Silverstars Care Ltd

Silverstars 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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This announced inspection took place on 24 January 2019 and continued to 28 January 2019. We gave the service 48 hours' notice of the inspection visit because it is a small domiciliary care agency and the provider works as part of the care team.

Silverstars Care provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. This is the first time the service has been rated Requires Improvement.

Not everyone using Silverstars Care receives regulated activity. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection the service was providing personal care support to 14 older adults.

The provider of the service was also the registered manager. 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.'

Robust governance and quality monitoring systems were not established or embedded within the service. Improvements were required in how the service was managed and how arrangements for accountability and delegation of management tasks were recorded. Monthly audits which included reviewing people's records, staff files and training were not established which would ensure the quality of the service and identify where improvements could be made.

People's safety was potentially put at risk from staff who had not been trained in all aspects of their roles. For example, medicine administration. Action was needed to improve medicine administration, recording and auditing. Where people required medicines with safe gaps in administration the guidance of health professionals and instruction on the medicine administration record were not always followed. Staff did not complete accident forms when medicines had been administered wrongly or inform the provider.

Risk assessments for people's individual care needs were not accurate, personalised and lacked detail of the identified risk. Although staff were aware of people risks, risks were not monitored adequately, or completed within care plans to ensure the effective monitoring and mitigation of the risk.

The quality of the assessment of people's care needs did not routinely take place before the service began. Although people confirmed they had discussions with the provider in regards their care, there were no formal recording of the pre assessments. Further work was needed to ensure a consistent approach to how people showed their agreement to their care by signing their care plans.

People's care plans and associated records did not detail their most current care needs and documents had

not been reviewed. Care plans were generic and held no evidence of individualised or person centred care. The provider told us they were not currently supporting anyone who required end of life care.

Systems in place for the recruitment and selection of staff were in place. Recruitment checks were routinely carried out before staff started their employment to ensure they were suitable to work with people using the service. Staff completed an induction process, however there were no further supervisions or competency checks completed or recorded. People told us they felt well supported but the service needed more staff.

We have made a recommendation in regard training, supervision and appraisal.

Silverstars Care had a small group of staff, although people told us they were supported by staff who treated them with kindness, respect and compassion. Some raised concerns in regards time keeping. The provider told us they were investing in a new on line system which would ensure the service was monitored more closely.

Staff understood their safeguarding responsibilities. People were supported by staff who treated them with kindness, respect and compassion. Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives. People were supported by staff who respected their privacy and dignity.

We checked whether the service was working within the principles of the Mental Capacity Act. People told us that staff sought their consent before providing care. One person told us, "The staff are helpful they always ask me first to check I am happy with the care they are giving me."

Systems were in place for recording complaints within the service. People's relatives told us they felt confident to raise complaints but had not needed to.

During our inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us an action plan detailing how they were going to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

People were at risk as risk assessments were not personalised or analysed to reduce risks.

People were not safe in regards the administration of their medicines as staff had not followed the relevant guidance in regards timely gaps in administration of medicines.

Lessons were not learnt and shared amongst the team. When errors occurred, professional guidance was not followed.

People were protected as the provider had completed full employment checks before staff were allowed to work with people.

People were protected from the risk of infection as staff followed infection control good practice.

Staff understood the signs of abuse and how to raise concerns.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received training to give them the skills they needed to carry out their roles but some improvements were required to ensure all staff were supported to carry out their roles.

People were asked to consent to their support and staff understood the principles of the Mental Capacity Act 2005.

The service worked with other healthcare services to deliver effective care.

People's needs and choices were assessed and effective systems were in place to deliver good care and treatment.

Is the service caring?

Good

The service was caring.

People were supported by staff who were compassionate and kind.

Staff knew how people liked to be supported and offered them appropriate choices.

People were supported by staff that respected and promoted their independence, privacy and dignity

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care records were not fully completed or person centred. They lacked information relating to people's support needs

People and their relatives were listened to and felt involved in making decisions about their care.

People and relatives knew how to raise any concerns and told us that they would feel confident to raise issues if they needed to.

Is the service well-led?

Requires Improvement

The service was not always well led.

There were systems in place to monitor the quality and safety of the service provided, however these were not always effective.

The service did not have appropriate policies in place, which had been updated to reflect the people's individual information.

People and staff spoke highly of the provider, who was approachable and supportive.

Silverstars 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. 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.

We gave the service 48 hours' notice of the inspection visit because it is a small service and the provider works as part of the care team. The inspection was carried out by one inspector, and an expert by experience made telephone calls to people using the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. We visited the office location on the 24 January 2019 to meet with the provider, and to review care records and policies and procedures. The expert by experience contacted people by telephone on the 24 January 2019. The inspection continued 28 January 2019 by the inspector who visited four people and one relative in their own homes.

Before the inspection we reviewed all the information we held about the service. This included notifications the agency had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the provider and three care staff members. We spoke with eight people or their relatives by telephone and visited four people in their home. We reviewed four people's care files, and three staff files. We reviewed policies, risk assessments, health and safety records, consent forms, staff duty rosters. We viewed the complaints procedure, training records, medicine policy, statement of purpose, and recruitment process. We contacted two health professionals by email and two by telephone but did not receive a response.

Requires Improvement

Is the service safe?

Our findings

The service was not always safe. This was because medicines were not safely managed and risks to people's safety and wellbeing were not assessed and therefore not well managed. For example, one person's care record informed us there were no risks of falls. On discussion with the person and their family we were informed the person was receiving care support due to their risk of falls.

Staff understood people's individual risks and the support they required. However, risk assessments had not always been completed or were not reflective of people's needs. One person had risks identified in regards their mobility. The registered manager explained the risk for this person was in regard to falls. Staff supported the person on a one to one basis. Staff told us they were finding it increasingly "Difficult" to support the person safely. The risk assessment in place to manage the person's risks had not been personalised and did not relate to the risks identified. We looked at a further four risk assessments and found they were not linked to the individual risks. We raised our concerns with the provider who agreed the risk assessments had not been completed correctly. They told us they planned to assess and review all risks and put new assessments in place.

Systems were in place to record accidents and incidents but these were not fully understood or followed. For example, the accident and incident policy had been reviewed in January 2019. The policy states that all accident or incidents are recorded and investigated by the registered manager. The provider informed us there had been no reports of accidents or incidents. However, we read in one-person's daily records there had been three occasions when they required additional support due to an accident with their skin tearing whilst receiving personal care. The person's loved one told us, "[Title] does have delicate skin, the staff know this." The registered manager informed us staff should have been completing accident forms but confirmed they had not received any or read the daily notes which identified the risk was not being managed appropriately or reported to the provider when accidents happened.

Staff had received the appropriate training in administration of medicines. Where needed, people received support to take their medicines. However, we found some medicines were not given safely as instructions on the person's medicine administration record MAR had not been followed. At the start of the inspection the provider informed us there were no medicines which were time specific. Two people's medicine administration record MAR stated, 'no more than eight tablets within a 24-hour period.' One relative told us, "It is not always possible for [Title] to have their pain relief as the gaps between visits are not long enough". Another person's records stated they were being given the medicines with gaps lower than the instruction on their MAR. One member of staff wrote in the person's daily records as a reminder to other staff, on 22 December 2018. '[Person's name] is being given their medicines too early remember the four-hour gap'. The provider told us they had not been made aware of the concerns, or received any accident or incident forms.

This is a breach of Regulation 12 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. Safe care and treatment

The service did not have a written business continuity plan in case of emergencies. This covered

eventualities where staff could not get to people's homes. For example, if there were any difficulties covering calls due to events such as the weather conditions or sickness. The provider informed us they would support their most vulnerable people first and ensure staff were able to get to work by driving them in their 4x4 vehicle.

People told us they were happy with the staff who came to support them but often experienced late calls. One relative told us, "We know the carers well but they are short on the ground when it comes to the amount of staff they have. It not so bad for [title] as I am here to help". Comments from people using the service included, "They do not always arrive on time and they don't ring and let me know." "They are usually on time, sometimes they are a bit late but they always let me know". "If they don't have enough staff they ask me if I can manage to support [title]. I don't mind sometimes." People told us they were sent their rotas each week informing them who would be visiting them.

People using the service and their relatives were concerned that the service had a small number of staff, although they remained satisfied with the staff who came to visit them. They informed us they were introduced to new staff. Newly recruited staff had worked in care before so were experienced. They worked alongside the provider to make a care staff team of five staff. They worked together to provide a stable staff team and continuity of care for the people using the service. The provider was in the process of recruiting new staff members. They informed us they needed an additional two members of staff which would enable them to have more time in the office. Care staff told us they worked a number of hours each week. One member of staff told us, "I do work additional hours but I don't mind. We are a small team and help each other out."

We looked at the procedures for recruiting staff. We checked three staff recruitment records of staff who had been employed. The files showed the necessary checks were made before new staff commenced employment. For example, disclosure and barring service checks (DBS). These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

The staff understood their responsibilities in relation to keeping people safe and could describe what they would do if they suspected or witnessed any form of abuse. The provider knew how to report any safeguarding concerns. There had been one safeguarding incidents. The provider was able to demonstrate they had worked with the local authority to resolve the issue, and learn from the incident. They explained how any lessons learned from safeguarding incidents would be used to improve any aspect of service delivery.

Staff were provided with infection control equipment, which was stored in the office. People told us they were protected from the risk of infection. One person told us, "[Staff] wear gloves and aprons." Staff we spoke with had a good understanding of infection control practices and confirmed they had sufficient amounts of Personal Protective Equipment (PPE) provided.

Requires Improvement

Is the service effective?

Our findings

Relatives and people using the service told us they received effective care because they had regular staff. This showed the service provided good continuity of care because people usually saw the same staff. However, we found improvement were required in regards effective assessments.

The provider informed us they completed initial assessments with people to establish whether they would be able to meet their needs. They informed us they visited people in their own homes to complete pre-assessments. They informed us this enabled them to meet the person in their own environment and understand how they wished to be supported. However, there were no assessments on people's files. The registered manger told us, they had completed the assessments on a note pad and had not transferred the information into people's records. Pre- assessments are important as they include details about people's preferences and risks they face.

The provider informed us although they had completed competency checks with staff they had not currently completed any supervisions or appraisals. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important to ensure staff are supported in their roles. Staff confirmed they had not received any form of supervision. The provider told us the service would be completing appraisals in the forthcoming year.

Staff told us they had completed an induction when they started working at Silverstar Care. Staff spoken with said they undertook an induction and refresher training to maintain and update their skills and knowledge. Training the provider deemed essential such as food hygiene, safe handling of medicines and safeguarding was provided and was being completed on line. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken. However, there was no monitoring of the training by the provider. This meant there was a risk that staff may not have the correct skills and knowledge to carry out their role.

We recommend that the provider considers good practice guidance to ensure all staff receive appropriate support, training and supervision and appraisal to carry out their roles.

The registered manager informed us that their training programme was being developed, and staff would be supported to complete training specific to their roles by the online training system they were using. They informed us staff would be supported to develop in their knowledge and skills by completing the Care Certificate or other vocational qualifications. The Care Certificate sets out common induction standards for social care staff to ensure their competence. People and their relatives told us staff knew what support was needed and had the skills to do their jobs effectively. Comments included, "They always seem to know what to do and I think they are well trained". "I would say about 50 to 60% have the knowledge needed for the job". "On the whole I would say they have all the skills needed for this job".

Some people were supported with preparing and eating their meals. Staff knew people's dietary

requirements and we observed from one person's daily notes that they were provided with appropriate food for their needs. People told us they chose what they wanted to eat and received appropriate support to eat and drink. We observed one care worker supporting a person with their lunch. They were able to tell us how they supported the person to receive a lunch of their choice, at a time the person chose to eat lunch. The person told us they were happy with the support they received with their meals. Another person told us, "They always microwave me a lovely hot meal for lunch and they get my tea for me. Sometimes they make me a sandwich or cheese on toast or scrambled eggs. They always ask me what I would like, it's up to me to decide and then they present it to me".

We asked if staff needed to use equipment, such as a hoist, to assist people to move. The provider and staff said people currently using the service did not have this level of need.

There was not a consistent approach to gain people's consent to care and treatment in line with requirements of the legislation and guidance. For example, care plans were not consistently signed by people receiving a service. One person said they had not read their care plan, they had not signed it. However, other care records showed people had signed their consent.

People were supported by staff who understood the principles of the Mental Capacity Act 2005 (MCA 2005) and what this meant for the people they visited. The MCA provides the legal framework for making 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 capacity to make decisions, any made on their behalf must be in their best interests and least restrictive as possible. People told us that staff sought their consent before providing care.

Discussions with care staff showed they knew to ask permission before doing anything for, or with a person when they provided care. One person told us, "The staff are helpful they always ask me first to check I am happy with the care they are giving me." A relative told us, "They ask [title] what they want, they [staff] don't just assume they can do things without consulting [title] first"

Staff knew people well and were knowledgeable about people's health conditions and the support they required to maintain good health. People were supported to access healthcare services. Staff told us they would always inform the office to keep them updated about any changes in people's health. Staff told us they worked well together to ensure people received consistent, effective care. A staff member told us, "If I visit and someone needs support from their GP I would stay and help them."

Good

Is the service caring?

Our findings

People praised the caring nature of the staff who supported them in their own homes. They said the staff cared about them and said, "They take an interest in you, and are very polite." Staff also recognised how people wished to remain as independent as possible; people said staff worked alongside them and listened to their wishes. A relative told us, "They do not do anything that would restrict [title], they would soon tell them if they were not happy about anything that they did. The staff seem very good and caring to [title] and they ask what [title] wants they don't just assume they can do things without consulting them first".

People's privacy and dignity was respected. People said staff ensured they delivered help with personal care in a manner which did not embarrass the person and maintained their dignity.

Staff were able to tell us in detail about people's care needs. Staff offered people choices about their care and treatment in ways which were appropriate and enabled people to have control over their support. We noted that staff spoke with people in a warm and friendly manner and took time to listen to people without rushing them.

People told us that they felt listened to by staff and that they made time to have a conversation. One relative commented, "The carers are lovely." People using the service comments included, "They [staff] are very kind and caring and we have an uproarious time! They provide me with all the care I need. If necessary they will pick up things from the floor as I find bending hard, I enjoy having a laugh with them, they are all lovely ladies". "They are very much kind and caring. I am a smoker and one day I ran out of Rizlas. The carer got me washed and dressed and then went. 20 minutes later they came back with some Rizlas for me, it was a total surprise. It was so kind, it made my day".

People and people's relatives told us that staff understood how to treat people with respect and upheld people's privacy and confidentiality. Staff explained how they would ensure that curtains and doors are closed when they are supporting a person with their personal care. The provider told us in their PIR, 'When we recruit we draw up a person specification, this includes the key personal qualities which we desire, these are kindness, compassion, respect to others, empowerment and promotion of dignity'.

People were supported to be as independent as possible. One relative said, "The staff will ask if [title] would like a shave or just a wash sometimes instead of a shower. They give a choice which is good. [Title] likes to feel in control of what is happening". Staff told us they felt they knew people well. One member of staff told us, "We are such a small team and see the same people, so we have developed trusting relationships with our clients."

Requires Improvement

Is the service responsive?

Our findings

People were at risk of not being supported in line with their assessed care needs. We reviewed four care plans which had missing information in regards the support people required.

The quality of care records needed to be improved as risk assessments, care plans and reviews did not always reflect people's current circumstances. They did not provide adequate guidance to staff and were not personalised. For example, we looked at four care plans, there was no additional information to guide staff on the support that people required. Some of the information on the front sheet was wrong. Two people were at risk of falls, the front sheet informed staff there were no risks of falls. A family member advised their loved one was at high risk of falls, they told us, "I'm not sure why the care plan would say they are not at risk of falls, that is why we started having care." The provider informed us, "Although the care plans are not individualised, staff speak to me all the time about any changes to our client's support." They informed us they were about to set up new systems in regards the monitoring and reviews of all care plans.

People told us they had been consulted in regards their care, however care plans lacked information in regards the support people required. Care plans were generic and held no evidence of individualised or person centred care. For example, one person's care plan held details in regards their risk to using a wheelchair. The review was dated 23 January 2019. The care plan did not identify the support required or what the risk was. The provider told us the risk related to mobility and the risk of falling and agreed the care plan did not share this information. The provider informed us they were planning on reviewing and updating all care plans to ensure they reflected individual support required.

The service had not fully implemented the Accessible Information Standards. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Each person's care plan lacked details in regards people's communication methods and how best to speak with and understand them. People told us information shared with them was sometimes too small to read. One relative told us, "We do know who is coming, we receive a weekly rota but the type is so small we can't read it". Another person said, "We get a weekly rota you can't read it. I don't know how people with poor vision manage." A relative told us they were concerned about their loved one's hearing aid, they told us. "Staff are supposed to change the battery every week, they don't always do it. It is important as they miss so much if they can't hear at their club." We looked at the person's care plan there was no guidance for staff on how to change the battery. Daily records over a four week period did not state that staff had supported the person to change their batteries.

Due to the small size of the care staff team and the small number of people using the service, staff said they could easily update one another. Silverstars Care used technology to organise changes in people's care and changes to staff rotas. Mobile phones communicated essential information to staff quickly. Staff told us they were kept up to date with information in regards changes.

People told us that they had not had a reason to complain about the service they received. All the people we spoke with felt confident to make a complaint or for a relative to make a complaint on their behalf. One

relative told us, "We see [provider] often as they are part of the care team. If I had any concerns I would of course tell them." Another person told us, "I have never had to complain, but would if I needed to."

At the time of the inspection there were no people receiving end of life care.

Requires Improvement

Is the service well-led?

Our findings

The service was not well-led. because there was not an effective system to regularly monitor and assess quality of the service and the risks to people using the service.

People's safety was potentially put at risk from staff who had not been trained in all aspects of their roles. For example, medicine administration. Risks, which could impact on people's safety and well-being, had been poorly assessed, while potential risks to staff and guidance for staff had not been formally assessed or routinely recorded. Aspects of quality assurance were ineffective, such as the quality of auditing care records to ensure they were accurate and had been signed.

Improvements were needed to ensure records held for each person were up to date and held accurate information. Each care record held a client detail sheet, the information on these sheets were not always accurate or gave insufficient information for people to receive support. For example, the client information sheet did not include people's sight, hearing, medication, communication needs or individual risks in regards malnutrition. The provider had not recorded or used recommended evidence based assessment tools to identify the risk of pressure sores and malnutrition. This meant there was a risk that staff or other health professionals such as emergency services would not have accurate up to date information in regards the person.

System and processes did not always identify and assess risks to the health and safety and welfare of people using the service. For example, for one person the risks identified by the commissioner's assessment had not been incorporated into a person's care plan, in regard their potential risk of choking. One member of staff told us they were aware of the risk, and would be confident to support the person in the event of an emergency but had not received any guidance or training in regards the specific risk to the person. The provider informed us they did not have processes in place in regards the risk.

Policy and procedures were not linked to the service. For example, a generic set of policies and procedures had been purchased and set up by the provider in January 2019. The provider introduced new records from the policies such as risk assessment, manual handling policy, safeguarding policy. However, when we reviewed the policies with the provider, improvements were still needed to make them meaningful to the service. The provider said they had not had time to implement the policies to Silverstars Care and would be changing to a new on line system.

The quality monitoring systems at the service were ineffective. The provider has been managing the service and providing care to people. The provider said their dual role of managing the service and providing care had impacted on their ability to review and update care records, complete training and audit the quality of the service. They said the appointment of a new deputy manager, and two additional staff would support them to manage the service more effectively.

The overall governance and performance management of the service was not reliable and effective. Systems were not reviewed, and risks not identified, recorded or shared. Staff completed a handwritten entry in daily

log sheets each time they completed a visit which recorded the time of their visit. There were no records of them being audited by the provider. The provider told us they looked at the records when they supported people with care in people's homes but agreed there were no systems in place to formally review the records, or return the records to the office. We noted when staff ran out of new daily records they wrote on the back of records already used. We reviewed one person's daily records over a four week period, this review informed us that the person's increased risk of skin damage was not being shared by staff to the provider. The lack of oversight and monitoring of this risk meant that staff were not being guided into understanding the risks and issues facing the person and the importance of sharing information.

Information was not always shared effectively. We asked the provider to provide us with an up to date contact list of people and their relatives who had given consent for us to contact them to discuss their experiences of the service. The contact list shared was out of date. One person told us they no longer received a service by Silverstars Care.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider had purchased a new on line system which they told us they planned to implement in February 2019. They told us the on line system would enable them to review all current records and implement new reviews for all people using the service. They informed us all staff would be trained to use the new system.

The registered manager was keen to drive improvement and learn from mistakes. They informed us during our inspection they had reflected on the lack of support in regards senior members within the team to support with quality assurance processes such as supervisions, and spot checks. Staff told us they felt supported by the registered manager and had daily contact with them. People spoke highly of the provider, and told us they felt they were approachable and supportive.

The provider is required by law to notify the CQC of important events which occur in the service to protect the safety of people who use the service and how this was being done. The provider was aware of their responsibility.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely and administered appropriately to make sure people are safe. The provider did not effectively assess or manage the risks to people's health and safety

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Improvements were required in the governance systems or processes to monitor the quality and safety of the services provided. Processes did not effectively assess, monitor and mitigate any risks relating the health, safety and welfare of people using services and others.