

Mrs Linda Darkens

# Star Absolute Care

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

Star Absolute Care is registered to provide personal care for people in their own homes. On the day of our visit the service provided personal care to 10 people with a range of needs including older persons who were frail.

The service provider, Mrs Darkens, also worked as the manager. Registered providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us Star Absolute Care provided safe and reliable care, but we found the service was in need of improvement in a number of areas as procedures were often informal with a lack of recording to demonstrate the service was safe and effective.

Staff were trained in safeguarding procedures and knew what to do if they suspected someone had been abused. The service's safeguarding procedure needed to be expanded to include details about the types of abuse people might experience and contact details about who they should contact to report any concern.

# Summary of findings

Staff supported people with shopping and the provider had policies and procedures about this, which staff confirmed they followed.

Staff supported people with their medicines and made a record when they did this, but this was not in sufficient detail to show the type and dosage of medicines administered. Whilst people said they were satisfied with the support they received with their medicines, staff training did not include any observations and competency assessments to ensure staff carried this out safely.

Staff training was provided but this needed to be expanded to ensure all staff had the required skills to effectively care for people.

Staff supervision and appraisal was in need of improvement. The provider said staff supervision and appraisals did not take place and that she checked staff performance by attending care calls with staff. However, staff told us they worked independently.

People's records were not available even though notice of the inspection was given to the provider. Not all people's records were securely maintained.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 which applies to domiciliary care. Not all staff were trained in the Mental Capacity Act 2005. The service had no policies and procedures regarding the MCA and the provider was unsure of how the MCA applied to people who received care.

People received a reliable service from regular staff. There were sufficient numbers of staff to meet people's needs. Checks were made on staff so only those staff suitable to work in a care setting were employed.

Each person had a care plan which gave guidance to staff on supporting people safely. Risks to people were assessed and recorded. These included environmental assessments for people's homes so staff knew any risks and what they should do to keep people and themselves safe.

People were supported to eat and drink where this was appropriate or requested by people. The service supported people to access healthcare professionals when needed.

People were supported by staff who were kind and caring. People were able to express their views and said they were encouraged to be independent. People said they were treated with dignity and respect.

People said their needs were regularly reviewed and they were contacted on a regular basis to ensure that their current needs were being met.

People and their relatives concerns were listened to and acted on. People and their relatives were aware of the service's complaints procedure and said they felt able to raise any issues which were resolved to their satisfaction.

We found three 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 this report.

# Summary of findings

## 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.

Adequate safeguards were not in place so people received their medicines safely.

Staff were aware of how to recognise abuse but the service's safeguarding policy did not include any definitions of abuse or details of how to contact the local authority safeguarding team.

Risks to people were assessed and recorded so they were minimised.

Sufficient numbers of staff were deployed so people received care at the agreed times.

Requires improvement



### Is the service effective?

The service was not always effective.

Staff supervision and appraisal was informal with no clear processes for carrying out supervision. Staff training was variable with some staff having completed a number of courses and some very little. This included a lack of training and guidance in the Mental Capacity Act 2005.

People were supported with food and drink when this was needed or requested by people.

Health care needs were monitored. Staff liaised with health care services when needed.

Requires improvement



### Is the service caring?

The service was caring.

People received care from staff who kind, caring and compassionate.

People were consulted about their care, which was personalised to reflect people's choices.

Staff supported people to maintain their independence and promoted people's privacy.

Good



### Is the service responsive?

The service was responsive.

People's needs were comprehensively assessed. Care plans were individualised and reflected people's preferences. Care needs were reviewed and amended to reflect people's changing needs and where people made specific requests.

Good



# Summary of findings

The service had a complaints procedure and people knew what to do if they wished to raise a concern. People and their relatives said any issues they raised were acted on and resolved.

## Is the service well-led?

The service was not always well led.

People's records were not always accessible and were not always maintained in a secure format.

People's views about the service were sought and the provider used this to decide if any improvements were needed.

**Requires improvement**



# Star Absolute Care

## 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. The 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 11 and 14 January 2016 and was announced. We gave the provider 48 hours notice of the inspection because it was a domiciliary care service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

The inspection was carried out by one inspector.

During our inspection we looked at care plans, risk assessments, incident records and medicines records for four people. We looked at training and recruitment records for four members of staff and spoke to three staff as well as the provider. We also looked at a range of records relating to the management of the service such as staff rotas, complaints, records, quality audits and policies and procedures.

We spoke with three people who received a service from Star Absolute Care to ask them their views of the service they received. We also spoke to a relative of one person who received a service from Star Absolute Care.

The service was last inspected on 31 January 2014 when no concerns were identified.

# Is the service safe?

## Our findings

The service had policies and procedures regarding the safe handling of medicines. This included a statement that staff were trained in handling medicines which involved a 'combination of simulation, observation and questioning techniques which we fully document.' Training records showed medicines training consisted of an on line course which did not involve any observations of staff or assessment of their competency as set out in the provider's policy. This was also confirmed by staff and by the provider. Therefore the provider could not be assured of staff competence in administering medicines. A record of the medicines people took was detailed in care plans but this was insufficient as it did not include the dosage to be taken. The provider said the exact dosage was on the medication containers at people's homes, which staff followed. Staff recorded that they had supported people to take their medicine in the daily records without including the quantity. The provider had not ensured there were accurate records of medicines administered to people which included the times, dosage and names of the medicines. Therefore they could not be sure that people received their medicines as prescribed. **This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People said they were satisfied with the support they received regarding their medicines.

The service had procedures regarding the safeguarding of people and staff knew what to do if they had concerns about the welfare of people. Staff were also aware of what constituted abuse but we noted the safeguarding procedures needed to be expanded to include details of the different forms abuse may take. The procedure also referred to the local authority and the Care Quality Commission but did not give details of how contact could be made such as telephone numbers. This was an area for further improvement. Staff had recorded their signature to say they understood these procedures.

The service had a policy regarding the handling of any people's money which said staff should not sell goods to people or take responsibility for people's valuables. From discussions with the provider, staff and people, we were aware that staff carried out shopping on behalf of people. Staff said how they bought small items of groceries and then gave these to people with a receipt for

reimbursement. People were satisfied with this service. We were also sent a separate policy regarding the handling of people's money. This included details about carrying out shopping on behalf of people and the use of receipts. Staff confirmed they followed this procedure when helping people with their shopping so that people's money and finances were protected.

People and a relative said care was provided in a safe way. People said they felt safe with the staff. A relative said how staff monitored care needs and provided safe care which in turn reassured them. The provider asked relatives and people about the standard of care by the use of a survey. A response from a relative stated, "It is reassuring to know mum is in safe hands."

Where people had mobility needs staff used a key safe system to gain access to people in their homes. This was recorded in people's care records. Staff knew the service's procedures for alerting the provider if they were unable to gain access to a person and when to call the emergency services.

Each person's records included risk assessments. These demonstrated the service had considered and assessed possible risks to people and staff. There was guidance for staff to follow to mitigate any risks. These included an environmental risk assessment of the person's home for using the stairs, appliances and wiring. There was information about the security of people's homes. Risks were also assessed regarding care needs such as behaviour and mental health. Care plans showed the action staff should take to reduce these risks when supporting people. The provider told us how risks and incidents were reviewed and gave an example of how she sought advice regarding one person's mobility needs which resulted in additional equipment so the person could be moved safely. We saw records of falls risk assessments which demonstrated how the person's mobility was assessed and the action staff should take to safely support the person. Staff received training in moving and handling by an interactive IT training programme. The provider told us this was enhanced by staff being instructed by occupational therapists so that each person's moving and handling needs were assessed and staff appropriately trained in supporting each person to move safely.

The service provided sufficient staff to meet people's needs. People and a relative told us staff arrived on time, always stayed for the agreed length of time and would stay

## Is the service safe?

longer to ensure the person got the help they needed. Staff time was organised on a duty roster which was provided to staff with the details of the times care was to be provided. Staff said they always had time to complete the care tasks and said they would stay longer so the person got the right care.

The provider's recruitment procedures enabled them to make safer recruitment decisions. The service employed

four staff who had all worked for the provider for over five years so the provider knew them well. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.

# Is the service effective?

## Our findings

Staff were not adequately trained and supervised to ensure they had the skills and competency to meet people's needs. Staff said they felt supported in their work but also said they did not receive any one to one supervision with the provider. One staff member described how they had frequent contact with the provider which allowed them to discuss any issues about people's care or their training needs. One staff member said when they were out on care visits that the provider "pops in from time to time" and stayed for the visit, whereas another staff member said they worked independently without the provider checking on them. The provider said she checked on staff performance by going out with staff on care visits but that this was not recorded. There were no records of any staff supervision, appraisals or checks such as observations of staff working at people's homes. The lack of checks on staff performance and competency included medicines training for staff as set out the Royal Pharmaceutical Society The Handling of Medicines in Social Care. This meant staff were not fully supported to provide effective care and the provider had not checked staff were working to an acceptable standard.

Staff said they were able to suggest training courses, which the provider made available. Training courses consisted of IT on line courses. Records of training completed by staff were variable. Two staff had a record of 11 training courses each, which included moving and handling, challenging behaviour, nutrition, first aid, risk assessment, communication and safe handling of medicines. One staff member had a record of just three training courses which included first aid, personalised care and moving and handling. For another staff member there were no training courses completed since they started work for the provider six years ago. There were records of training completed in 2007 before they worked for the provider in the following subjects: equality and diversity, safeguarding adults, and recognising abuse but this training was out of date. Only one of the four staff had completed training in the Mental Capacity Act 2005 and staff were not fully aware of the procedures because there were no clear policies and guidance in relation to this. Staff did not have sufficient training or information about how to respond when people did not have capacity to consent to their care and treatment as set out in the Mental Capacity Act 2005 and the associated Code of Practice.

The provider had not ensured care staff received appropriate support, training, professional development, supervision and appraisal to enable them to carry out the duties they are employed to perform. **This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People and their relatives said they received care from staff who were skilled and competent. A relative said how staff had a good knowledge of people's needs. This relative described the staff as "marvellous" and that staff went "over and beyond" what was expected of them. People also said the staff always assisted them appropriately.

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 provider was unclear about how this legislation and how it might relate to the care of those who did not have capacity to consent to their care. People and their relatives said they were consulted and had agreed to the arrangements for care. For example, one person said how they discussed their care needs with staff who then provided the agreed level of support. There was no record in people's care plans to acknowledge people had agreed to their care plan such as a statement or signature.

People were supported to eat and drink. Care records showed people's nutritional needs were assessed and care plans showed the actions staff should take to support people. Some people were independent and did not need to be supported with this. Other people had meals prepared by staff. People and relatives said this was carried out to a good standard with meals prepared as people preferred. Relatives and people said they were able to choose the food they wanted. A relative said how staff prepared meals and sandwiches and always made sure people had access to drinks. Staff made a record each time they supported people with their food so that food intake could be monitored.

Care records included details about health care needs. A relative said how staff were vigilant in observing people's health care and communicated with them if any checks or



## Is the service effective?

treatment were needed. Records showed the service supported people with health care needs, such as arranging and supporting a person to attend appointments with an eye care specialist.

# Is the service caring?

## Our findings

People were supported by staff who were kind and who treated people with respect. People described the staff as, “Very kind and understanding,” “Very nice people,” and, “They are wonderful.” A relative said the staff were always “very kind and considerate,” and said their relative was happy and settled with the staff. People and a relative said the fact the service had a limited number of staff meant that people and staff got to know each other well which made people feel comfortable with the staff. For example, one person said, “The staff are always consistent. They know me well, know what I want and what I don’t.”

People and a relative said staff treated people with dignity and asked them how they wanted to be helped. People said staff were “very obliging” and helped people with whatever they wanted. People said the support they received was personalised to meet their routines and their preferences. Visit times, for example, took account of people’s routines and were arranged to suit preferred times for getting up and retiring to bed.

A relative and people said staff provided emotional support and reassurance to people. People said their privacy was promoted when they received care.

The provider asked people and their relatives for their views on the service by the use of a survey. These confirmed people and relatives considered privacy and

dignity was promoted by staff. The survey also confirmed people felt involved in decisions about their care. A relative stated, for example, “I feel mum is at the centre of all the actions and decisions.”

Staff demonstrated values of compassion and treating people with dignity. One staff member said they treated people in a way they would like to be treated themselves or how they would like a member of their family treated. Another staff member was motivated to provide “the best possible care” and said it was important to treat people with dignity and to help them maintain their independence. Staff also had a good awareness of the importance of communicating effectively with people by being polite, respectful and patient.

Care plans were personalised to reflect people’s choices and preferences. These included daily living routines, cultural and psychological needs as well as supporting people to be independent. Staff also supported people to access community facilities such as taking people shopping. People’s communication needs were also included in the care plans so staff knew how to check with people what they needed.

People had appropriate information from the service. This included contact details for the service and a copy of their care plan. This kept them informed and ensured they knew how to contact the service for advice.

# Is the service responsive?

## Our findings

People received a personalised service which reflected their changing care needs and their preferences. People and their relatives said they were involved in discussions about what type of support and care the person needed. A relative said how there was frequent dialogue between themselves and the provider so care could be adjusted to suit people's needs. Relatives and people said care was arranged around their preferences. For example, a relative said, "The times of care are lovely. It fits in nicely with what we want."

Each person's needs were assessed. A booking form was completed at the time of the initial referral for the service and this included details about the type of service the person needed to meet their needs. The assessment of care and care plans covered a wide range of needs such as mobility, sight, hearing, speech, sleep, ability to provide 'self-care', eating and drinking, personal care and daily activities. The care plans included objectives such as rehabilitation, maintaining independence and avoidance of harm. Tasks and aims of care were recorded which included the times of care and were signed by the staff member who completed them. This demonstrated care was provided as agreed with people and as recorded in their care plans.

Staff completed a record each time they supported someone. The times staff arrived and when they left was recorded and showed care was provided as set out in the

care plan. We saw a communication sheet was used to record information about people, which could be passed onto the next staff member. These records showed staff paid attention to detail in providing and monitoring care.

Staff told us the care plans included the information they needed to provide the right care and that they communicated with the other staff so they knew what people's changing needs were. Staff also said they had sufficient time to meet people's needs and to talk to them.

People's needs were reviewed and relatives said they felt able to raise any issues they had. People and a relative said the provider and staff listened and acted on anything they requested. One relative, for example, said of the staff, "They always listen. Always follow instructions. If you leave a message they always act on it." The provider used a survey to ask people their views on the service which included a question on whether the person's views were listened to and acted on, which people said were. One person, for example, responded to this question with, 'Always. Very responsive.'

People said they knew what to do if they were not happy with the service and that they had a copy of the complaints procedure. The provider had a Service User Guide which included details of the complaints procedure. The provider said the Service User Guide was supplied to each person. People and a relative said they were given an information folder with details of who they could contact if they were not satisfied with the service they received.

# Is the service well-led?

## Our findings

The provider told us any accidents to people were recorded in the daily records and were reviewed to minimise the likelihood of it reoccurring. However, there was a lack of any system for collating this information so any trends could be identified.

On the first day of the inspection none of the care plans for people were available for us to see. The provider said this was due to her not being able to access the computer system where the records were stored. This was despite us having given the provider notice of the time and date we would be inspecting. The provider also said care plans in paper format were held at people's homes. We therefore returned three days later to see the care plans which were in paper format. The provider did not have an appropriate and accessible system for maintaining records related to people's care.

The provider raised an issue of communicating with staff by email. This included the names and addresses of people and the time of care calls as well as an outline of care needs so staff knew who they were supporting. This was not a secure system as the information was not anonymised or any security password used. There was a risk that people's personal identifying information could be at risk as the sharing of information electronically was not secure.

The provider did not have records related to people's care which were accessible and fit for purpose. The provider did not have an arrangement for ensuring the confidentiality of people's records and personal information. **This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The provider did not have a Duty of Candour policy and did not know their responsibilities for dealing with a notifiable incident to a person who was receiving care. The Duty of candour regulation sets out provider's responsibilities for contacting people and their representatives when an incident occurs to a person when care is being provided such as an injury. This was discussed with the provider and we underlined the importance of this as a working policy and procedure should a situation arise where its use is applicable.

The provider sought the views of people and their relatives about the service provided. This was done by asking people if they were satisfied with the arrangements for their care via a questionnaire survey. People confirmed they were frequently asked to give their views on the service either by telephone conversation with the provider or by completing a survey questionnaire. We saw a sample of the surveys which showed people and their relatives were satisfied with the standard of care. People said the staff were friendly and that they were consulted about their care. They also said they were satisfied with the personal care provided and were treated with dignity and respect. They felt they received a reliable service from skilled staff.

Checks on the reliability of the service in meeting the care appointments was based on contact from people and survey questionnaires as well as the provider checking the daily log records. Staff said they received regular contact and updates from the provider about any changes to people's care.

The provider for the service was also the manager who organised a staff team of four. Staff demonstrated values of compassion and a commitment to the safety of those they provided care to. They were aware of their responsibilities to report any concerns they had.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had not ensured the proper and safe management of medicines.

Regulation 12 (1) (2) (g)

### Regulated activity

Personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider had not ensured that persons employed received appropriate supervision, training and appraisal to enable them to carry out their duties.

Regulation 18 (2) (a) (b)

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had not ensured care records were maintained securely and completely.

Regulation 17 (2) (c)