Rochdale Metropolitan Borough Council

Short Term Assessment and Re-ablement Service

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 caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an announced inspection that took place on the 5 and 6 July 2016.

The Short Term Assessment and Re-ablement Service (STARS) provides short-term support of up to six weeks to help people recover or cope after a decline in health, injury or an illness (such as a hospital admission or becoming unwell in the community to prevent admission to hospital). The service encourages people to achieve maximum independence, health and well-being. Services include supporting people to manage their personal care (washing and dressing), other daily tasks such as meal preparation and advice and referrals to other services as needed. The local authority is the provider and the service is situated in Rochdale Infirmary.

At the time of the inspection there was a registered manager. 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 service was last inspected under the Health and Social Care Act (Regulated Activities) Regulations 2010 on 2 December 2013, where the five outcomes we inspected were compliant.

On the day of our inspection the service was providing varying levels of support to 90 people. The service was flexible as the number of people that received personal care varied at any given time. This was due to referrals and pressure from local hospitals in order to optimise the use of acute hospital beds. During our inspection the registered manager told us they had received 32 referrals within one week. The service was split into two; STARS+ and STARS. STARS+ provided support for up to two weeks to prevent hospital admissions and STARS provided support for up to six weeks to re-able people in their own homes after a period in hospital.

The service worked in conjunction with an NHS Trust to ensure that rehabilitation was fully implemented into people's care packages. This joint working enabled people to regain their independence as quickly as possible.

During this inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The management of medicines was not always safe. We noted hand written medicine administration records (MARs) did not contain two signatures to evidence that the information on them was correct and had been checked. We also noted a medicines error had occurred in that Paracetamol had been administered incorrectly, resulting in the person receiving over the prescribed amount. The service raised a safeguarding concern in relation to this error. The medicines policy and procedure that was in place in the

service contained incorrect and out of date information and therefore did not provide adequate guidance for staff to follow.

Staff members also told us that although no one was currently prescribed controlled drugs, they had administered controlled drugs to people in the past. The medicines policy did not make reference to controlled drugs and the procedure for staff to follow. We have made a recommendation that the service considers current best practice guidance in relation to controlled drugs.

Records we looked at showed that a Disclosure and Barring Service (DBS) check was carried out prior to staff commencing employment. However, we saw no other evidence that this was further checked at any point during their employment.

Support plans that were in place did not contain a signature or evidence that people had been involved in and consented to the level of support being given. Support plans were not person-centred, they were pre-populated forms completed by the staff members without evidence that the person was involved. They also did not direct staff on how to meet individual needs or the preferences of people.

Staff did not always have access to relevant information to guide them in their roles. Some policies and procedures contained out of date or incorrect information. The registered manager told us some of these policies were due to be reviewed and re-written.

We found adequate numbers of staff were deployed to meet the needs of people who used the service. All the people we spoke with told us staff spent the required amount of time supporting them.

We found staff participated in regular supervision sessions with their manager and annual goal setting and performance appraisals. Staff had completed all mandatory training and e-learning courses were available.

People who used the service told us they were supported by staff members who were kind and caring. All of the people we spoke with spoke very highly of the staff members.

Most people who used the service knew how to make a complaint, compliment or raise a concern. We saw that people were given leaflets detailing who to contact should they wish to.

Staff members and external professionals all felt the registered manager was approachable.

People who used the service were given the opportunity to feed back on their experience of the service. The registered manager used this information to make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always managed safely. A medicine error was highlighted during the inspection which resulted in a safeguarding concern being raised by the service.

All the staff members we spoke with told us they had received training in safeguarding and knew their responsibilities in relation to this.

Staff members had received training in infection control and knew their responsibilities when providing personal care and support to people. All the staff told us they had access to personal protective equipment (PPE) such as gloves, aprons and hand sanitiser.

Is the service effective?

Requires Improvement

The service was not always effective.

Whilst consent forms were in place for medicine administration, there was no documented evidence that care and treatment was being provided with the consent of the relevant person.

All of the people we spoke with told us they felt staff members had the necessary skills and knowledge to support them.

Training records we looked at showed that all staff had undertaken mandatory training. Other training was available to staff in the form of e-learning where they could access many courses.

Is the service caring?

Good

The service was caring.

Comments we received from people who used the service, relative and external professionals were all positive. People commented that staff were kind and caring.

Records were appropriately stored in order to protect

confidentiality. Staff had also undertaken training in confidentiality.

People who used the service told us staff supported them to maintain their independence and to re-gain the independence they may have lost due to an illness or injury.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Support plans did not show people had been involved in designing care and support to meet their individual needs and preferences or direct staff on how to meet those needs.

People who used the service were given information on how to make a complaint, compliment or raise a concern.

Prior to the service supporting people an in-depth assessment was undertaken by external healthcare professionals. This information was used by the service to assess if they were able to meet people's needs.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Policies and procedures did not always contain the correct information to guide staff in their roles. The registered manager told us a number of policies and procedures were due to be reviewed and updated.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager.

The service worked in partnerships with a number of external professionals including urgent care, consultants, nurse practitioners, social workers and falls team.

Short Term Assessment and Re-ablement Service

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 checked 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.

This inspection took place on 5 and 6 July 2016 and was announced. The provider was given 48 hours' notice because the location provided personal care in the community and we needed to be sure that staff and managers would be present in the office.

The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform us what areas we would focus on as part of our inspection. We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We received this prior to our inspection and used the information to help with planning.

We contacted the local authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No concerns or issues were raised with us.

During the inspection we spoke with the registered manager, two managers, an occupational therapist who worked for the service, one co-ordinator and four staff members. We spoke with four people who used the service and one relative. We also received feedback from five community-based healthcare professionals that worked with the Short Term Assessment and Re-ablement Service. We did not visit people's homes as

part of this inspection.

We looked at three records relating to people's individual care needs. These included support plans, risk assessments and daily monitoring records. We also looked at five staff personnel files and records associated with the management of the service, including quality audits.

Prior to the inspection we sent surveys to 50 people who had used the service and received 12 responses. We also sent 50 surveys to relatives and received one response.

Requires Improvement

Is the service safe?

Our findings

We reviewed how medicines were managed. We saw there were policies and procedures in place to help ensure staff administered medicines safely. However, we were told by the registered manager and noted the medicines policy contained out of date information or information that the service was not following. For example; 'Always return the medicine to the storage place identified in the care and support plan.' However care and support plans we looked at did not mention anything regarding the storage, administration, disposal or recording of medicines.

One person who used the service told us, "They make sure my tablets are right before I take them."

All the staff we spoke with told us they had received training in the safe administration of medicines. Records we looked at confirmed medicine administration training had been completed by all staff members. We also saw that regular competency assessments were undertaken with care staff to ensure their competence when administering medicines within people's homes.

We were told by the registered manager that people were encouraged to manage and administer their own medicines to support their independence. However, if people required support the care staff members would assist with this. For those people who required assistance we saw they had signed consent forms to agree for staff to support them.

Medicines return forms were in place for unused or out of date medicines that care staff were returning to the pharmacy. These were signed by the person or their family member. However we noted there was no process to document the amount of medicines the person had been discharged with and that staff were responsible for administering. This meant that there would be no way staff members could physically check if a person had taken their medicines or if medicine was missing prior to them administering them.

We looked at a number of medicine administration records (MAR's). We saw these had been hand written. The registered manager informed us staff transferred the information from boxed medicines dispensed from the pharmacy on discharge from hospital. However we noted that MAR's did not contain two signatures to confirm the hand written entry was correct. Best practice guidance recommends that hand written MAR's are checked and signed by two staff members to ensure all necessary information is included on them to prevent errors. We discussed this with the registered manager who told us they would address this.

None of the records we looked at for people who used the service showed they had a support plan in place in relation to medicines. It was therefore not possible to ascertain from support plans issues such as; the identified level of support each person required with their medicines (e.g. prompting, preparing or full support), how they preferred to take their medicines, their usual routine or how to support them to become independent with their medicines. This meant the service could not evidence that people had been involved in the planning of the support they received with their medicines or that staff knew the level of support required to ultimately support the person to become independent with their medicines.

One MAR we looked at showed the person was prescribed Paracetamol to be given four times per day. However, there was no other information such as maximum dose. The British National Formulary (BNF) states that no more than eight Paracetamol should be given within a 24 hour period. We noted that two Paracetamol had been administered at 18:25, 20:40, 08:30, 11:30 and 16:50, meaning a total of ten had been administered within a 24 hour period. We discussed this with the registered manager who reported this as a safeguarding concern the day after our inspection.

These matters are a breach of Regulation 12 (1) and (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines were not managed safely.

Although the service was not currently administering controlled medicines to people, the staff member who was responsible for auditing medicines told us there had been times when controlled medicines were administered. The medicines policy did not make reference to controlled medicines to direct staff on the procedures to follow. This meant that should controlled drugs need to be administered in the future, staff did not have any guidance and protocols to follow in order to keep people and themselves safe. We recommend the service considers current best practice guidance in relation to administering controlled drugs in the community and for staff to follow a procedure and protocol.

All of the people who provided a response to our survey prior to the inspection strongly agreed that the service was safe. We also conducted four telephone interviews with people as part of our inspection, all of whom told us they felt safe when carers were in their homes. Comments we received included, "They look after me well", "Yes I do (feel safe)" and "I feel very safe." One person told us they would not know who to contact if they did not feel safe and another person told us they would contact their family member. One relative who responded to our survey strongly agreed their relative was safe.

Staff members we spoke with told us they had received training in safeguarding. One person told us the training was "Very thorough." Training records confirmed that all staff had completed this as mandatory training and at regular intervals as a refresher course on e-learning. All the staff we spoke with displayed confidence in their knowledge of types of abuse, signs of abuse and the action they would take if they suspected or witnessed abuse. The registered manager was clear about their part in managing safeguarding concerns. The day after our inspection they informed us they had raised a safeguarding concern with the local authority in relation to an issue we found during our inspection.

All the community professionals that responded to our survey strongly agreed that people who used the service were safe.

The service had an information leaflet which was given to people as soon as they commenced using the service. This described their duty to safeguard people who used the service. STARS followed the Rochdale Borough Safeguarding Adults Board's (RBSAB) multi agency policy and procedures to inform practice in this area. A newsletter developed by RBSAB entitled 'Safeguarding Matters' was also distributed to all staff members on a regular basis.

Records we looked at showed that safeguarding was discussed in team meetings and group supervisions. Discussions took place around the types of abuse, recent safeguarding issues, staff's responsibilities, documenting a safeguarding concern and RBSAB.

The service also had a whistleblowing (reporting poor practice) policy in place. This policy made a commitment by the organisation to protect staff who report safeguarding incidents in good faith. All the staff we spoke with were aware of whistleblowing and authorities they could approach if they needed to

report something.

Records we looked at showed people's risks were thoroughly assessed and documented. Risk assessments were often commenced prior to the first visit from the service. For example, the service would ask social workers and nursing staff about risks pertinent to the start of care for the person. We also saw that care staff completed a home risk assessment on the first visit. This looked at hazards within the property, if any equipment was needed, if it was necessary for an occupational therapist or physiotherapist to visit and any moving and handling concerns. The registered manager told us that should any further risks occur the care staff members would contact one of the managers for further advice and direction.

We asked staff members if the service had checked their background before they started working. One staff member told us, "Yes, thoroughly."

We looked at five personnel files. In conjunction with the provider's human resources support, applications and interviews had the necessary scrutiny and challenge to ensure candidates were suitable for the type of care provided. We saw a criminal records check called a Disclosure and Barring Service (DBS) check was carried out. This check examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. These checks should ensure staff were safe to work with vulnerable people. However, we noted that once the initial check had been completed the service did not do any further checks in the future to ascertain if a staff member had received any cautions or convictions which may impact on their ability to fulfil their role. There was also no documented evidence to suggest that DBS checks had been discussed in supervisions. This meant they were solely relying on staff to inform them if there had been any occurrences which meant a notice being placed on their DBS.

All the staff we spoke with felt there were enough staff available to meet the current needs of people who were using the service.

The number of people who used the service varied from day to day. At the time of the inspection there were 90 people in receipt of personal care in their homes. STARS+ had one manager and 15 care staff members and STARS had three managers and 65 care staff members. Staff were available 24 hours per day, seven days a week. We found there was an appropriate number of deployed staff that provided personal care and a team of staff who worked in the office location to support staff that provided care in people's homes. One staff member told us if they required support they could "Call the office and see who is busy and who can help."

We saw the service had a lone working policy and procedure in place to keep care staff safe when working in the community. All staff members were issued with mobiles phones and personal alarms to raise an alert if they felt threatened in any way. All staff members were also provided with a safety fact sheet which gave personal safety tips such as always keeping car doors locked and windows up when driving and planning their route. The staff also used 'easy tracker'; this is a Freephone service staff dial into when they arrive at a person's house and when they are leaving. This gave the service the opportunity to know where staff were, monitor their movements throughout their shift and monitor if they were arriving on time to support people.

The service had a procedure in place for the reporting of incidents, accidents and dangerous occurrences. We saw that accident and incident forms were in place within the service. We found these were reviewed by the registered manager and advice or actions were documented to show how these had been dealt with and any learning from them.

All staff members that were based at the offices in Rochdale Infirmary engaged with the fire drills that were

arranged with by the maintenance team within the hospital. The registered manager informed us that they had received a total of two fire drills since they moved into the offices in September 2015. They also told us that the fire alarm was tested every Wednesday. There was also a signing in sheet for staff to sign when entering the offices for the use in the event of a fire situation. We saw the fire extinguishers in place in the offices had been checked in November 2015 and the portable electrical equipment had been (PAT) tested in June 2016.

90% of people who completed a survey and one relative strongly agreed that care staff did all they could to prevent and control infection, such as wearing gloves and aprons. People we spoke with told us "Yes they wear gloves" and "Yes they do it automatically (wear gloves)."

Staff members we spoke with told us they had access to personal protective equipment (PPE) such as gloves, aprons and hand sanitiser. One staff member told us, "I always wear gloves and aprons (when providing personal care)." Staff also told us they had received training in infection control. Training records we looked at showed that all staff were up to date with their infection control training.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us staff members would ask their permission before providing any personal care and support. Staff told us if people refused they would try and encourage them but if people continued to refuse they would document this and pass this on to their manager.

The only consent form we saw in place in the service was for medicines to be administered by care staff. The ones we looked at had been signed by the person to state they understood and consented to staff administering/supporting them with their medicines. However, support plans that were in place did not contain a signature or evidence that the person had been involved in and consented to the support being given. This meant the service could not evidence that they had planned the level of support with the person and with their consent.

These matters are a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was no documented evidence that care and treatment was being provided with the consent of the person receiving it.

We asked people who used the service if staff were reliable. Comments we received included, "Yes they are" and "Yes." People also told us they did not always get the same staff member supporting them but felt all the staff were knowledgeable. Comments we received included, "I get a few different ones. You can get the ones you like. I couldn't have any better", "They look after me well", "I get three different ones. I know most of them" and "They are really experienced. They are better than the nurses at the hospital."

All the staff members we spoke with told us they felt they had the necessary skills and knowledge to support people who used the service. All of them told us they would recommend the service to a family member.

82% of people who responded to our survey strongly agreed that they received care and support from familiar and consistent care staff members and 91% felt that care staff members arrived on time and had the knowledge and skills to support them. One relative and 100% of the community professionals who returned our surveys strongly agreed that they would recommend the service to a member of their own family. Prior to our inspection one external professional wrote, "I highly recommend them to all our clients when they are assessed as needing the service."

We asked staff members if they had received an induction prior to commencing employment within the service. One staff member told us, "Yes I did, it was very thorough. It was for two weeks. It gave me confidence in my role."

New staff received effective induction and support to establish their knowledge and skills in their role. The registered manager showed us records of staff inductions. We saw a carefully planned induction for new staff that was spaced out over two weeks. The programme allowed the new staff to attend formal mandatory training and shadow experienced staff in the community. Staff members we spoke with told us they were not expected to work alone until such time as they felt confident and competent to do so. One

staff member told us "If needed I could have shadowed for longer but I have worked in care before." Another staff member told us, "I shadowed someone for a couple of months."

Where appropriate, such as for staff members that had no experience of working in the care industry, staff were required to undertake the 'Care Certificate' to ensure they were able to carry out their roles and responsibilities. Tracking of staff progress through the 'Care Certificate' was closely monitored by the registered manager and team managers.

We asked staff members what training they had received in the last 12 months. One staff member told us, "Safeguarding, moving and handling, infection control, first aid, modern slavery, food hygiene and medicines." Another staff member told us, "I have done infection control, moving and handling, person centred working, food hygiene and safeguarding and I am doing my NVQ level three." The Occupational Therapist that worked in the service confirmed they received the same training as care staff members but their training was provided by Pennine Acute Trust.

We looked at the training available to all staff members. We saw mandatory courses included; Safeguarding, infection control, food safety, moving and handling, medicine administration, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The service also offered a number of courses through e-learning which included; person centred approach in adult social care settings, hate crime, dignity in care, dementia awareness, tissue viability, assistive technology, fraud awareness, medicine awareness, awareness of forced marriages, modern slavery, awareness of domestic abuse, food safety and hygiene, MCA and female genital mutilation.

All the staff members that provided personal care to people had a Diploma in Health and Social Care (Adults) level two and three of the staff members were working towards or had achieved their level three. The registered manager also informed us they had arranged for bespoke record writing training for all the staff through the learning and development team within the local authority.

Records also showed that staff members were observed in practice on an annual basis to ensure they were skilled, knowledgeable and competent in their roles. Any concerns would be addressed through further training and supervisions.

We asked staff what support they received in their role. One staff member told us, "We have a meeting every Wednesday and we can phone up at any time to speak to a manager."

We found staff participated in regular supervision sessions with their manager and annual goal setting and performance appraisals. We looked at a supervision between staff and their manager and saw evidence that indicated a collaborative approach between the two parties, recognition of strengths and documented areas for improvement.

Weekly group supervisions were also undertaken. Topics for discussion in these included; safeguarding, MCA, DoLS, medication, infection control, equality and diversity, food hygiene, dignity in care, moving and handling, health and safety and person centred care. A newsletter was also produced for discussion which included items such as; out of hours – on call, annual leave, e-learning and health and safety. This was particularly useful for those staff members who may not have attended the session so they could see what had been discussed.

The Occupational Therapist confirmed that clinical supervision was available to them from a manager within Pennine Acute Trust and they received these on a regular basis. The registered manager of STARS

also provided general supervision to them on a regular basis.

92% of people who responded to our survey strongly agreed their care staff stayed for the agreed length of time and completed all of the tasks they should do during their visit.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met.

People in their own homes are not usually subject to DoLS. However, staff were trained in the MCA and DoLS to ensure they were aware of the principles. The registered manager told us they would report any suspected restrictions on people to social services as a safeguarding concern.

We asked staff members how they would summon assistance when necessary, such as if a person was ill. One staff member told us, "I would ring their doctor or an ambulance if need be."

The service employed an Occupational Therapist. Their role included assessing people that had been referred to the service in relation to any equipment they may need when they were in their own home. Care staff members could also contact the Occupational Therapist if they felt someone they were supporting required further equipment. This meant that care staff members could quickly access professional advice as and when required.

Some people who used the service received support with eating and drinking and the preparation of their meals. Staff we spoke with realised the importance of diet in recovery and rehabilitation and had good knowledge about this. Where necessary, the person was encouraged to be as independent as possible in heating, cooking and eating their meals.

One of the team managers we spoke with told us nutrition was a topic covered in food hygiene training for staff members. They also stated that the speech and language therapist would develop a support plan for staff to refer to if people required support with their nutrition.

Good

Is the service caring?

Our findings

All the people we spoke with who used the service told us the staff members were kind and caring. Comments we received included, "They are very nice. They look after me well", "Yes they are lovely" and "Yes they are my friends, we talk and have fun. I actually spoke with the manager to tell them how good they were." 100% of the people who responded to our survey strongly agreed that they were introduced to their care staff prior to them providing care and support, they were happy with the service they received and that care staff were caring and kind.

One relative we spoke with told us, "Yes (staff are caring), she seems to be happy. They put her cream on and do things for her." One staff member we spoke with told us, "I am very happy working at STARS. I love my job; we all stick together and support each other." All the staff we spoke with spoke highly of the service and the role they had in supporting people to be independent after an illness or surgery.

Comments we received from external professionals prior to our inspection included, "I find this service to be essential when supporting the wellbeing and the dignity of the residents of Rochdale. I always find the STARS team to be very supportive, even when times are hard they are always willing to help where they can", "The team are fantastic, they provide a fast turnaround for our clients and always go above and beyond to start services quickly enabling us to coincide with fast hospital discharges."

100% of the people who responded to our survey strongly agreed that they were involved in decision making about the level of support they received. Surveys we received from external professionals showed that 100% of them strongly agreed that the service cooperated with external agencies and shared relevant information when necessary, such as when people's needs changed.

When we asked people during our telephone interviews whether privacy and dignity was respected by staff during visits, they all responded that they agreed. One person we spoke with commented, "They are very good with privacy and dignity." 100% of people who responded to our survey strongly agreed that care staff respected their privacy and dignity when supporting them.

All the staff we spoke with and records confirmed that staff had received training in confidentiality and knew their responsibilities in relation to this. One staff member told us, "We don't talk about people anywhere. I would also ask someone to go out of the room (if they needed to talk to a person in private)." We saw all the records were stored safely in the office and only those people with authority to access them could. All the people who used the service signed a document to allow the necessary sharing of information to other professionals who may be involved in their care.

100% of people who completed a survey we sent them strongly agreed that staff members supported them to remain as independent as possible. One relative also strongly agreed that the support their family member received helped them to be independent. One external professional who wrote to us prior to our inspection told us, "The standards are very high from care staff whom encourage and support individuals to retain and regain as much independence as possible."

One staff member told us, "I observe them to see what they can do for themselves and encourage them. I would use the occupational therapist if I needed to."

Requires Improvement

Is the service responsive?

Our findings

Records we looked at showed that prior to the service accepting a referral an assessment of need was completed by either a social worker or other health care professional external from STARS. The assessment of need looked at areas such as communication, about the person, health conditions, difficulties the person was experiencing, maintaining the home, nutrition, continence, personal hygiene, and managing in the community. There was an in-depth outcome summary and an assessment of the impact their needs had on their wellbeing. The service used this assessment to make a decision if they felt they could meet the needs of the person. The registered manager also told us that on the first visit to the person they would do their own assessment with the person in order to develop a support plan.

Two people we spoke to during our telephone interviews told us they had not been involved in the development of/or seen a support plan.

We asked staff members if they looked at and updated support plans on a regular basis. One staff member told us, "I look at them every time I go in and update them when they progress." Another staff member told us, "I check them every visit as something could change."

We looked at three support plans for people that had or were using the service. We saw that these were pre-populated forms which contained identified needs and actions. However we saw that identified needs were also pre-populated, such as wash, dress, continence care, shower/bath and staff were to circle relevant ones. If people no longer required support with any of these needs we saw that the circle was crossed out. The action section was also pre-populated with the same action for each need, for example 'Promote and encourage independence at all times'. This did not evidence that support plans were person centred or give direction for staff to follow. Whilst pre-support assessments were in-depth, the information contained in these was not utilised to develop personalised support plans for each individual. None of the support plans had a section where the person could sign to show they had been involved in and agreed to the support being given. This meant that the service could not evidence that people were involved in the development of their own support plans, that staff were providing support on an individualised basis or how staff were to provide the support based on individual needs. This placed people who used the service at risk of receiving inappropriate care and support.

We spoke with the registered manager regarding this who informed us that the service previously had employed people whose role it was to develop and implement support plans. However, these people were no longer in place and the role had been abolished. Pre-populated support plans had been put in place so care staff could circle needs on their first visit to people.

These matters are a breach of Regulation 9 (1) and (3)(b)(d)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as support plans did not show people had been involved in designing care and support to meet their individual needs and preferences or direct staff on how to meet those needs.

73% of people who responded to our survey strongly agreed that they knew how to make a complaint. Most people we spoke to during our telephone interviews knew who to approach if they wanted to make a complaint. Two people did not but stated they would speak to their family.

We asked staff members how they would deal with any complaints they received from people. One staff member told us, "I would talk to them about it and then report it to my manager. I would try and calm the situation down." One community professional told us, "I have never received any complaints about the STARS service; however I have received several positive verbal comments over the years by patients, families, carers and other professionals."

Records we looked at showed that each person who used the service was given a copy of a leaflet detailing how to comment, compliment or complain about the service. This also provided people with details about how the service responded to complaints and how soon people could expect a response.

We asked staff members how they gave people who used the service choices whilst they were supporting them. One staff member told us, "I always give them a choice, such as what would you like to wear, what would you like to eat, would you like to come in the kitchen or bathroom." Another staff member told us, "I would give them options so they could choose." All the people we spoke with told us staff members always provided them with a choice and respected their decisions.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager. 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.

We saw that staff had access to policies and procedures to help them with their practice. The policies we looked at included infection control, medicines, health and safety, recruitment and selection and safeguarding adults. We found the medicines policy contained out of date information. We spoke with the registered manager regarding this. They informed us that they were aware of this and that some of the policies were due to be reviewed and updated; these included medicines and infection control. Until such time as the relevant policies and procedures are up to date and relevant staff, did not have access to correct information to guide them in their roles.

These matters are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as not all the policies and procedures in place contained correct information to guide staff in their roles and responsibilities.

All the people we spoke with did not know who the registered manager was. One person told us they had spoken with a team manager to pass on compliments regarding the care staff. Due to the service only providing support for up to six weeks it was unlikely that many people would come into contact with the registered manager. We noted that information leaflets given to people when they commenced with the service, detailed who the registered manager was, although no contact details were provided for them should anyone wish to make contact with them.

We asked staff members if they felt the registered manager and team managers were approachable. All of the staff members we spoke with told us all the managers, including the registered manager were approachable. Comments we received included, "Oh yes, they are all very supportive", "Every one of them. If I don't understand something I don't feel embarrassed to ask them for support" and "Yes, very. They always give me support."

There was a recognised management system which staff understood and meant there was always someone senior to take charge. We spoke with the registered manager throughout our inspection and found them to be approachable and helpful.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

We looked at what systems and processes were in place to monitor and improve the service. We found the registered manager completed audits on a regular basis. These looked at support planning, reviewing

support, supporting health, consent, complaints and staffing and included practice observations. The results of audits were analysed and translated into graphs to show areas for improvements and where improvements had been made.

The service provided a copy of the statement of purpose to everyone who used the service. This gave people information relating to the service including what support they provided and what they aimed to achieve, such as giving people choices in all aspects of their daily living.

We contacted a number of external professionals prior to our inspection to ask for their experience of STARS. Comments we received included, "I always receive good feedback from clients", "We have found the service invaluable. It has enabled us to provide homecare to patients in crisis in a very timely manner", "Clients and families have always given me glowing reports on STARS service especially the workers. They have highlighted to me that staff have treated them with dignity and warmth whilst promoting their recovery. In fact I have had several clients who were re-admitted to hospital due to their health conditions and were keen to return home with STARS again to enable them to become independent again" and "The STARS team are highly regarded by those that have been supported at home following discharge from hospital. The only negative comments that I have received are regarding the fact that this is a short term service."

The service had also received a number of 'Thank you' cards. Comments we saw in these included, "Thank you so much for all your help to us both. We think you are all wonderful – so caring and supportive. We will miss you", "Thank you for looking after me and helping me get back on the road to recovery. I will miss all our cups of tea and our chats", "Thank you for all your kind attention", "All of you should be proud of yourselves for the excellent care and support that you provide to people", "Many, many thanks for the service you give. You are stars, each and every one of you", "We would just like to say a big thank you to you all for the wonderful service you give" and "I just like to thank you all so very, very much from my heart for being so kind to me and I will always think of you all. I just like to tell all the staff that I would not be here today only for your wonderful staff."

At the end of providing support and assistance to people the service completed an outcome form with the person in order to gain feedback about the service they had received. We saw people had made comments such as, "No set time, but I am flexible", "Above and beyond duty of care needs", "Know exactly what I need", "Always protected my dignity when I had a shower", "Nothing is too much trouble", "Given so much support. Always courteous and warming personality" and "Lovely and helpful." We saw the results of the outcome forms were transferred to a spreadsheet by the manager and used to make any necessary improvements to the service.

Records we looked at showed that team manager's completed a service user experience management review at some point during the time they were supporting a person. This asked questions such as, "Do carers spend the right amount of time with you?" "Do you feel comfortable with the care staff that come into your home?" and "Have you any concerns with the reliability of the carers?" The management team would use the results of these to make improvements.

We spoke to one of the team managers to ask how the service focussed on improvements. They told us that improvements were a standard agenda at weekly meetings and was also a question they asked people who used the service at the end of their support time. They also told us that in recent times they had made improvements to the medicine administration record and to the support plans.

The service worked with many external professionals including urgent care, consultants, nurse practitioners,

social workers and falls team. We received some feedback from a number of these professionals prior to our inspection.

One external professional told us, "STARS recently moved to Rochdale Infirmary which has supported in making service provisioning more efficient and streamlined. In this move there was also the introduction of STARS+ service which again mirrors the goals achieved but focuses more on supporting residents referred through health partners within the Intermediate Care tier, which in turn support the prevention model and aims at a more integrated approach." Another told us, "Without this integrated pathway interventions/requests for reviews would have to go into mainstream pathways."

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 9 HSCA RA Regulations 2014 Person-centred care Support plans did not show people had been involved in designing care and support to meet their individual needs and preferences or direct staff on how to meet those needs.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent There was no documented evidence that care and treatment was being provided with the consent of the person receiving it.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Not all the policies and procedures in place contained correct information to guide staff in their roles and responsibilities.