

Stars Social Support Limited

Stars Social Support

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

About the service:

Stars Social Support is a domiciliary care agency providing personal care to people in their own homes. At the time of this inspection it was providing services to 81 people.

People's experience of using this service:

- People told us staff were kind and caring. They were positive about how they were treated by staff. People told us they were in control of their day to day routines and staff supported them to remain independent. Staff asked people for consent before providing care, however improvements were required in how the service recorded when people consented to their care or when they lacked the mental capacity to make the decision themselves;
- People felt safe in the presence of care staff. However, some staff recruitment records did not contain all the information required by regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; fit and proper persons employed. New staff received an induction to the service, which included time shadowing an experienced staff member. We fed back to the provider to start recording staff inductions so they can clearly evidence when key learning objectives were met;
- The service supported access to other community health professionals as required. Staff supported people safely with their medicines, though some minor improvements were required with the quality assurance systems which promoted safer medicine administration;
- Staff received a range of training and people thought staff had the right skills and experience to care for them effectively. Most staff were supported in their role through regular supervision meetings with their line manager. The provider had recently introduced an electronic system which monitored staff training and supervision commitments and flagged when these became overdue. This system was relatively new so its efficacy needed to be tested over time. We have made a recommendation about recording staff meetings;
- People were informally asked for feedback about the service and they told us they were confident they could raise any concerns with staff or the manager. We have made a recommendation about expanding the provider's stakeholder feedback processes. Some people and their relatives said the office communication was poor at times, in particular when communicating changes to people's rota schedules;
- The provider had recently started to overhaul people's care plans to improve the quality of information it included about a person's care and support needs, thereby increasing the likelihood of them receiving person-centred care. We looked at a sample of the new format care plans and they were much improved over the previous version. However, as the service was less than 10% through this project we need to see this improvement implemented service wide. People and their relatives told us they were consulted about their care, though the service was not always recording these discussions during care reviews.
- At the last inspection the service was in breach of Regulation 17. At this inspection the service had not made enough improvements to meet the requirements of this regulation and therefore was in continued breach of Regulation 17.
- The service met the characteristics of good in the key question of caring. The registered manager had plans

in place to improve other areas of the service. The provider had not ensured adequate steps were taken to address all issues previously raised at the last inspection;

- More information is in the full report.

Rating at last inspection:

At the last inspection the service was rated good (published 1 February 2017). The service was rated requires improvement in the well-led domain with one breach of Regulation 17.

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

Enforcement:

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:

We will continue to monitor this service. We will check improvements have been made by completing a further inspection in line with our re-inspection schedule for those services rated requires improvement.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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. 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.

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk of choking and unsafe nutrition and hydration support. This inspection examined those risks.

Inspection team:

The inspection was carried out by an adult social care inspector and one Expert by Experience.

Service and service type:

Domiciliary care agency.

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 we needed to be sure that the registered manager would be available

Inspection site visit activity started on 13 February 2019 and ended on 14 February 2019. We visited the office location on 13 February 2019 to see the registered manager and staff; and to review care records and policies and procedures. The Expert by Experience contacted people and their relatives on 13 February 2019

for feedback about the service.

What we did:

- We reviewed notifications we received from the service
- We reviewed information we received prior to the inspection from people using the service, their relatives and care staff.
- We looked at three people's care records
- We looked at records of accidents, incidents and complaints
- We looked at audits and quality assurance reports
- We spoke with five people using the service and five relatives.
- We spoke with five members of staff.
- We spoke with the registered manager.

Is the service safe?

Our findings

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

RI: ☐ 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.

Using medicines safely

- We found medicines were generally managed in a safe way, though some minor improvements could be made to the monitoring systems.
- Staff completed records to confirm what medicines people had received and when. However, the service had no system for checking people's medication administration records were accurate and up to date. This meant potential medicine management issues were at risk of not being identified or responded to as quickly.
- Staff were trained to administer medicines and feedback from people and their relatives about the medicines support they received was all positive.

Staffing and recruitment

- We checked the provider's recruitment records to see if staff were employed using safe recruitment practices, to make sure they were suitable to work at the service. We found staff were subject to a range of checks before they were employed and this supported the provider to make safer recruitment decisions. However, two out of three staff files checked did not contain references, which is required by regulation. These checks help employers to make safer recruitment decisions. After the inspection the provider said they would submit further evidence to show safe recruitment practices had been followed. However, no supporting evidence was submitted to the CQC. At this inspection we concluded the provider had failed to sufficiently improve their recruitment practices. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; fit and proper persons employed.
- People said they were supported by a consistent team of staff. Comments included, "Sometimes I have all different people, but it is often people who I have met before. New staff always shadow someone experienced for a while before they are left to do it on their own" and "The staff are very good. I have the same staff all the time as I like continuity. I get the odd change of staff but no calls have been missed or cancelled."
- The service had sufficient numbers of staff employed to meet people's needs. At the time of this inspection the service provided approximately 1600 hours of support per week and had a total of 68 staff employed.
- People and their relatives told us staff arrived on time and stayed the full duration of the care call. However, some people told us staff rotas or changes to call schedules were not always communicated effectively by the management team.

Assessing risk, safety monitoring and management

- People had been assessed to make sure any potential risks were minimised. Where risks had been identified, care plans had been put in place to guide staff on the best way to manage and minimise the risk. They were detailed and provided care staff with information which ensured they delivered care in the safest way possible.
- Most people's risk assessments were dated to show when these had been implemented or reviewed by a member of staff. We recommend all people's care plans and risks assessments are dated.
- Staff completed detailed daily records after each call to evidence care delivered. However, the management team had no system in place to check people's daily records at appropriate intervals to ensure staff were delivering care in line with people's care plans. This lack of oversight increases the risk of people receiving inappropriate care and treatment as issues are less likely to be identified and acted on. We discussed this concern with the manager and they agreed to review their safety monitoring processes for care delivered.

Systems and processes to safeguard people from the risk of abuse

- People who used the service told us they felt very safe when receiving support from staff.
- We saw a policy on safeguarding vulnerable adults was in place and the registered manager was clear about their responsibility to report safeguarding incidents as required and in line with safe procedures.

Preventing and controlling infection

- Staff completed training in infection control. Staff had access to personal protective equipment such as gloves and aprons to help prevent and control the spread of infection.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which may have helped to prevent a reoccurrence.

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

RI: ☐ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 with appropriate legal authority. The service provides support to people within a community setting therefore, any decision to deprive a person of their liberty within the community must be legally authorised by the Court of Protection.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- At our last inspection on 31 October 2016 we found the registered provider had failed to maintain an accurate record in relation to decisions taken about a person's care and treatment.
- At this inspection we found the service had improved but further improvements were required.
- When people or their representatives consented to care and support arrangements this was not always clearly evidenced in people's care records.
- Improvements were also required with the quality of people's mental capacity assessments. In one person's care record we checked the mental capacity assessment was undated and the assessor's name was left blank.
- Staff we asked were aware of the importance of obtaining consent when providing care and support, and had received appropriate training.
- We found that people's capacity to make decisions was assumed unless there was evidence to suggest otherwise.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported by the management team. In records we checked staff had received appropriate ongoing or periodic supervision in their role to make sure competence is maintained.
- We found all staff had received training to carry out their roles. Most people said they felt staff were well trained and provided effective care. Comments include, "The Staff are well trained. The ones who support me are all familiar and I have good chats with them. If they think that I need the doctors or something, they support me to arrange it and accompany me on my appointments" and "I have always found the staff to be well trained and up to the job."

- The provider told us all new staff received an induction and completed a period of shadowing with an experienced carer before they were able to start working at the service. However, inductions of new staff were not robust as they were not recorded and the provider had no clear induction process in place. This meant key learning objectives in a staff member's induction to the service and role, such as checking their competency or understanding of the service's policies and procedures, was more likely to be missed. Providers must ensure they have an induction programme that prepares staff for their role.
- Despite our concerns around staff inductions the feedback we gathered from staff at inspection about the induction process was all positive. One staff member said, "It didn't feel like I was being chucked into the deep end at all."
- The provider told us they had recently introduced an electronic system which could monitor aspects of the service and when actions became overdue, such as staff training and supervision, this would be flagged. As the system was new we would need to see this improvement at the next inspection so the benefits could be tested over time.

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

- There were details in each person's care file, where appropriate, of their needs in relation to nutrition and hydration. More detail was needed in regard to people's food likes and dislikes. We saw the service had started a service-wide overhaul of people's care records to improve the quality and content. We need to see this improvement at the next inspection.
- We saw staff recorded when support with meals was provided in people's daily notes. However, as the provider had no system for checking daily logs the provider was not able to show us clear evidence that meals support was consistently delivered in line with people's care plans.
- Most people spoke positively about the meal support they received. One person said, "They help me to use the cooker and things. I can make jacket potatoes and beans, but they help me if I want something a bit harder to make, they always follow my care plan." Another person told us they had food allergies and in some cases it felt as though the staff supporting them were unaware.

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

- People's needs and preferences were assessed and staff had time to get to know them before providing their care.
- Managers within the service monitored the quality of assessments, to ensure they met the requirements of the law

Staff working with other agencies to provide consistent, effective, timely care

- Staff had a good knowledge of the healthcare needs of the people they supported.
- Staff knew when to contact outside assistance. People's care records supported this.
- Advice provided by healthcare professionals was incorporated into people's care plans, so staff were providing care which met people's health needs.

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

Good: ☐ 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's cultural needs were assessed when their care packages were devised. Their cultural backgrounds and religious needs had been recorded and we saw, where required, care packages had been designed around this
- Through talking to staff, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- People told us they felt staff treated them well and upheld their rights. One person said, "The staff are kind and caring. I already know a lot of the staff. They listen to me and I feel that I can always chat with them about anything."

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

- People told us they had been involved in making decisions about their care.
- Some people said changes to staff rotas were not always communicated to them by the management team.
- One person said, "The only problem is the office and communication. They don't listen to me. They are always late with rotas and it's the staff who sometimes have to tell me of changes, rather than the office." Another person said, "The communication is so bad. You don't find out anything until the day before. I have missed hospital appointments and other important commitments."
- It is important to communicate changes to people's call schedules so that people are more in control of their care and support and it enables them to effectively plan their daily routine. Improvements are expected in this area.
- People who used the service told us they took part in regular reviews where they could voice their opinions about the care provided and were involved in decisions about any changes. One person said, "The care plan is regularly reviewed as things need to change and we have had a good experience with them." However, people's opinions were not always clearly evidenced in care reviews.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they felt treating people with dignity and respecting their privacy was an underpinning aspect of their role.
- People commented, "[Staff] have always been very good at knocking on doors and upholding my dignity

when giving care" and "They [staff] are good about privacy and dignity. They turn the TV down and shut the doors when helping me. They always knock and are very well trained in those ways."

Is the service responsive?

Our findings

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

RI: ☐ People's needs were met.

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

- The provider had recently started to overhaul people's care plans to improve the quality of information about a person's care and support needs, thereby increasing the likelihood of them receiving person-centred care.
- We found the new care plan format was more detailed and showed the person's needs and preferences had been taken into consideration. We need to see this improvement embedded service-wide at the next inspection.
- Care records did not always clearly evidence when staff had reviewed people's care or sought people's views as part of this process. Regular care reviews is one way of ensuring people have a say about the care they receive and checking it remains appropriate and meets their needs.
- The provider showed us evidence they had started to record care reviews. Again, we need to see this improvement embedded service-wide at the next inspection.
- People told us the service supported them to pursue activities of their own choosing. Comments included, "Staff support me to all the places that I want to go. They take me shopping in the car and to the park, we have some nice walks and some nice lunches and meals out. I feel very well supported and cared for by them" and "They [staff] take me to restaurants and to a social night at weekends."

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receiving and management of complaints were clear and well managed, so that complaints improved the quality of care people received.
- We checked the complaints the provider had received in the preceding six months. We found that each complaint had been thoroughly investigated by the registered manager.
- All complainants received written outcomes after each investigation.

End of life care and support

- At the time of our inspection, the service was not supporting anyone who required end of life care. The registered manager told us they had systems in place to document a person's preferences and priorities for care when they reached the end stages of their life and health professionals would be consulted as part of this process.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- During the last inspection we identified a breach of Regulation 17 of the Health and Social Care Act (Regulated Activity) Regulations 2014; good governance. The was because the registered provider had failed to maintain an accurate record in relation to decisions about a person's care and treatment provided. They had also failed to support staff effectively through regular supervisions.
- At this inspection we found continued record keeping issues around people's consent to care services and the assessment of people's mental capacity to make certain decisions.
- The provider had made some improvements to their staffing arrangements to ensure staff were supported effectively in their role. However, further improvements were required in this area. For example, we identified due to a lack of a robust induction program new staff were at risk of not receiving effective support to prepare them for their role. We also identified not all staff were safely recruited, which was a breach of regulation.
- The provider had some quality assurance systems to monitor aspects of the service. However, there were instances where the provider had failed to establish a robust quality assurance systems which was necessary to monitor fundamental aspects of care delivered. For example, the provider had no system in place for checking people's daily logs or medicine administration records. An audit tool which checks the quality of these records against a set criteria is one way of ensuring the quality and safety of the services provided.
- We found aspects of the service provision had either deteriorated or not improved in line with current best practice or the CQC's characteristics of good, therefore the service was not able to maintain their previous rating of good.
- The provider had recently implemented an electronic staffing system, which they hoped would improve how the service managed rotas as well as staff competency checks and supervisions.
- After the inspection the provider submitted evidence to show they will act on our feedback. Going forward we need to see the improvements to the quality assurance systems have been sustained and developed.
- This represents a continued breach of Regulation 17.

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

- The provider was visible in the community, in particular they held social events at the office for staff, people who received a service and their relatives to attend. The registered manager told us they try to promote an inclusive culture at the office and people were free to visit during open hours whenever they liked. During

the inspection we saw people and staff visiting the office to socialise.

- The provider told us they informally gathered feedback from people who used the service in order to raise standards.
- We recommend the provider considers implementing other measures to obtain feedback from people using the service, staff and other stakeholders, such as regular quality assurance questionnaires.
- Staff told us they felt supported by the provider, although several told us they found it difficult at times to contact the office. People and their relatives also gave mixed feedback about the quality of communication with the office team.
- The provider told us staff meetings took place so the manager could update staff about any changes to the service. These meetings provided staff opportunity to provide ideas or feedback about any changes that may improve the service.
- We recommend the provider starts recording staff team meetings so discussed items or agreed actions can be clearly monitored and progressed from one meeting to the next.

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

- Care was audited by means of spot checks of care visits and audits of documentation. Actions were taken where shortfalls or areas for improvement were identified.
- The provider employed a team of care coordinators whose responsibilities were monitoring the quality of the service provided.

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

- Staff had a good understanding of their roles and responsibilities.
- With the exception of obtaining staff references for all new staff, the registered manager was knowledgeable about regulatory requirements and their responsibility in ensuring they were complied with.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they met people's needs. This included healthcare professionals such as GP's, district nurses and continence specialists. This ensured a multi-disciplinary approach had been taken to support the care of people receiving the service.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures had not ensured information was available in relation to each person employed at the service as specified in Schedule 3 of the regulations.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to establish systems or processes to ensure the quality and safety of services provided.</p> <p>The provider had failed to maintain a complete and contemporaneous record in respect of each service user, in particular, a record of decisions taken in relation to the care and treatment provided.</p>

The enforcement action we took:

Served warning notice.