

Five Star Homecare Leeds Ltd

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Inspection report

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23 November 2020

24 November 2020

25 November 2020

26 November 2020

30 November 2020

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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?

Inadequate 

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. At the time of the inspection, the service was supporting 38 people.

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

People and relatives shared positive feedback about the care provided. However, during this inspection, we were not assured the service provided was always safe and we found widespread shortfalls in the way the service was managed.

The provider failed to implement effective processes to assess and monitor the quality of the service and to identify the issues found during our inspection. Records were not complete or contemporaneous.

Management were not aware of or following the regulations, best practice guidance or their own policies and procedures.

We found several issues with the management of medication and risks to people's care were not fully assessed, planned for or documented. We could not be sure the equipment used to support people was always safe. We referred these concerns to the local safeguarding team.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We found some people who lacked capacity in relation to their care, had their liberty restricted as part of their care arrangements. We also referred these concerns to the local safeguarding team.

Care plans lacked detail in relation to specific areas of people's care and needs. People and relatives shared positive feedback about staff being caring and kind in their approach.

Overall, recruitment was managed safely and we found examples of good practice in Infection control and prevention.

The registered manager was receptive to the inspection process and told us they were willing to learn and improve. People, relatives and staff shared positive feedback about the management of the service. Staff told us Five Star homecare was a good place to work.

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

Rating at last inspection

This service was registered with us on 19 April 2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about how the provider was managing and reporting safeguarding concerns and their knowledge of the regulations. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well Led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We found breaches in relation to safeguarding service users from abuse and improper treatment, safe care and treatment, need for consent and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Five Star Homecare Leeds Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act.

Inspection team

This inspection was conducted by two inspectors and an Expert by Experience; 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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 we needed to be sure that the registered manager would be available to support the inspection.

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 all of this information to plan our inspection.

During the inspection

We visited the service on 25 November 2020. Between the 23 and the 30 November 2020, we sought information and documentation from the provider. We spoke with eight people using the service and nine relatives of people using the service. We also gathered information from five members of staff including care workers and the registered manager and also received feedback from two healthcare professionals who had worked with the service.

We looked at care records for six people using the service and requested information about medication records for four people. We looked at training and recruitment records for staff. We also reviewed various policies and procedures and the quality assurance and monitoring systems of the service.

During this inspection, we referred information of concern to the local authority's local safeguarding team and contracts team.

After the inspection

We received emails from the registered manager with additional evidence. This information was used as part of our inspection.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

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

- Risks to people had not always been assessed or planned to ensure they received care safely. Where risk assessments were in place, these did not always contain accurate or up to date information.
- For example, two people required support with moving using equipment; their risk assessments and care plans did not specifically identify the risks involved, how to minimise them, what equipment was involved and how the manoeuvres were done. We could not be assured people who needed support in this area of their care were safe and we reported our concerns to the local safeguarding team.
- Equipment used to support people to mobilise was not always safe. During our inspection visit, the provider could not evidence that hoists and slings used by people had passed the Lifting Operations and Lifting Equipment regulations. After the inspection, the provider sent us evidence that they were taking action to ensure the equipment used was safe.
- Other risks to people's care, such as risks associated with their skin integrity, swallowing and safety at home had also not been assessed and appropriately planned for.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safe management of risks to people's care. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they would audit all care plans and risk assessments.

- People and relatives told us they felt Five Star Homecare provided a safe service. People commented, "I feel very safe with them as I have regular carers." Relatives said, "My [relative] is very safe in the care of Five Star Homecare; the carers are brilliant".

Using medicines safely

- Medication was not always managed safely.
- We found several gaps in medication administration records (MARS); these had not previously been identified by the provider. We could not be sure if these were recording issues or if people's medication had been missed. We reported these concerns to the local safeguarding team.
- The provider was not following their own policies and procedures or best practice guidance in relation to managing medicines in the community.
- Staff completed medication training and during spot checks staff were observed to administer medication. However, the system in place to check competency of staff in this area was not robust.

- Medication audits were not being completed by the provider.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safe management of medication. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they would complete a full audit of the medication administered to people and review all care documentation related with medication.

- Feedback from people using the service and their relatives in relation to the support received with medication was positive.

Systems and processes to safeguard people from the risk of abuse

- During this inspection, we referred several safeguarding concerns to the local authority because we were not reassured how risks relating to people's care and medicines were being managed.
- The registered manager and staff had completed safeguarding training and told us about main signs of abuse and how to report these. However, this training had not been effective because during this inspection we found several safeguarding concerns that had not been previously identified and acted upon.
- We also found there had been occasions when safeguarding concerns had not been appropriately reported by the provider.

We found no evidence that people had been harmed however, the provider's systems in place had not been effective in identifying and reporting safeguarding concerns. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Overall, recruitment was managed safely. Some up to date records of staff's DBS checks were not on file, but the registered manager took immediate action to address this.
- Care was delivered by a consistent team. There were no reports of missed or late visits.
- Staff told us they had enough time to spend with people to allow them to complete all the necessary care tasks.

Preventing and controlling infection

- Staff had completed training in infection control and food hygiene and told us protective equipment was made available such gloves and aprons.
- We found the provider was managing well the risks of the current health pandemic and had implemented safe practices. People and relatives also said staff always used PPE when providing care and felt safe in how the service had dealt with the pandemic.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The provider had not ensured that the requirements of the Mental Capacity Act were being followed.
- We found some people who lacked capacity in relation to their care, had their liberty restricted as part of their care arrangements. This had not been previously identified by the provider. We reported these concerns to the local safeguarding team.
- We found no evidence of mental capacity assessments and best interest decisions being completed and relatives had signed for consent but evidence of POA for health and welfare was not seen.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate consent to care was sought in line with regulations and good practice. This placed people at risk of harm. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they would audit and review this area of people's care and to take the necessary actions to ensure people's safety and consent was sought in line with requirements.

- Staff had received training in the MCA and were able to describe some of the MCA principles and how it applied to their roles.
- People told us staff asked for their consent before care. People said, "I tell them what I want them to do. They ask permission to do jobs."

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

- The service was not always delivering care in line with current guidance and law. People's protected characteristics under the Equality Act (2010), such as religion and disability were not documented as part of the assessment process and we could see no evidence if these were discussed with people during reviews of care.
- There were no care plans for people's specific health conditions.

Staff support: induction, training, skills and experience

- There was a programme of training in place; staff had completed an induction and felt well supported by management. However, supervisions were not always happening in line with the provider's policy or being documented.
- The registered manager told us some staff had received additional training to learn how to manage certain areas of people's care, such as specialised feeding tube or moving and handling equipment, however this was not documented.
- People told us, "The carers are very competent and well trained they have been with me for a long time. New staff are trained by more experienced staff." One relative said, "'The staff are very well trained."

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

- People confirmed staff supported them with their meals and followed their preferences. One person told us, "The carers make my meals, though I choose what I want. Most just heat up frozen meals in the microwave, but one carer cooks everything from scratch and she makes brilliant meals."
- Care notes did not always describe the support planned and provided around people's nutrition and hydration.

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

- People and relatives were confident staff would contact healthcare professionals if required.
- The provider told us they maintained regular contact with relevant services such as social workers and district nurses, however this was not always documented. Staff told us of occasions when they had to contact emergency services due to people feeling unwell or having a fall.
- Healthcare professionals who had worked with the service shared positive feedback. One said, "I feel the service responds in a timely manner and are flexible and can work around the needs of their users."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People and relatives had been involved in planning and reviewing care plans. People said, "My care plan is reviewed every six months or so and I am very happy with it." Relatives said, "The carers listen to us and so they know how we want [relative] to be cared for."
- The provider contacted people and relatives to ask them for their general feedback about care but it was not always documented that all relevant areas of people's care had been discussed and reviewed.

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

- People told us they were supported by staff who were kind and caring. People said, "The carers are so kind, they do so much for me." Relatives also praised staff for their caring attitude towards their loved ones.
- All the people and relatives we spoke with told us the care they were receiving was having a positive impact on their lives. Relatives said, "[Relative] says [they] really look forward to the visits and it has become one of [their] happiest times of the day."

Respecting and promoting people's privacy, dignity and independence

- People told us staff always respected their dignity and privacy and promoted their independence
- Staff gave us examples of how they respected people's privacy, for example, when supporting people with personal care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People's care plans lacked detail in relation to important areas of their care, their preferences and how staff should support them. The care plans in place were succinct and did not detail important areas of people's care such as personal care. For example, some people used equipment to manage their continence needs; their care plan did not detail the support required.
- However, people and relatives told us they received a flexible and personalised service that was responsive to their individual needs and preferences. One relative said, "The company have updated [relative]'s care in relation to the fact [they] has become frailer. They have adjusted the amount of care [relative] receives."
- People told us they felt they had choice and control over their care. Their comments included, "I make my own choices each day. When they make breakfast, they ask me what I would like so that they can make what I want."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans did not detail the support they required with their communication needs.
- Staff told us how they adapted their approach and communication depending on people's hearing and cognitive ability.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and told us they had not received any formal complaint. Concerns raised by people and relatives were documented in different spreadsheets which did not allow the provider to look for any trends and patterns.
- People and relatives told us they had not raised formal complaints but when concerns were raised these were promptly acted upon by management.

End of life care and support

- The service was not currently caring for anyone who required end of life care.
- Some staff had received specific training in this area and told us how they had worked with palliative team when people who had previously used the service required this support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At this inspection, we found widespread failings in the management of the service, which meant we were not assured people always received safe care. We shared several concerns with the local safeguarding team.
- There was a significant lack of oversight and monitoring of the service and as a result the provider had not identified risks relating to people's care, managing medicines and consent to care. We found some people had their liberty restricted as part of their care arrangements. There was limited assurance staff were competent to administer medication.
- We found several concerns around the quality and accuracy of the records. For example in relation to risks to people's care, medication, care planning, training and supervision of staff.
- The provider had failed to ensure the quality assurance processes in place were effective. We found audits had either not been completed, such as medication audits, or those completed had not identified issues found at this inspection, such as the spot checks of staff's competency.
- The provider's knowledge and understanding of regulations, best practice guidance or its own policies and procedures was limited. This impacted on their ability to meet the fundamental standards and placed people at risk of harm.
- We requested to see the provider's business continuity plans but these were not provided to us.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was receptive to the inspection process and told us they were willing to learn and improve.
- People, relatives and staff shared positive feedback about the management of the service. Their comments included, "The manager is very friendly and approachable."
- Staff told us Five Star homecare was a good place to work.

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

- There was limited evidence that consideration of the equality characteristics relating to the needs of people or staff had been taken. For example, the gender preference for people who received care or the specific support people required due to their disability or health condition.
- The provider was conducting regular phone calls to ask for people and relatives' feedback. One relative said, "I get a call two or three times a year so they can talk to me to find out if I am happy with the service."

Working in partnership with others

- The registered manager told us they maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals such as district nurses and GPs.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>We found some people who lacked capacity in relation to their care, had their liberty restricted as part of their care arrangements. The provider was not completing mental capacity assessments and best interest decisions.</p> <p>Regulation 11 (1) (3) (4)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found several issues with the management of medication and risks to people's care were not always fully assessed, planned for or documented.</p> <p>Regulation 12 (1) (2) a, b, e, f, g</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider's systems in place had not been effective in identifying and reporting safeguarding concerns.</p> <p>Regulation 13 (1) (2) (3) (5)</p>
Regulated activity	Regulation

Records were not always accurate, complete or contemporaneous. Management were not aware of or following the regulations, best practice guidance or its own policies and procedures. We found a lack of evidence of an effective quality assurance process in place to identify the issues found during our inspection and to drive the necessary improvements.

Regulation 17 (1) (2) a, b, c