Star Projections Limited

Star Projections Limited Trading As Eaton Care Services

Inspection report

5A Grove Street
Office 1
Wantage
Oxfordshire
OX12 7AB

Tel: 01235352776

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this announced inspection on 5 January 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, younger disabled adults and people living with dementia. Not everyone using the service receives regulated activity, and the CQC only inspects the service being received by people provided with 'personal care. Personal care involves any tasks related to personal hygiene, care and eating. Where people are provided with such care, we also take into account any wider social care provided. At the time of this inspection, Star Projections Limited Trading As Eaton Care Services was supporting three people, one of whom was receiving regulated activity.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was available throughout the inspection.

A relative of the person provided with regulated activity told us they felt safe and were very happy with the care the person received. They emphasized the caring nature of staff and described the service as reliable. The person was supported by the same regular members of staff who knew them well. This ensured consistency of care and enabled staff to identify even slight changes in the person's health or overall well-being.

Systems were in place to ensure the person was protected from the risk of abuse. Staff were able to identify different types of abuse and knew how to report any concerns. The registered manager had identified potential risks to the person and had put plans in place to support staff to reduce these risks. Medicines were administered safely.

The provider had sufficient numbers of staff available to provide care and support to the person. Staff had been recruited following pre-employment checks, such as criminal background checks, to ensure they were safe and of good character.

Staff told us they were supported and trained to ensure that they had the skills needed to support the person effectively.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005. They were knowledgeable about protecting legal rights of people who did not have the mental capacity to make decisions for themselves.

The provider sought advice from health professionals if there were concerns about the person's health. The

person was registered with health care professionals, such as a GP, and staff contacted them in emergencies.

The person was supported to have their nutritional and hydration requirements met by staff, who provided them with sufficient amounts of fluids and balanced meals.

Staff knew the person's needs and preferences thoroughly and treated the person with kindness and compassion. The person's privacy and dignity were respected and upheld by staff.

Care records were person-centred and included information about how the person wanted to be supported. There was a complaints procedure in place and the person's relative knew how to complain. The relative was confident these would be responded to.

Staff felt well supported by the registered manager. The quality of care was assessed and monitored to ensure appropriate standards were met and maintained. Feedback was received from the person's relatives to check whether they were satisfied with the service and to help make improvements. The registered manager told us they had ensured conclusions had been drawn from a recent incident and relevant measures had been taken to prevent its recurrence.

The registered manager carried out regular spot checks on staff to ensure they followed the correct procedures and the person always received safe care.

The registered manager understood the requirements of their registration and informed us of information that we needed to know. The manager promoted an open culture, which put people at the heart of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood how to safeguard the person from abuse. They were aware of their responsibilities to report any concerns.

A safe recruitment procedure was in place to ensure staff were suitable and of good character.

Risks to the person were identified and managed safely.

Staffing levels were sufficient to ensure the person received uninterrupted support to meet their needs.

The person received their medicines safely and staff received training on how to do this.

The provider was able to learn from incidents and improve the safety of the service.

Is the service effective?

Good

The service was effective.

Assessments of the person's needs were carried out to ensure effective outcomes of their care.

The person had access to health professionals to ensure they were in the best of health.

Staff assisted the person with their nutritional requirements.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA).

Staff received appropriate induction, training, and support.

Is the service caring?

Good

The service was caring.

The person received care from staff who were kind. They were treated with dignity and respect.

Staff were respectful of the person's privacy and personal information. They were familiar with the person's care and support needs.

Is the service responsive?

Good

The service was responsive.

The service was responsive to changes in the person's health and liaised with external care professionals to ensure the person's needs were fully met.

Care plan was person-centred and reflected the person's current needs and preferences.

The provider ensured information was accessible to people in a way they could understand it.

A complaints procedure was in place and the person's relative knew how to make a complaint about the service.

Is the service well-led?

Good

The service was well-led.

Staff received support and guidance from the management team.

The person's relative was happy with the management of the service.

There was a quality assurance system in place to check if people and their relatives were satisfied with the service provided.

Star Projections Limited Trading As Eaton Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 January 2018 and was announced. We gave the service 48 hours' notice of the inspection due to the small size of the service and numerous responsibilities of the registered manager. As the registered manager is often out of the office supporting staff or providing care, we needed to be sure that they would be available to talk to in person.

The inspection site visit activity started on 5 January 2018 when we inspected the office and ended on 8 January 2018 when we received feedback from staff and one person's relative. It included contacting the person's relative, a health care professional and staff. We visited the office location on 5 January 2018 to see the manager and to review care records, policies and procedures. This inspection was carried out by one inspector.

On this occasion we did not ask the provider to send us a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and what improvements they plan to make. However, during the inspection we offered the provider the opportunity to share information they felt relevant with us.

During our inspection we spoke with the registered manager. We looked at records including care records for one person, and recruitment and training records for three members of staff. We checked staff related

documentation to see if staff recruitment, training and support were sufficient to ensure staff were able to deliver good quality care. We also looked at other records relating to the monitoring of the quality of the service, including audits completed by the provider. After the inspection we contacted one relative of the person receiving care, two members of staff and one health care professional.

Good

Is the service safe?

Our findings

The relative of the person who used the service told us they had no concerns about the person's safety. The relative told us, "I think that [person] is safe when receiving care from them".

The provider had procedures in place for safeguarding adults and whistleblowing. The staff received on-going training in these areas. Staff had a good understanding and knowledge of safeguarding people and knew how to recognise potential abuse or neglect. A member of staff told us, "There are different types of abuse. For example, physical, neglect, sexual, emotional, financial and physiological. All the forms of abuse show signs and symptoms which are: being withdrawn, depressed, lacking of personal hygiene, weight loss, and in physical abuse there may be bruising". Staff explained to us how they would report any concerns to the registered manager or other external agencies if they needed to.

Risk assessments had been prepared, which informed staff how to manage and reduce these risks and keep the person safe. The assessments clearly specified potential risks to the person and indicated the type of harm that may occur. These identified risks related to the person's mobility, their home environment and diabetes. The person's risk assessment emphasized that staff were to support the person when they were standing or walking at all times. All the risk-related information had been incorporated into their care plan, which described any actions needed to be taken to prevent or mitigate the identified risks.

Staff followed the provider's infection control procedures. They told us they used hand sanitisers, gloves and aprons when they provided personal care. This helped to prevent the risk of spreading infection. Staff were given regular training about infection control and prevention.

The relative of the person told us, and staff confirmed that the person had a regular staff team who supported them. Both the person's relative and staff told us they had no concerns about staffing levels. The person's relative said, "[Person] has regular staff. I feel they meet his needs".

We looked at recruitment records of three staff members and saw appropriate checks had been completed by the registered manager to ensure they were suitable to deliver care and support. Staff we spoke with told us they had completed application forms and were interviewed to assess their abilities. The registered manager had made reference checks with the staff's previous employers and conducted criminal background checks with the Disclosure and Barring Service (DBS). . The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and employ only suitable people who can work with children and vulnerable adults. The registered manager used this information to minimise the risk of the person being provided with care by unsuitable staff.

Staff were observed by the registered manager during spot checks. Spot checks are observations of staff aimed to ensure they follow safe and correct procedures when delivering care. We saw spot check records, which showed that staff followed relevant procedures and remembered to wear their identification badges and uniforms. During the spot checks, staff were also observed prompting and administering medicines to people. This helped to prevent any potential medication error.

A medicine policy and procedure was in place for staff to administer medicines safely. Staff recorded the medicines they administered on Medicine Administration Record (MAR) sheets, which contained details of the person's medicines and their person's health status. We saw that MAR charts were accurately completed. Records showed that staff were assessed as competent to manage medicines and, where required, staff were signed off by health care professionals. For example, staff were signed off by a district nurse as competent in administering eye drops.

The registered manager and staff were aware of what actions to take in the event of accidents or incidents occurring. We saw records of any incidents that had taken place. The provider was committed to learning from incidents to ensure that there was continuous improvement and people using the service remained safe. The provider had analysed information about previous incidents and accidents before the person had commenced their care with the service. Additionally, the service analysed any factors that could affect the person's mobility, such as the person's health condition and medicines taken. This allowed the registered manager to liaise with health care professionals who provided the service with an exercise program for the person to keep them safe. The registered manager explained to us that any incidents, accidents or changes in people's behaviour would be recorded and the information would be promptly sent to the office. This would allow the service to act immediately and to respond to any incidents or accidents and to learn lessons in order to improve the quality of the service.

The provider had an on-call system, which operated 24 hours a day. Robust contingency plans and systems were in place to ensure the service ran smoothly outside of office hours and in the event of untoward emergencies such as adverse weather.

Good

Is the service effective?

Our findings

The person's relative told us staff met the individual needs of the person who was therefore satisfied with the care provided. The person's relative told us, "I feel that staff are sufficiently skilled and experienced to care for our [person]".

The person and their relative told us they had been involved in preparing a comprehensive assessment before the person had begun using the service. The registered manager had carried out a full assessment of the person's needs, which included their physical needs and their wishes with regard to religious, cultural and end of life care. This information had been used to develop a care plan, which effectively addressed these needs and wishes. The needs assessment was closely linked to risk assessments and guidance on how to keep the person safe.

There were suitable systems for the induction and training of new staff. Staff received an induction into the service when they first started providing care and support to people. This included undergoing relevant training, which included moving and handling, and safeguarding. New staff shadowed more experienced members of staff for the period of three days to ensure their practice was safe and followed the agency's care plans and risk assessments. A member of staff told us, "I found the induction really useful".

Staff were monitored and their performance and skills to carry out their work were reviewed. Supervisions would take place every quarter after the first three months of employment. The supervisions provided opportunity for staff to discuss any issues or concerns with their line manager. As no members of staff had been employed for more than three months, we were unable to see any supervision records. However, we saw a supervision schedule with planned supervision meetings for all the members of staff.

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.

The registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. Discussion with the registered manager confirmed they were aware of the process to assess capacity and the fact that it is decision specific. Staff demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. They told us they understood the procedures needed to be followed if people's liberty was to be restricted for their safety. A member of staff told us, "The mental capacity act is designed to protect and empower individuals who may lack capacity to make their own decisions about their care and treatment; this applies to individuals over the age of sixteen. Examples of people who may lack capacity include people with dementia".

The staff team worked together to provide effective support to the person. All of the staff we spoke with praised the communication within the service. This included updates on the care and support for the person

but also cooperation with health care professionals. A member of staff told us, "We have a good communication with an occupational therapist (OT), a physiotherapist and a district nurse".

The person's dietary needs and preferences were recorded in their care plan. Staff had received training in food hygiene and diabetes to meet the person's nutritional needs safely. The person was offered choices of meals: they decided what they wanted to eat and staff helped to prepare such dishes. A member of staff told us, "The care plans say who provides food and does the shopping, describe special dietary needs and religious beliefs in terms of nutrition. Fluid intake and food charts are in place to monitor all intakes and to document them in the care plans at the end of each visit". This was confirmed by the records we looked at.

Care staff monitored the person's health on an on-going basis. One member of staff told us that as they provided regular support to this same person, they were able to see any changes in their well-being. Records demonstrated that the service made prompt referrals to other healthcare professionals when required. For example, to the person's GP, a physiotherapist or to the district nurse.

Good

Is the service caring?

Our findings

The person's relative told us that their family member was treated with kindness and compassion. They told us, "Staff have a kind and caring approach".

The person received care from staff who were familiar with the person's care and support needs. The person and their relative confirmed there was a stable, regular team of staff who delivered care. This helped ensure consistency of care and enabled the person to have a positive relationship with care staff. The person's relative told us their family member felt comfortable with staff who visited them regularly, and enjoyed their company.

Privacy and dignity were respected. Staff told us they remembered to knock on the person's door before entering their room. They also ensured that the curtains were pulled and the doors were closed while they provided the person with personal care.

Staff supported the person to make their own decisions about their care and how their support was to be delivered. Staff told us they were not only there to provide personal care, but to also enable the person to have a social life, to help them maintain a positive well-being. They told us they wanted to make their time with the person meaningful and to provide them with social stimulation.

The person's relative told us they had been involved in the person's care from the very beginning. They said the service was flexible and would do their best to accommodate the person's needs. The person's relative told us, "I'm involved in [person's] care and I believe he receives the care that is specific to his needs". The relative told us the communication with the registered manager was very good, which also contributed to the effectiveness of the care delivered.

The person was encouraged and supported to be as independent as possible. A member of staff told us, "I am promoting independence by asking them for consent, encouraging them to make their own decisions, respecting their religious beliefs, rights and choices".

When organising support, the registered manager took the person's preferences into account. The provider had an equality policy and staff understood that the person's support was based on their individual needs. The person had been asked if they preferred to be supported from staff of a specific gender. The person's relative told us, "I feel that [person] is well matched with his carers. His preferences were taken into consideration".

Personal information and care plans were filed securely in the office, which showed that the provider recognised the importance of the person's personal details being protected. Staff said they were aware of confidentiality and adhered to the provider's data protection policies.

Good

Is the service responsive?

Our findings

The relative of the person using the service told us that the person was able to make their own decisions and that their preferences were taken into consideration at all times. The service was responsive and the care plan was amended as soon as the person's needs changed. For example, we saw that the health care professional's input was recorded in the person's care plan following their assessment after a recent fall.

The care plan we looked at demonstrated a holistic approach. They contained comprehensive information about the person's health and the support they required. They also explored the person's understanding of the care to be provided and how this would be provided in line with the person's preferences. They also specified the person's religious and cultural wishes along with any advance wishes. A member of staff told us, "I think that the person is receiving care that is individual to them and meets their needs. During the initial assessments all needs are discussed with the individual, documented in their care plan and agreed. Risk assessments are carried out and documented to ensure the best service is provided to meet their individual needs".

The person's care plan was outcome-focused in order to improve the person's quality of life. For example, some of the desired outcomes were to encourage the person to do more exercises and to replace ready-made meals with home cooked ones. Records confirmed that at the time of the inspection both outcomes were being met by the service.

Staff told us that the care plan provided them with the information they needed to provide care and support matching the person's needs. They told us that they had time to read care plan and associated handover notes. This meant that they were aware of any changes in the person's care or health needs. A member of staff told us, "I was concerned about [person's] blood sugar levels. It was high so I called my manager who liaised with the district nurse".

Staff were aware of the person's communication needs. A member of staff told us, "I talk to my client as he does not need any communication aid and communicates verbally". The registered manager told us and records confirmed they had offered accessible ways to communicate for the person to consider. For example, at the initial assessment the person had been asked if they used hearing aids, Braille, British/other sign language, the Makaton communication programme or large print. However, the registered manager told us that the existing strategies were effective. They also added that they would develop this further when new people began to use the service.

Staff had received training in equality and diversity. This helped staff understand how to treat people equally, irrespective of their race, sexuality, age or gender. Staff we spoke with had a good understanding of the values of equality and diversity, and were respectful of all the person's care needs, personal preferences and their religious beliefs.

The registered manager contacted the person and their relatives to find out if they were happy with the level of care. This ensured that care was being delivered in line with the person's wishes and the person and their

relatives were satisfied with the service. We saw records of assessments and observations of staff who provided personal care. We looked at daily records completed by staff and found that they contained details about the care that had been provided to the person and highlighted any issues. This helped to monitor the person's well-being and respond to any concerns.

The service had a complaints procedure and a copy of it was available in a folder provided to each person using the service. Staff were aware of the complaints process and knew how to support the person to complain. Since the service had registered with the CQC, the provider had not received any formal or written complaints. The person's relative told us they knew how to raise their complaints, however, as they said, 'There is nothing to complain about'.

The service had a system to record people end of life wishes. For example, people could chose if they would like to receive end of life care in their own home, a hospital or a hospice. We discussed various aspects of end of life care with the registered manager. They told us and records confirmed that various options of end of life care had been discussed with the person. Details of the person's end of life wishes were recorded in their care plan.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The person's relative and staff consistently praised the management of the service. The person's relative told us, "We are very happy with the care and service that Eaton Care Services have provided for us. The management of the service is very good". A member of staff told us, "My manager has shown a high standard of care and understanding to the care needs of the service users showing respect to the service and myself. I have an excellent working relationship with my line manager who is always available in work hours and out of hours. My manager has supported me in all aspects of my induction to work and training".

Staff we spoke with told us that the service had an open and empowering culture, which was understood by care staff and demonstrated by the registered manager. A member of staff told us, "The culture of the service is client-specific, catering to all the needs of the service user, knowing the culture and religion and beliefs of the service user".

Staff we spoke with told us that feedback they received from the registered manager was constructive and supportive. A member of staff said, "I feel the feedback is motivating". They also told us that they felt fully involved in how the service was run.

The registered manager regularly provided care and support to the person, and covered care visits in times of unforeseen staff absence. They told us that this enabled them to maintain face to face contact with the person and provided a good opportunity to monitor the quality of the service and obtain feedback in an informal setting.

The register manager had systems in place to monitor the quality of the service. These included regular audits of records, such as MAR charts and care staff daily notes. The audits had resulted in improved record keeping. A member of staff told us, "The registered manager is always taking steps to improve, developing a positive workplace within our work sector".

There were appropriate policies and procedures, which the registered manager regularly reviewed and updated in line with relevant legislation. Staff were provided with information about these. The registered manager explained how they were continuously developing the service and liaised with training providers and the local authority to discuss where improvements could be made.

We asked the registered manager how the service worked to improve the quality of the service provided. The registered manager provided us with the evidence they sought for an opinion from health care professionals, people and their relatives. We saw that the results of the most recent survey were positive, with all the respondents saying they were happy with the care the person received.

We talked to the registered manager about the legal requirements applying to their post. These included submission of notifications of specific incidents to the CQC. The registered manager was aware of the requirements concerning these notifications. Being a small service, the number of notifications received was low, but the registered manager's knowledge of when notifications should be submitted reassured us that requirements were being met. All staff had a job description, which set out their role in providing care and support. This meant that staff were aware of their responsibilities. The registered manager also had a clear vision for future development of the service.