

Stars Social Support Limited

Stars Social Support

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Star's Social Support is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of inspection 26 people were receiving support.

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.

Star's Social Support also provide support to people living in supported living. Support was provided to five people across three separate properties. These consisted of a five bedroom, a three bedroom and a two-bedroom property, each containing a staff sleeping room.

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

There was a lack of provider oversight which meant risks to people's safety had not been responded to appropriately and timely. There was no governance framework to monitor the quality and safe delivery of care and treatment. The provider's monitoring systems were not effective as internal audits did not identify the issues we found on inspection. The manager had a good working relationship with staff and external professionals to ensure people received appropriate care and support.

People did not always receive safe care. People's medicines were not managed safely, effective systems were not in place to ensure errors were identified. Staff had not always been recruited safely into the service. Recruitment files had missing information relating to how the service had sought assurances staff were suitable to work with vulnerable people. The service had failed to assess people for risks that would put them at harm.

People did not always receive care and support from suitably skilled staff. Some staff had not received training around people's specific needs, and the support staff received was inconsistent. Despite these concerns, people were happy with the service they received and spoke positively about the caring nature of staff. Assessments were carried out to ensure people's needs could be met. 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.

Elements of people's care records were personalised, however, not all information was present to support staff to get to know people and provide care in accordance with their preferences. There was no evidence of people having been involved in reviewing their records, and records were not always updated in a timely manner.

People told us staff were kind and they received support from the same core group of staff, which promoted good continuity of care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not always able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support;

People received care in a supported living setting which maximises people choice, control and independence. People were supported to manage their own needs and affairs as much as possible.

Right care;

Even though records were not always person centred, the people who received care confirmed the care they received was person centred, promoted their dignity and privacy. However, staff did not always follow or act in line with the MCA and code of practice.

Right culture;

Staff and management were respectful and aware they were supporting people living in their own home.

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

Rating at last inspection (and update) The last rating for this service was inadequate (published 29 October 2020). At this inspection not enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Star Social Support on our website at www.cqc.org.uk.

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 have identified breaches in relation to safe care and treatment, consent and 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

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement

procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Stars Social Support

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was conducted by two inspectors and an Expert by Experience. An Expert by Experience is 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 and flats.

This service also provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is

information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with seven people who used the service and three relatives by telephone. We spoke with five staff members. This included the registered manager, acting area co-ordinator, and three care staff. We spoke with the consultant who had been employed by the provider to support the service to improve. We looked at full care records for four people receiving support. We looked at training, recruitment and supervision records for staff. We also reviewed various policies and procedures and the quality assurance and monitoring systems of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We visited a supported living service and spoke to two people living there. We looked at training data and quality assurance records. We sent a letter to the nominated individual with a summary of our concerns and asked them how they would address them. We reviewed their response and actions.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to implement robust recruitment procedures. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Safe recruitment procedures were not in place to ensure only staff suitable to work in the caring profession were employed. Gap's in employment history were not followed up and when the disclosure and barring service (DBS) identified concerns, a risk assessment had not been fully completed to assess staff's suitability.
- Similar issues had been highlighted through previous inspections; an audit had commenced of staff files. However, to date only four files had been audited.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate recruitment was effectively managed. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- We reviewed staff rota's and identified staffed worked long hours. Shifts ran over several days with staff sleeping at the service and not having a break. This could place both the staff and people receiving care at risk.

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

Using medicines safely

At our last inspection the provider had failed to ensure robust systems were in place to manage medicines, this was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not managed safely.
- Medication administered when necessary (PRN) did not have detailed protocols in place to explain when and how these should be given, especially in relation to medication used to reduce anxiety.
- Medication administration records (MAR) which we reviewed as part of the inspection were written by the service. MAR's were not checked by two staff to ensure the information recorded was correct.
- Where people were unable to communicate verbally there was no guidance for staff about the signs and symptoms to look for to see if the person may need their PRN pain relief.
- The service had completed some monthly medication audits, but these had not been effective in identifying and addressing the issues found at this inspection.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate medicines were managed safely. 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

- People told us they always received their medicines on time and safely, and they had no concerns around their medicines.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure robust systems were in place to demonstrate risks to health and safety were managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People were not routinely and effectively protected from potential avoidable harm. We found the provider had not ensured they had done all that was reasonably practicable to mitigate risks. Risk assessments had not always been completed in a timely manner.
- Where risks had been identified and new guidance was provided by other professionals such as speech and language therapist (SALT). New risk assessments were not put in place in a timely manner.

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

Systems and processes to safeguard people from the risk of abuse

- During this inspection, we shared safeguarding concerns with the local authority because we were not assured risks to individuals were adequately managed.
- The provider had appropriate systems in place to safeguard people from abuse. However, they were not always implemented. For example, where people received financial support, audits of finances had been completed. Where errors were highlighted no actions had been taken.
- People told us the service was safe. Comments included, "It is fantastic and safe care, never any problems and I trust the staff" and "The staff support three times a week and it is usually the same person." Although

people told us the service was safe, this is not what we found.

- Staff told us they felt happy raising any concerns they had about people they were supporting and were confident they would be dealt with appropriately.

Preventing and controlling infection

- Staff had access to personal protective equipment such as masks, gloves and aprons.
- People told us staff wore the correct PPE.
- Staff told us they had received training and updates in relation to infection control.

Learning lessons when things go wrong

- Staff told us they completed accident and incident forms.
- There were appropriate processes in place for recording accidents and incidents. However, there was no overall analysis completed to identify where lessons could be learnt.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the 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. We checked whether the service was working within the principles of the MCA.

- People were not routinely supported in line with the Mental Capacity Act 2005 (MCA) and its code of practice. We asked the registered manager for evidence of how they had applied the MCA. They informed us "The social workers do this". Some people had a learning disability which may affect their decision-making ability. We checked care records and found no evidence people's ability to consent to care and treatment had been considered.
- We asked the registered manager if they had needed to make any decisions in people's best interests. We were informed they did for some people, however, there was no evidence of discussions held.
- The service had identified one person was "unable to weigh risks up". The person had no mental capacity assessment and no best interest decisions as part of their care plan. The information within the care plan did not provide guidance to staff as to how consent should be obtained. This meant the person was at risk of receiving care which was not in their best interests.
- We saw reference in care records to family members being decision makers, however, the service did not confirm relatives had the legal authority to make decisions on behalf of their family members.

The provider was not meeting the requirements of the MCA to ensure they protected people's rights This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure robust systems were in place to demonstrate staff were safe to deliver care, this was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- We were not assured staff had received sufficient training or the required updates to support them to meet the individual needs of people.
- In some people's care plans it stated staff required specific training such as managing behaviours that challenge, staff had not always received this training.
- The training matrix showed staff had completed e-learning for moving and handling and staff confirmed this. However, there was no records of staff having received practical training or their competency to carry out moving and handling practice assessed.
- Where training had been provided for staff, this was not always suitable. For example, staff required specific training for dysphagia (swallowing difficulties). However, they were provided with a link to a website which only provided them with a brief awareness. The provider did not follow up to check all staff's understanding.
- No appraisals had been completed for staff and supervisions were completed infrequently.

We found no evidence that people had been harmed, however, staff providing care and treatment did not have the necessary qualifications and competence. 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

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's nutritional and hydration needs were met. Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meal.
- Where people needed their food and fluid monitored, we saw staff kept records. However, the charts were not audited to ensure staff were providing food and fluids in line with the persons care plan.
- The service worked with other agencies and professionals to ensure people received effective care.
- Where people required support from other professionals this was provided, and staff followed guidance provided by such professionals.
- Information was shared with other agencies if people needed to access other services such as GPs, health services and social services.

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

- People's needs and choices were assessed prior to them receiving support.
- There was no evidence of any reviews taking place with people and/or their representatives.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Care plans did not reflect how people were involved in their care or reflect choices about preferences.
- People's diverse needs were not recorded. However, staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- People were supported to express their views about the service they were receiving.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People spoke positively about the care they received. One person told us, "I am satisfied with the care I am given; the staff are kind and caring and I couldn't wish for better."
- Relatives were also complimentary, one stated, "The staff are very caring. [Relative] is not the easiest person but the staff do support to meet their needs."
- The service promoted people to be as independent as possible. Staff gave us examples of how they supported people in completing certain aspects of their own personal care and day to day activities.
- Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Elements of people's care plans were person centred. However, they did not contain information about people's personal and family history or their interests, likes and dislikes which would help staff in getting to know people better and provide more personalised care.
- There was no evidence people had been involved in creating or reviewing their care plans.
- Information from external healthcare professionals was adopted into care plans ensuring staff had up to date and accurate information. However, for two people the information had been received 12 months prior and not added to the care plan until recently.
- During the COVID-19 pandemic with restrictions on accessing external facilities, where possible staff enabled people to have access to other surroundings and supported people to develop their independence.
- People told us staff supported them to undertake activities of their choice. People told us, "I like spending my time painting, cooking and staff even helped me find a language course" and "I like potting plants and then looking after them."
- Staff told us they provided care around people's wishes and involved people with their own care, choices and rights.

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.

- We did not see enough evidence of how AIS had been applied. All information recorded in people's files was written, there was no pictorial information. The registered manager informed us they had just implemented an easy read version of the complaint's procedure.

Improving care quality in response to complaints or concerns

- The service had a complaints system in place.
- Relatives were confident complaints would be dealt with appropriately. Four complaints had been received and were managed in line with the policy.

End of life care and support.

- At the time of the inspection no one was being supported with end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has remained the same. 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

- At the previous inspection we identified leadership, auditing and governance was not robust which meant the quality of care was poor. At this inspection we found this had not improved. There was a lack of management and provider oversight, although some systems had been implemented, we continued to find shortfalls that had not been identified by the provider, as sufficient audits had not been completed.
- There were ineffective systems in place to robustly check the quality of care. We asked to see provider level audits which had been undertaken to ensure any shortfalls in service delivery could be identified and acted upon in a timely way. Only one dated March 2021 had been completed. The lack of auditing had been raised as a concern at the previous inspection, yet steps had not been taken to address this.

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

- The provider had employed someone to support the organisation to improve. They were supporting the registered manager to understand their legal responsibilities and legal requirements including how to meet regulation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider told us they understood the duty of candour and their role. They were open and honest throughout the inspection about concerns raised. However, they needed to improve their own knowledge and understanding. This was highlighted at the last inspection.
- People, relatives and staff told us they felt comfortable talking to the registered manager. One person told us, "I know the manager, they have been here [to the property]."
- Staff told us they felt supported and listened to. One staff member said, "We put things to [registered manager] to see what her thoughts about new ideas are. She will feed back if we can or if we can't."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider was in the process of obtaining people's views of the service they received. The comments

received so far were positive.

- The provider had sent surveys to 45 staff to obtain their views, however, only four responses had been returned.

Working in partnership with others

- The registered manager provided us with examples of working with other agencies including the social services team in the local authority, to ensure people were assessed to have the right support in place.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent 11(1) Care and treatment of service users must only be provided with the consent of the relevant person |

The enforcement action we took:

Cancelled Registration

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 1. Care and treatment must be provided in a safe way for service users. 2. (1), a. assessing the risks to the health and safety of service users of receiving the care or treatment; b. doing all that is reasonably practicable to mitigate any such risks; c. ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely; g. the proper and safe management of medicines; |

The enforcement action we took:

Cancelled Registration

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance 2. (1), a. assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); b. assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from |

the carrying on of the regulated activity;

The enforcement action we took:

Cancelled Registration

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>2. Recruitment procedures must be established and operated effectively to ensure that persons employed meet the conditions in— a. paragraph (1), or b. in a case to which regulation 5 applies, paragraph (3) of that regulation.</p> <p>3. The following information must be available in relation to each such person employed— a. the information specified in Schedule 3, and b. such other information as is required under any enactment to be kept by the registered person in relation to such persons employed.</p> |

The enforcement action we took:

Cancelled Registration