Environmental risk assessments were in place which highlighted any particular areas of a person's home that staff should be aware of.
- At our last inspection, the provider had not considered management arrangements should she be unavailable. The provider gave us evidence to show she had since promoted a staff member who would take over management oversight of the agency should this situation arise.

Staffing and recruitment

- There were sufficient staff employed for the number of care packages the agency was providing. The provider told us, "Recruitment is really difficult at present, so I am not taking on any more clients. If I did, I would not be able to cover the calls comfortably."
- People said staff arrived when they expected them and they stayed the full length of the care call. One person said, "I know roughly when they are coming." A relative told us, "She sees the same three members of staff consistently."
- At our previous inspection we issued a recommendation to the provider in relation to asking prospective staff about their fitness to undertake the role. We saw evidence at this inspection that this had been done.
- Staff recruitment files showed staff had given employment history and provided references as well as their right to work in the UK. Each staff member had undergone a Disclosure and Barring Service (DBS) check. A DBS helps ensure staff's suitability to work in this type of care.

Preventing and controlling infection

- People confirmed staff had always worn masks and gloves throughout the pandemic.
- We asked staff of the expectations with regard to personal protective equipment (PPE). One staff member said, "We put gloves, a mask and apron on before going into someone's house. We remove it all when we come out. We also use hand sanitiser."
- The provider said that following an initial problem with obtaining PPE, "Things have settled down. I get PPE off the portal."
- Each staff member had a risk assessment completed in relation to COVID-19 and PPE and the provider had ensured they were provided with the latest national guidance.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with staff. One person told us, "I feel safe and comfortable with them (staff)." A relative told us, "I ask Mum if she feels safe and she tells me she does."
- The provider recorded and investigated any potential incidents, involving the local safeguarding team when required.
- The provider and staff were aware of how to recognise potential abuse and report a safeguarding concern. A recent concern had been raised with the local safeguarding team. This related to one person who was at risk of self-neglect. In addition, the provider contacted the person's GP to ask for their involvement.
- A staff member told us, "We would always take things seriously."
- The provider said there had been a recent issue with one person's medicines. Although no harm had come to the person, the provider spoke with each staff member, reviewed their medicines training and checked their competency.

Is the service effective?

Our findings

At the last inspection this key question was rated as Requires Improvement. This was because the provider had not ensured staff had access to sufficient training or the opportunity for supervision. At this inspection this key question has remained the same rating. This meant the effectiveness of people's care, treatment and support was inconsistent.

At our last inspection, the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they had failed to ensure staff had completed their training and they did not offer supervision. We found some improvement at this inspection, but not enough for the provider to have met the breach of regulation.

Staff support: induction, training, skills and experience

- People also said they felt staff were competent and knew what they were doing. One person told us, "They do what they need to do."
- Staff told us they shadowed a more experienced care worker before commencing with a new client. This enabled them to see, first-hand, what care was required.
- The provider gave us evidence of some staff training records which demonstrated core training such as first aid, Mental Capacity Act, health and safety and safeguarding had been completed. In addition, one staff member had commenced with their Level 3 care certificate (an agreed set of national standards expected for people working in health and social care). However, despite staff telling us they had received training we found from the records that one staff member appeared not to have undertaken health and safety, infection control, nutrition and hydration or first aid training. The provider was unable to provide us with evidence of any training for one staff member.
- Staff told us the provider would carry out spot checks on their competency in areas such as moving and handling, or medicines. We read as the result of one spot check a staff member needed further guidance in good hand washing techniques, which the provider carried out.
- Staff said they had the opportunity to speak with the provider on a one to one basis to talk about their role or any concerns. Although latterly these had taken place over the telephone due to the pandemic.
- The provider gave us evidence of telephone supervisions and said face to face supervisions would recommence. A staff member told us, "We are constantly in contact with each other and she (the provider) always gives us the opportunity to meet."

The lack of clear access to training for staff was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Prior to people starting to receive a care package, their needs were assessed and recorded.
- One person told us they were heavily involved in this process and able to express their wishes. A relative told us how the agency was, "Fluid" with their family member's care in the initial days after they were discharged from hospital.

- The provider used a flexible approach to provide care. A relative told us, "When she couldn't get out of bed [provider] got in a second staff member to help her have a wash."

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

- No one receiving a care package required much support in relation to their nutrition or hydration as people were generally independent in this area of their lives. However, we read evidence in daily notes of staff making meals for people as well as drinks. One person told us, "They (staff) ask me what I want for my food."

Supporting people to live healthier lives, access healthcare services and support

- The provider engaged with healthcare professionals to help ensure people received the support they needed. A relative told us, "Mum needed a podiatrist. I messaged [the provider] and it was sorted."
- The provider told us they worked closely with the occupational therapy team to support someone with their mobility. In addition, they notified the local social services team when they had concerns about someone's well-being and ability to look after themselves.

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 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.

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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- No one currently receiving a care package lacked capacity to make day to day decisions. However, staff understood the need to ensure they obtained consent from people prior to carrying out any care. A staff member told us, "[The provider] always introduces us on the first call and I talk to them all the time whilst I'm doing anything, checking they are comfortable and happy for me to carry out care tasks."
- People told us they could make their own choices in their care.

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 question has remained the same. This meant the service management and leadership was inconsistent.

At our last inspection the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to a lack of management oversight, contemporaneous records and robust quality assurance. We found similar concerns at this inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Despite our last inspection of the service being carried out in August 2019, the provider had made no improvement to their auditing processes. They told us, "I am introducing [electronic care management system name] which will address everything. That's why I've done it because it will do audits and everything." However, the system was not going live for another couple of weeks and the provider was still in the process of transferring care plans onto it.
- When we asked for medicines records, daily notes and care plans for people, the provider was not always able to produce them. On numerous occasions they told us, "They are in their homes" telling us this was due to the fact they had reduced crossing the threshold into people's houses due to COVID-19. Although the provider offered to obtain some records for us, this would have meant a long journey to and from people's homes and as such this was not practical.
- We asked the provider how they audited the care records to ensure they were robust and how they audited the medicines records and training compliance. They told us, "I check them when I go in to do a care call" and yet, they did not formally record these audits or return the paperwork back to their office for a more in-depth check.
- We noted on the daily records the provider was able to give to us on the day, that staff did not write the starting or finishing time for the care calls, instead writing, 'lunch' or 'tea'. This meant the provider had no way of checking that staff arrived on time or stayed the full length of the care call. We asked them how they checked the timings of calls to ensure people were not paying for something they were not receiving as the auditing of daily records was insufficient. The provider was unable to show us how they did this.
- As was the case at our last inspection, the provider held records on their laptop, their mobile phone and in paper. This made it difficult for them to provide us with documentation upon request. Although, we acknowledge that people's care plans were held in their own homes.
- The provider did not routinely record people's feedback or how satisfied they were with the service, although they told us they asked people when carrying out care calls. This meant they were unable to check for trends or themes to help them to improve the service.
- Although the provider carried out occasional spot checks on staff, actions taken in response to any shortfalls identified were not recorded formally.

The lack of good management oversight of the service or robust governance arrangements was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and their relatives were happy with the care that was provided by All Star Care. One person told us, "The best thing is they (staff) are very kind. I see [provider name] from time to time." A relative said, "The upshot is she has been able to remain in her own home (because of the care)."
- The provider shared a compliment received by them which read, 'I don't think we would have managed without her (care worker) the past few months. Nothing is too much trouble for her'.
- The provider had a clear vision to provide good care and knew people very well. They were hands on in terms of care calls and it was evidence from speaking to them that they put people first.

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 provider demonstrated duty of candour when things went wrong. One person told us, following an incident, "They apologised." A relative told us, "We are very happy with the care. There was one incident and the provider asked me to make an official complaint which they dealt with and the response was very good."

Continuous learning and improving care; Working in partnership with others

- The provider explained to us that they were introducing an electronic care management system which would be up and running within the next couple of weeks. They felt this would address a lot of the shortfalls we identified at our last inspection as well as this one.
- The provider was part of the Skills for Care forum, CQC domiciliary care forum and a member of the UK Homecare Union.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider failed to have good medicine management arrangements in place.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have good management oversight of the service or have robust governance arrangements in place.