

Shining Star Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Shining Star Home Care Limited is a care at home service providing the regulated activity of personal care to people. The service provides support to younger and older adults, some of whom may have dementia.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 10 people using the service, 8 of whom received personal care.

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

The provider processes and systems for governance and collaborative working with external stakeholders required strengthening. The provider needed to extend their knowledge of social care policy and procedures, to ensure they worked effectively with professionals involved in people's care.

Other aspects of the service which required improvement was around the providers understanding of safe recruitment and when specific incidents were notifiable to the CQC. Improvements were needed to daily record keeping and the overall monitoring and reviewing of people's records.

People told us they felt safe and supported by the staff who cared for them. Staff had a good understanding of how they protected people from harm and recognised different types of abuse and how to report it. Potential risks to people had been identified through assessments, however how this information was shared with people required improvement. There were enough staff on shifts to keep people safe and meet their needs safely. The provider did not have consistent assurances that people's medicines were managed in a safe way. Safe practice was carried out to reduce the risk of infection. Where incidents had happened, lessons had been learnt and shared with the staff group. Recruitment checks for staff required further work to make this more robust.

Where people had support with their meals, they were given food they enjoyed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Changes in people's care were communicated clearly and promptly to the staff team. Staff respected people's choices they made about their care. Staff were trained to support people with their end of life care. People had access to information about how to raise a complaint.

People, relatives and staff told us the provider and registered manager was approachable and responsive to requests. They told us how they felt the provider had a caring approach to all those involved in the service.

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

Rating at last inspection

This service was registered with us on 25 June 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified a breach in relation to the governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Shining Star Home Care Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post, however they were not available at the time of our inspection.

Notice of inspection

We gave the service 48 hours' notice of the inspection, which was then postponed at the registered

managers request. We then re-arranged the inspection visit to take place 7 days later. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. Please see the well-led section of the full inspection report for further details. In October 2022 we attempted a monitoring visit, however the registered manager did not attend the pre-arranged call. We used information gathered, such as people's experience, as part of monitoring activity that took place in October 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 3 relatives about their experience of the care and support provided. We spoke with 4 care staff, which included the nominated individual, the team leader and 2 carers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed care records for 2 people, 3 staff recruitment records, training records, staff rotas and documents in relation to the governance of the service. We also received feedback from three professionals who work with the service.



Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Improvements were needed in the providers systems to ensure the CQC were notified of events around allegations of abuse.
- For example, where safeguarding concerns had been raised, these were responded to by the provider. However, the providers processes had not addressed how concerns would be impartially investigated where there was a conflict of interest. The nominated individual advised that a review of their safeguarding systems had been strengthened following this incident, so that independent investigations would take place.
- People told us they felt safe from abuse as the staff who supported them were kind towards them.
- Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns.

Assessing risk, safety monitoring and management

- Improvements were needed in how people's relatives and health and social care professionals were involved with the assessment and ongoing monitoring of how people's care was supported and managed.
- Professionals shared examples where they had not been informed of a change in circumstances, one professional told us this had placed the person at potential risk of harm.
- Improvement was required in care documentation. People and relatives told us there was no accessible information which demonstrated what care had been agreed and how staff were to support them to keep them safe. People and relatives also told us staff did not record what care they had provided at each call.
- Paper records did not contain detailed information to guide staff on how to manage risks associated with people's care. The provider was in the process of moving these records on to an electronic care planning system, these records contained much more detail to enable staff to mitigate risk.
- Staff were knowledgeable of people's care needs and associated risks, however, without robust care plans, and daily records, the provider could not be assured they were able to meet people's needs safely and consistently. A consistent small staff group supported people. Staff had access to care plans and were kept up to date with people's needs through verbal conversations and group instant messages. Staff were

consistent in their knowledge of people's needs which was in line with the records that we viewed. However, detailed care plans are required should the current staff become unwell and agency staff are needed. Clearer guidance would be needed for them to meet people's needs safely and consistently.

Using medicines safely

- Medicines were not always managed safely. Improvements were needed in the record keeping of medicines which were administered to people. We did not find people were harmed because of this.
- Not all people we spoke with received help with their medicines. Where people were receiving support, people and their relatives were not aware of any record keeping staff completed to confirm medicines had been administered.
- Staff had received online training for medicine administration. The nominated individual completed spot checks and supervision with staff to ensure staff were following safe medicine administration.

Staffing and recruitment

- Staff were not always recruited safely. Improvements were required in the safe recruitment of staff. Staff files did not hold the relevant information to demonstrate that staff had been safely recruited. We did not identify that people were exposed to harm from this. We signposted the provider for safer recruitment procedures. We held a video call with the provider 2 weeks after our site visit, who demonstrated safer recruitment checks for existing staff was now in place. The provider had also implemented systems to support their recruitment process of new staff going forward.
- Improvements were required for staff's schedules, so the provider could be assured staff were attending calls in line with the person's time preference. For example, the rota for one staff member showed a list of people who required a morning and evening call, but there were no specific times or schedule of when these calls should take place. Staff told us care calls were done based upon their own individual needs, and not around the person's individual needs. The nominated individual told us they had been open about this to people at the beginning, as staff had personal commitments and that care packages had been refused as they were not able to make the care call times specified. We did not receive any complaints from people around call time expectations.
- People told us they knew the staff who supported them. Where people had a higher number of calls per day, people confirmed it was a small rotation of staff who supported them. People told us they had not had any missed calls and if staff were running late a courtesy call was received. People and relatives told us that staff stayed for the required length of time and did not feel rushed with their care and support.
- Staff told us there were sufficient numbers of staff on duty to meet people's needs.

Preventing and controlling infection

- People told us staff kept their homes clean and used personal protective equipment (PPE), such as face masks where needed.
- Staff followed their infection control training to reduce the likelihood of the spread of infections to people.

Learning lessons when things go wrong

- Staff communicated information about incidents and accidents to the nominated individual, who investigated and reviewed these events and used reflective practice to identify any learning that could then be shared with the staff to help prevent further occurrences.
- Where an incident had taken place, the nominated individual had put actions in place following their investigation to mitigate the risk of it happening again.



Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the effectiveness of people's care, treatment and support achieved good outcomes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Health care professionals, such as ambulance and GP's were contacted when staff identified people were unwell and needed additional support. However, social care professionals were not always advised of changes in people's health.
- People and relatives we spoke with said people's personal care was delivered in line with people's individual choices. Staff we spoke with knew people's individual needs and wishes.
- Pre-service assessments had been carried out, which included information about people's medical history, healthcare conditions and their care needs. This helped the service to plan and deliver the care and support people required.
- Staff were aware when a person was attending a health appointment and worked flexibly with the person to ensure they were ready for their appointments.

Staff support: induction, training, skills and experience

- People and relatives told us staff were confident in their skills and abilities to provide care and support.
- Staff who were new to care completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- Regular spot checks and competency assessments were carried out to ensure staff were applying their skills and knowledge in the right way. The nominated individual and team leader completed care calls themselves and worked alongside staff to identify and share if there were any areas for development needed.

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

- Not all people we spoke with required support with meal preparation or assistance to eat. Where this

support was offered, people felt staff supported them well.

- People told us they were given a choice of food to eat during their visits and staff always ensured they had access to drinks and snacks before they left.

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 MCA 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.

- People and relatives told us staff sought consent prior to providing any care and support. People felt staff respected their wishes and listened to them.
- Staff understood the Mental Capacity Act principles in the way they supported people.



Our findings

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

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

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

- People and relatives were complimentary about the staff who supported them. One person said, "They are all very helpful. Good as gold." While one relative told us, "The most caring staff."
- Staff spoke about people respectfully and shared examples of how they had got to know people and their individual preferences.
- The nominated individual told us they were confident people were supported by caring staff as this was discussed with people and their relatives.

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

- People and relatives confirmed people were involved in making decisions about their care including choices about time of their calls, to what level of support they felt they needed.
- Staff understood the importance of giving people time to express their views and make decisions about their care. One staff member told us, "It is very important to allow people the opportunity to tell me what they want, and I respect that."

Respecting and promoting people's privacy, dignity and independence

- All people we spoke with told us they were treated with dignity and respect. A relative said, "Staff are really enabling [person's name]. It's a weight off my mind."
- People were supported to be as independent as possible and felt staff encouraged this.
- Staff told us they respected the people's privacy by ensuring information about their care and support was only shared with their consent.



Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through organisation and delivery.

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

- People's day to day care and support was tailored to meet people's individual needs and preferences. People told us they staff listened and responded to their requests, and felt staff understood how to support them in the right way.
- Staff told us and we saw from care records they recognised when a person was unwell and required additional support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication and information needs had been assessed by the provider. However, the provider had not considered how a range of communication tools and aids were to be used to support effective communication with individuals and ensure they had information in a way they could understand.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise a complaint if they needed to but had not done so.
- The provider had a complaints procedure in place. Where complaints had been raised these had been responded to in line with the provider's complaints policy.

End of life care and support

- Staff were trained to support people with their end of life care. Staff told us they had received training for this. There was no person receiving end of life care at the time of this inspection.



Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider did not have systems or processes in place to monitor the governance and performance of the service. Without provider level oversight, the provider could not be assured they were identifying and managing risks to people's care and treatment in a safe and effective way. This meant the provider could not be assured that people's care and treatment was being provided in line with the regulations.
- The provider did not robustly audit care records, daily records and medicine records. Without checks in place the provider would not be able to identify shortfalls and make improvements.
- The provider had a small staff group, which meant that communication between the staff of any changes in people's care could be communicated easily. However, the provider should ensure that systems for communication and record keeping needed to be more robust, to ensure important information did not become lost.
- The provider did not fully understand safe recruitment processes. While we found that some checks had been done, these needed to be more robust. The provider acknowledged this and confirmed they would review their recruitment processes. We did not find this had a negative impact to the people who used the service, however, it had placed people at potential risk of harm
- There were gaps in the providers knowledge of when notifications were required to be submitted. We found that allegations of abuse notifications had not been submitted, as the provider's knowledge of when these types of notification should be sent was lacking. We have sign posted the provider so they can update their knowledge.
- There is a requirement on provider's to complete the Provider Information Return (PIR) when requested to do so. The PIR request was sent to the provider on 20 April 2022. No completed PIR was returned to the Care Quality Commission.

Systems and processes were not in place to identify, monitor and mitigate risks to the health, safety and

welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- Improvements were required to ensure the provider worked in partnership with external agencies and relatives to ensure people received a holistic service.
- There was poor communication and collaboration with external stakeholders and other services. Information was not shared as required and there was little evidence of partnership working. Professionals shared examples where phone calls and emails went unanswered.
- Procedures were not always followed by the provider when working with social care professionals when there were changes in people's care. We heard of examples where the provider had not updated the person's social worker when a person's needs had changed, or when they could not always provide enough staff to a person's care call. The provider told us they had kept families informed; however, it is important the provider keeps agencies involved in the person's care.
- People and where appropriate their relatives, did not always have access to information about their planned care. People and their relatives told us they had no access to contracts, plans of care, risk assessments or evidence of what had happened on call visits. The nominated individual advised they were moving to electronic records, however further consideration should be taken as to how the provider makes this information accessible to people and involve them in the planning of their care.

The provider had not always worked in partnership with other agencies involved in people's care to ensure people's needs were continually assessed, monitored and risks mitigated. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual told us the management team were also completing care calls, which meant it was difficult to also manage the administration and care management aspect. They told us that moving forward a dedicated staff member would be in the office so that phone calls and emails could be responded to consistently.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People were positive about the management team and the way the service was run. People told us they could contact the provider at any time. Relatives told us they felt on a day to day basis the care their families received was good and the care staff employed were caring.
- Staff spoke positively about the company they worked for. One staff member told us how they had been made to feel welcome and felt very supported by those who managed and run the service.
- The provider sought the views and feedback from people and staff. Spot checks of staff's approach was taken to understand where improvements were needed. Regular conversations with people who used the service also took place. Where feedback was given, actions were taken in a timely way.

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 understood their responsibilities under duty of candour and could demonstrate how they would be open and honest with people if something went wrong.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers governance systems and processes required strengthen.