

Five Star Support Limited

Five Star Support

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

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: Five Star Support is a domiciliary care agency that was providing personal care to 12 people with physical disabilities, learning disabilities autism at the time of our inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service: People's consent to care had not been recorded in their care plans. Staff were not supported with regular supervisions and appraisals. Quality assurance processes were not always effective.

We have made recommendations around quality assurance processes and recording consent.

Risks were assessed and addressed. People were supported by stable staffing teams who had been safely recruited. Medicines were managed safely.

People were supported to eat and drink. Staff worked effectively with external professionals. Staff received regular training. 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 supported this practice.

People received kind and caring support. Relatives spoke positively about staff at the service.

People received personalised support. Staff supported people to access activities they enjoyed. The provider had an effective complaints policy. Nobody was receiving end of life care but procedures were in place to support with this where needed.

Staff spoke positively about the culture and values of the service. Feedback was regularly sought from people, relatives and staff and was acted on.

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014, around supervisions and appraisals. Please see the 'action we have told the provider to take' section towards the end of the report.

Rating at last inspection: This was the first inspection of the service since it was registered in January 2018.

Why we inspected: This was a planned inspection under our inspection programme.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

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?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Five Star 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out this inspection.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people and younger adults with physical disabilities, learning disabilities and autism.

Not everyone using Five Star Support receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. For people the provider helps with tasks related to personal hygiene and eating, we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is small, supports people in their own homes and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started and ended on 22 March 2019. We visited the office location on that date to see the registered manager and office staff and to review care records and policies and procedures.

What we did: Before inspection: We reviewed information, we held about the service, including the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send us within required timescales.

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

We contacted commissioners of the relevant local authorities and the local authority safeguarding team to gain their views of the care provided by Five Star Support.

During inspection: People using the service were not always able to communicate verbally. We spent time with two people who were visiting the service's office to understand their experience of the service. We spoke with two relatives of people using the service.

We looked at three care plans, one medicine administration record (MAR) and handover sheets. We spoke with five members of staff, including the registered manager, care manager, trainer and two support workers. We also spoke with an external professional who was visiting the service. Following our visit, we received feedback from an additional relative, external professional and a person using the service. We looked at two staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Some plans were in place to ensure people received support in extreme weather, but there was no overall business contingency plan. The registered manager could describe how support would be provided in other emergency situations but there was no plan in place to cover this. The registered manager said a business contingency plan would be produced to ensure this information was accessible to all staff.
- People indicated to us that they felt safe using the service.
- Relatives said staff kept people safe. One relative said, "[Named person] definitely feels safe around them."
- Risks were assessed, and plans put in place to address them. These covered risks arising out of people's health and support needs, for example specific health conditions they had. These were regularly reviewed to ensure people were safe.

Using medicines safely

- Medicines were managed safely. The service supported two people with medicines, and information on how this should be done was recorded in their care plans.
- For one person there was no record of when they had been prompted to take their medicine. We spoke with the registered manager about this, who said procedures would be changed immediately to ensure this was always recorded.

Staffing and recruitment

- The registered manager monitored staffing levels to ensure enough staff were deployed to support people safely. Staffing levels were based on the assessed level of support people needed, which was regularly reviewed.
- People were supported by a named key worker and stable staffing teams. They were involved in choosing the staff they wanted to support them. The registered manager said, "The one thing relatives say to us is I want to know who is coming into our house and taking our son or daughter out. Why can't companies offer that? It's what I'd want."
- People indicated to us that they were happy with the staff supporting them. Relatives spoke positively about staffing levels and stability. Comments included, "We get the same staff and routine, which [named person] really likes" and, "They're very good with consistency of staff."
- Systems were in place to minimise the risk of unsuitable staff being employed. These included recruitment checks of people's employment history and a Disclosure and Barring Service check.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. Staff had access to the provider's safeguarding policy, which set out how concerns could be reported.
- Staff said they would not hesitate to report safeguarding issues. Comments included, "If I saw something

I'd report it" and, "I'd report any concerns I had."

- Records showed that where issues had been raised they were appropriately investigated and dealt with.

Learning lessons when things go wrong

- Accidents and incidents were monitored to see if lessons could be learned to help keep people safe. This included reviewing how support had been delivered and whether improvements could be made to increase people's safety.

Preventing and controlling infection

- The provider had effective infection control processes in place. These included infection control training for staff and ensuring personal protective equipment was freely available.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. One regulation was not met.

Staff support: induction, training, skills and experience; delivering care in line with standards, guidance and the law

- Staff were not supported with regular supervisions and appraisals. There was no policy on how often these should take place. Some staff had not received any supervisions despite working at the service for over a year. No appraisals had taken place. After our visit the registered manager told us plans were now in place to carry out supervisions.

This meant staff had not received supervision and appraisal as is necessary to enable them to carry out their duties. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Staff received regular and effective training. The provider had recently appointed a training manager to ensure training responded to the skills staff needed. Training was regularly refreshed to ensure it reflected the latest guidance and best practice.
- Staff spoke positively about the training they received. Comments included, "It covers all the things I'd want" and, "Training is frequent. It gives us all the skills we need and covers what we need."
- Newly recruited staff were required to complete induction training before supporting people. This included shadowing experienced staff and completing Care Certificate training. The Care Certificate is a nationally agreed and recognised set of standards.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices
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 with appropriate legal authority. Applications must be made to the Court of Protection when people live in their own homes. None were required for the people supported by the service when we inspected as all were able to consent to their care.

- People's consent to care had not been recorded in their care plans. Staff and relatives had signed care plans to consent on people's behalf even though people had capacity to do this themselves. Verbal consent had been obtained from people but had not been recorded.

We recommend that the service seek support and training for staff around recording consent.

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

- Before people started using the service an assessment was carried out to ensure appropriate support was available. This included meetings with people, their relatives and external professionals involved in their care.

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

- Some people received help with eating and drinking as part of their support. Where this was the case care plans contained information on their dietary needs and preferences.
- Relatives spoke positively about the support people received with eating and drinking. One relative said, "They support her with meals and they're good at monitoring it. They know all about her special diet."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access a wide range of external healthcare professionals to monitor and promote their health. Care records contained evidence of close working with professionals such as learning disability nurses and social workers.
- External professionals said staff at the service worked collaboratively with them to provide effective support. Comments included, "They always attend planned reviews and participate in fully" and, "They conduct themselves professionally and are honest in their reviews."

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and caring support. Staff had professional but warm and friendly relationships with the people they supported.
- Relatives spoke positively about the support people received. Comments included, "I don't think it can get any better, I really don't. [Named person] is happy and cared for" and, "They're more like family. [Named person] adores them."
- People were comfortable and happy with the staff supporting them. We saw people and staff enjoying spending time with one another. One person signed to us they liked spending time with staff.
- Staff knew the people they supported very well. We were involved in discussions between people and staff about people's hobbies and interests.

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

- Feedback was sought and acted on. Questionnaires were regularly sent to people and relatives asking for feedback on the service. The results of these were shared in regular newsletters. We saw that the results of the most recent survey were positive.
- During the inspection we saw staff regularly asking people and relatives how they were and asking them to express their views on the service.
- Policies and procedures were in place to support people to access advocacy services. Advocates help to ensure that people's views and preferences are heard.

Respecting and promoting people's privacy, dignity and independence.

- People were treated with dignity and respect. We saw staff speaking with people in a polite and professional way, and respecting people's choices. One member of staff said, "We respect people's feelings and thoughts. For example, people who have a religion, we can discuss it even if I don't believe."
- Staff were committed to protecting people's privacy and were able to tell us how they did this.
- People were supported to maintain relationships of importance to them. Staff supported people to spend meaningful time with relatives and friends.
- The outcomes for people using the service reflected the principles and values of Registering the Right Support. People were supported to have control of their lives and to maintain their independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. We saw staff encouraging people to do what they could for themselves and retain and develop their independent living skills.
- Relatives spoke positively about how staff enhanced the lives of people and supported them to be as independent as possible. One relative said, "He's very much involved in planning his support and what he wants to do. He's in charge. He makes decisions and is independent."

- People were encouraged to live as full a life as possible in accordance with Registering the Right Support principles. For example, some people were being supported through further and higher education studies. The registered manager described how people would be supported to work where this was appropriate.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received support that was personalised to their assessed needs and preferences. People and their relatives told us they received the support they wanted.
- Care plans were person centred. They contained evidence of the involvement of relatives in writing and relatives confirmed they were regularly reviewed.
- The involvement of people in creating their own care plans was not always recorded. The registered manager said they would address this so that people's voices were present.
- Care records contained information on people's family background, hobbies and interests and relationships of importance. This helped staff to get to know the person as a whole and to better understand their preferences.
- Effective handovers of information took place to ensure staff had the latest information on the support people wanted and needed. We saw staff updating each other on how people were during the inspection.
- Staff were knowledgeable about supporting people to communicate effectively. This included using Makaton and the Picture Exchange Communication System.
- People were supported to access and fully participate in activities they enjoyed. This included accessing an onsite day centre, visiting local attractions and going on a group holiday with other people and staff.
- We saw people enjoying a karaoke session in the onsite daycentre during our inspection. We also communicated with one person about what they had done that day, including hobbies they enjoyed.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints system. People and relatives were provided with the provider's complaints policy when they started using the service. The service had not received any complaints since it was registered but the registered manager was able to explain how these would be investigated.
- Relatives told us they were aware of the complaints policy and would not hesitate to raise any concerns they had.

End of life care and support

- At the time of our inspection nobody was receiving end of life care. Procedures were in place to support this should it be needed.

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.

Service management and leadership was inconsistent. One regulation was not met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The provider and registered manager carried out quality assurance checks to monitor and improve standards at the service, but these had not identified the issues we found during the inspection.
- Records of care plan audits consisted only of a signature list of staff to indicate they had looked at them. There was no record of how care plans had been audited, any issues identified, or remedial action taken.

We recommend that the service seek support and training for the management team around quality assurance processes.

- Relatives said the registered manager and provider promoted positive values and an open culture at the service. One relative said, "It's a totally open place and you can come in whenever you want. I think it shows they have nothing to hide."
- External professionals were positive about the leadership provided by the registered manager and provider. One external professional said, "The manager is very knowledgeable about people with learning disabilities."
- People we communicated with indicated they were happy with the support they received.

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

- Staff spoke positively about the leadership provided by the provider and registered manager and said they felt supported in their roles. Comments included, "Management are approachable. All the staff work as part of a team" and, "The management are lovely. Really easy to speak to."
- Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications.

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

- Feedback was sought from people and relatives in regular surveys. Questionnaires were produced in an easy read format to maximise participation. The results of these were collated and shared with people and relatives.
- A sample of recent survey returns contained positive feedback.
- Staff were encouraged to give feedback in regular surveys and staff meetings. Staff confirmed they were encouraged to share their views and felt their opinions were respected.

Continuous learning and improving care; Working in partnership with others.

- Staff worked with other agencies and organisations to improve people's care and enhance their lives. The service was an accredited provider of work experience to a national disability equality charity and took people on placements to develop their workplace skills. Staff had links with local educational establishments and supported people to access these.

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 18 HSCA RA Regulations 2014 Staffing Staff were not supported with regular supervision and appraisal. Regulation 18(2)(a).