Starchoice Dignicare Ltd

Starchoice Dignicare Ltd

Inspection report

Town Hall
High Street
Southall
Middlesex
UB1 3HA

Tel: 02085718826

Date of inspection visit:
20 November 2018

Date of publication:
17 December 2018

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

We undertook an announced inspection of Starchoice Dignicare Limited on 20 November 2018. We told the provider 24 hours before our visit that we would be coming because the location provided a domiciliary care service for people in their own homes and the registered manager might not be available to assist with the inspection if they were out visiting people.

This service is a domiciliary care agency. It provides personal care to older people living in their own houses and flats. According to its registration the provider would be able to care for people living with the experience of dementia, people with learning disabilities and people with mental health needs. At the time of our inspection there was one person using the service.

There was a registered manager in post. 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.

The service was registered with the Care Quality Commission (CQC) on 18 January 2018 and had not been inspected before. The registered manager was not employing staff at present and was supporting the person using the service with their personal care needs.

The person using the service was being supported with their medicines by a family member. However, the registered manager was applying prescribed creams to the person but had not undertaken any recent training in medicines administration.

Not all the risks to the person's wellbeing and safety had been assessed, and there was no information on the person's record about how to mitigate these risks.

The registered manager undertook all the visits and did not have contingency plans in place in the event of their absence. Potential care staff had been interviewed and the manager told us they were waiting for references. However, they had been waiting for three months and had not chased these up. Criminal records checks had not been undertaken for the applicants to make sure they were suitable to work within a care service.

The person using the service and their relative confirmed that their needs were assessed prior to receiving a service and the care plan was developed from the assessment. However, the initial assessment was not available for us to see.

The registered manager was not always aware of their responsibilities in line with the requirements of the Mental Capacity Act 2005 (MCA). There was no evidence that the person using the service had consented to their care and support, or had their mental capacity assessed where this was required.

Although the registered manager was providing all the care and support to the person using the service, they had not kept their training up to date and therefore were not suitably qualified.

There were systems in place to assess and monitor the quality of the service, but these were not being used and the registered manager had failed to identify the concerns we found during our inspection.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to safe care and treatment, need for consent, staffing and good governance.

The person's care plan was written in a person-centred way and contained useful information for staff to know how to support them. However, the care plan did not include how they wanted to be supported at the end of their life. The manager told us they would address this.

We made a recommendation in relation to end of life care.

There were procedures for safeguarding adults. The registered manager knew how to respond to medical emergencies or significant changes in a person's wellbeing.

The provider had systems in place to manage incidents and accidents. There had not been any incidents or accidents at the time of our inspection.

There were procedures in place to prevent cross infection and appropriate equipment such as gloves and aprons were used when the person using the service was being supported.

The person's health and nutritional needs had been assessed, recorded and were monitored to ensure these were met.

The person using the service told us they were supported in a kind and caring way, and felt their privacy and dignity were respected at all times.

Feedback about the service from the person using the service and their relative was positive. The person said they had built a rapport with the registered manager and got to know them.

The person using the service and their relative said that they were happy with the level of care they were receiving from the service.

There was a complaints procedure in place which was provided to the person using the service. They told us they felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

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.

The person using the service was being supported with their medicines by a family member. However, the registered manager was applying prescribed creams to the person but had not undertaken any recent training in medicines administration.

Not all the risks to the person's wellbeing and safety had been assessed, and there was no information on the person's record about how to mitigate these risks.

The provider was not employing any staff at the time of our inspection. The registered manager undertook all the visits and did not have contingency plans in place in the event of their absence.

There were procedures for safeguarding adults and the person using the service told us they felt safe.

Is the service effective?

Requires Improvement

The service was not always effective.

The person using the service and their relative confirmed that their needs were assessed prior to receiving a service and the care plan was developed from the assessment. However, the initial assessment was not available for us to see.

The registered manager was not always aware of their responsibilities in line with the requirements of the Mental Capacity Act 2005 (MCA). There was no evidence that the person using the service had consented to their care and support, or had their mental capacity assessed.

The registered manager undertook all the visits to the person using the service. However, they had not kept their training up to date and therefore were not qualified to provide support.

People's health and nutritional needs had been assessed, recorded and were being monitored. People's healthcare needs were met.

Is the service caring?

Good

The service was caring.

Feedback from the person using the service and their relative was positive about the manager and the care they received. They told us the manager was kind, caring and respectful, and they had developed a trusting relationship.

The person using the service and their relative were involved in decisions about their care and support.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The care plan did not include details about how the person using the service wished to be supported at the end of their life.

The person's care plan contained enough detail for staff to know how to meet their needs and was up to date.

There was a complaints policy and procedures in place. The person using the service knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were systems in place to assess and monitor the quality of the service, but these were not being used and the manager had failed to identify the concerns we found during our inspection.

The person using the service and their relative found the manager to be approachable and supportive.

The manager liaised with other managers to seek advice and share ideas and information.

Starchoice Dignicare Ltd

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.

This comprehensive inspection took place on 20 November 2018. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

The inspection was carried out by one inspector.

The provider told us they had not received a Provider Information Return (PIR) to complete. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection we looked at the care record of the one person who used the service, two staff files and a range of records relating to the management of the service. We spoke with the registered manager, who is currently the only active staff member. We spoke by telephone with the person who used the service and one relative.

Requires Improvement

Is the service safe?

Our findings

The provider did not always have comprehensive risk assessment processes to help protect people from the risk of harm. There were no general risk assessments of the person's home environment to identify if there would be any problems in providing a service. For example, checking for trip hazards and risks associated with electrical and gas appliances. There were no individual risk assessments in place. A section of the care plan entitled 'Behaviours and risks' recorded some of the identified risks such as behaviour that challenged and medicines that may cause drowsiness. However, it did not record other potential risks such as the risk of skin deterioration where a person has poor mobility, the risk of falls and those associated with moving and handling. In addition, the risks which had been identified did not include an assessment of the level of risk, and measures in place to mitigate these. There were no individual support plans to provide guidance about how to support the person and keep them safe whilst meeting their needs.

We discussed this with the registered manager who told us they had started typing the risk assessments but had not finished. However, they had been supporting the person for two months and we could not be sure that they had fully considered how to keep the person safe.

The registered manager told us they did not administer medicines to the person using the service as this was managed by their relative. However, the care plan stated that personal care included applying prescribed creams to areas of the person's body. The registered manager confirmed they did apply creams. However, they did not record this on medicines administration charts (MAR) and had not received medicines training.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The registered manager undertook visits to the person using the service three times a day, seven days a week. We asked them if they had contingency plans in place in the event they could not carry out the visits. They told us, "I need to put something in place I know. I probably would need to use an agency." This meant that there was a risk the person using the service would not receive care and support should the registered manager be absent because they had not ensured staff were being appropriately deployed.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

There were procedures in place for recruiting staff. These included checks on people's suitability and character, including reference checks, a criminal record check and proof of identity. However, the registered manager was not employing any staff at the time of our inspection and undertook all the care visits to the person using the service. They told us they had interviewed potential care workers and were awaiting references. Records we viewed confirmed this although we saw that they had been waiting for references for several months and had not chased these up. None of the interviewed staff had a criminal record check because the registered manager had not applied for this. The registered manager told us they would

address this without delay.

The person using the service told us their needs were met in a timely manner. They said, "I am very happy with the service. [Registered manager] is always very helpful and always comes on time."

The service had a safeguarding policy and procedures in place and the registered manager demonstrated a good knowledge of safeguarding procedures. They were in the process of liaising with the local authority's safeguarding team to discuss some concerns with regards to the person who used the service.

The registered manager confirmed they knew what to do in the event of an accident, incident or medical emergency. There had not been any incidents or accidents recorded. The manager told us they were keen to develop the service and learn from mistakes. They added that any areas of improvements identified by the inspection would be taken seriously and used to improve the service.

The person using the service was protected by the provider's arrangements in relation to the prevention and control of infection. They told us that aprons and gloves were used when they received personal care. The provider had a procedure regarding infection control.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered manager told us that where people lacked the capacity to consent to their care and support, mental capacity assessments were undertaken and decisions were made in their best interests. They told us that the person using the service had fluctuating capacity due to their condition. They stated they had carried out a mental capacity assessment when the person started using the service. However, they were unable to provide evidence of this. The registered manager also told us the person using the service was able to make simple decisions and was consulted about their care and support. However, the person's care plan did not contain any consent forms.

The registered manager told us the person's relative had Lasting Power of Attorney (LPA) and was making decisions in the person's best interests. However, they had not obtained proof of this. An LPA is a legal document where a named person is able to make decisions in another person's behalf.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The registered manager was providing all care and support to the person who used the service. However, they had not undertaken any training since they had started providing care and were unable to show us evidence of any training. This meant they could not demonstrate they had the necessary skills and knowledge to provide personal care to people. We discussed this with the registered manager who told us they would address this without delay.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The registered manager told us they had undertaken an initial assessment of the person using the service to ensure they could meet their needs before they started using the service although we could not view this as they were unable to provide the evidence. A relative, however, confirmed there was an initial assessment meeting where they and the person using the service were consulted and able to say how they wanted their care and support delivered.

The person's care records included information about their dietary requirements. Their nutritional needs including their likes and dislikes were recorded in their care plan. However, the person's relative was

responsible for all meals and the registered manager was not involved in food preparation. The person using the service was supported to access healthcare professionals as needed and their relative was responsible for this.

Good

Is the service caring?

Our findings

The person using the service and their relative were complimentary about the service and the care they received. The person said they had built a good rapport with the registered manager. They added that the registered manager was kind, caring and respected their privacy.

The registered manager spoke respectfully about the person who used the service. They told us they believed in respecting people's dignity and privacy at all times. They added, "I always ensure I have a nice chat with [Person] to cheer [them] up."

The person's care plan recorded how they wanted their personal care to be delivered. This was written in a person-centred way and included, "Please cover me while you get my bowl with my water and flannel" and "Please close my bedroom door at all times while supporting with my personal care."

There was a 'Dignity chart' which aimed to remind everyone of the importance of treating people with dignity. Some reminders included, 'Have a zero tolerance of all forms of abuse', 'Treat each person as an individual by offering a personalised service' and 'Ensure people feel able to complain without fear of retribution'.

The person's religious and cultural needs were recorded in their care plan. There was no language barrier with the person using the service but the registered manager told us they would look at how they paired people with care workers who spoke the same language to facilitate conversation and promote good communication, should they expand their business.

The registered manager told us they recorded the support delivered to the person using the service daily. However, these were kept at the person's house and we were unable to view them. The person using the service told us their choice and wishes were listened to and respected at all times.

Requires Improvement

Is the service responsive?

Our findings

There was no information about the person's end of life wishes in their care plan. We raised this with the registered manager who acknowledged that they had not discussed this with the person or their relative during the initial assessment. They agreed this was an area for improvement and told us they would address this.

We recommend that the provider seek and implement relevant guidance in regard to end of life care.

Records we viewed were not signed to indicate the person had taken part in the planning of their care and agreed to this. However, the person and their relative told us they were happy with the input they had into organising and planning their care and felt involved. They added they received the care and support they wanted.

The person's care plan was clear and up to date. The registered manager told us the care plan had been developed from the initial assessment of the person's needs and would be regularly reviewed. It detailed and included the person's background and personal history, their medical background and health conditions and anything specific to the person such as their religion, ethnicity and cultural needs. The care plan was written in a personalised way and included the person's preferences in every aspect of their care. It also included details of the care routine the person wanted for each visit.

The registered manager worked in partnership with the person's relative to support the person with all their care needs. They had a sound knowledge about how the person wanted their care delivered. For example, although there was no support plan available with regard to skin integrity, a body map recorded that the person's skin was intact, indicating they were receiving appropriate care.

There was a complaints procedure and policy and this was provided to the person using the service. There had not been any complaints received since the service had started operating. However, the person using the service and their relative told us they knew how to make a complaint and were provided with a complaints procedure when they started receiving a service.

Requires Improvement

Is the service well-led?

Our findings

The provider had systems to monitor the quality of the service. However, as they were not employing staff at present, they had not used these systems and therefore had failed to identify the issues we found in relation to risk assessments, support plans, mental capacity, training, staffing and end of life care.

Although the registered manager had achieved a level five diploma in leadership in health and social care, they had not kept up to date with training they considered mandatory for their staff, although they were providing personal care to the person using the service.

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

The provider had not undertaken surveys of people who used the service as they only provided care for one person. They told us they were spending a lot of time at the person's home on a daily basis, received direct feedback from them and discussed any problems with them. The verbal feedback we received from the person and their relative indicated they were satisfied in all areas and rated the service either good or excellent. The provider promoted a positive and person-centred culture.

The registered manager brought their experience and qualifications to the service to ensure a high standard of care. They had worked in the health and social care sector and had worked for a local authority for a number of years before starting the agency.

The person using the service was given a service user guide. These were available in an easy read format. Service user guides included information about the company, what they offered, how to make a complaint, a price guide and important contact details.

The provider had a Statement of Purpose. This document detailed the company's philosophy and aim, the qualifications of the registered manager and the provider's code of practice. It also contained information for prospective clients such as what the company could provide.

The registered manager met with other registered managers to share ideas and information and to keep abreast of developments within the social care sector.

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 11 HSCA RA Regulations 2014 Need for consent The registered person did not ensure that care and treatment was provided with the consent of the relevant person. Regulation 11(1)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure care was provided in a safe way for service users. Regulation 12 (1) (2) (a) (b) (c) (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17 (2) (a) The registered person did not have a process in place to assess the specific risks to the health and safety of service users and do all that is reasonably practicable to mitigate any such risks. Regulation 17 (2) (b)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person did not ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet people's care and treatment needs. Regulation 18 (1) (2) (a)