

Star Domiciliary Care Limited

Star Domiciliary 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? | Good  |
| Is the service caring? | Good  |
| Is the service responsive? | Good  |
| Is the service well-led? | Requires Improvement  |

Summary of findings

Overall summary

This inspection took place on 20 and 21 December 2017 and was announced.

At our last inspection in October 2016 we found three breaches of the Health and Social Care Act. These were in respect of the assessment and mitigation of risks, staff recruitment records, staff training and a lack of quality assurance systems.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, responsive and well led to at least good. We found improvements had been made in all areas; however the quality assurance system was still not robust, with the registered manager telling us that checks were made but no record was made of these checks or any follow up action taken. You can see further details about what we found in the detailed findings section of this report.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our inspection the agency supported 11 people.

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 registered manager told us they monitored the quality of the service by completing spot checks on staff and checking the medicine administration records (MARs) each month. They said they followed up any issues directly with the staff. However there were no records kept to evidence this. At the last inspection the registered manager told the CQC they would introduce guidance for when 'as required' medicines were to be administered and record their MARs checks. These actions had not been completed.

People told us they received their medicines as prescribed. We saw the MAR sheets had been fully completed. Comprehensive daily notes were completed for each visit.

All the people and the relative we spoke with were positive and complimentary about the support provided by Star Domiciliary. They said that they felt safe being supported and found the staff were on time, stayed the full allocated time and did not miss any calls.

Staff completed an initial training course covering topics considered as mandatory by the agency. This was refreshed each year. Staff also completed on line training. Where required, specific training, for example in catheter care, was provided. Observations of staff competencies when administering medicines had been completed by the registered manager.

Staff had started to receive supervisions with the registered manager, although these were not as frequent

as planned. Team meetings were held every six months. Staff said they felt well supported by the registered manager, who was approachable and available if the staff had any queries or concerns.

Staff were introduced to the people they would be supporting by the registered manager and shown the support each person needed. This meant staff were able to get to know people before they started to support them on their own.

Care plans were person centred and included details of the agreed support required at each visit. Risks had been identified and guidelines put in place in order to mitigate the risks. Standard formats for care plans and risk assessments had been introduced.

We saw people's relatives were involved in developing the care plans. Care plans and risk assessments were reviewed each month. An annual review was held with people and their families. A copy of the care plans was held at the agency office; however this was not the latest plan as all care plan reviews were completed in people's homes.

All the people supported by the agency were funded by the local authority social services department who had assessed the person's capacity to agree to their care and support prior to Star Domiciliary being contracted to provide the support. We have made a recommendation for the service to follow best practice guidelines for informing the local authority if a person's mental capacity changes.

A system was in place to recruit suitable staff to be employed supporting vulnerable people; however the dates of one staff member's previous employment had not been recorded meaning it was not possible to identify any gaps in the staff member's employment history.

A system was in place for recording and responding to complaints. We noted that due to the small nature of the service none had been received. A system was also in place to record and respond to any accidents or incidents. None had been reported since our last inspection.

Staff supported people to ensure they had food and drinks available if agreed as part of the care plan. Staff would prepare the food people chose to have, including culturally appropriate food where required. Staff liaised with health professionals, for example district nurses as necessary. This meant people were supported with the nutrition and health needs.

At this inspection we found a continued breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the quality assurance systems in place at the service. You can see what action we have told the provider to take at the back of the full version of this report.

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.

Medicines were administered as prescribed; however guidance was not in place for 'as required' medicines and checks on medicine administration records were not evidenced.

The registered provider had implemented standardised format for assessing risks which included clear guidance for staff to mitigate the identified risks.

The staff recruitment system had improved.

Is the service effective?

Good 

The service was effective.

Staff received the training required to fulfil their roles.

Staff felt well supported by the registered manager. A system of staff supervision had been introduced; however these had not been completed as regularly as planned.

People were supported to meet their nutritional and health needs.

Is the service caring?

Good 

The service was caring.

People and relatives were complimentary about the staff support provided by the agency.

Staff were able to get to know people before they started to support them as they were introduced by the registered manager.

Is the service responsive?

Good 

The service was responsive.

A standard format for care plans had been introduced, which

was clear on the tasks staff were to complete at each visit.

Care plans were written in a person centred way with the involvement of people and their relatives. Care plans were reviewed monthly.

Information about the local authority and the service's complaints procedure were available in each person's home.

Is the service well-led?

The service was not always well led.

A robust quality assurance system had not been introduced. Spot checks and any issues identified were not recorded.

Action agreed at our last inspection for guidance to be written for 'as required' medicines and the recording of medicine administration records had not been completed.

Staff and relatives told us the registered manager was approachable.

Requires Improvement 

Star Domiciliary 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.

This inspection took place on 20 and 21 December 2017. We gave the service 48 hours' notice of the inspection visit because Star Domiciliary is a small agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 20 December 2017 to see the manager and to review care records and policies and procedures. We also visited, with their agreement, two people who were supported by Star Domiciliary. On 21 December 2017 we spoke with one person who used the service and three staff members by telephone. The inspection was completed by one inspector.

The provider had completed a Provider Information Return (PIR) prior to our inspection. 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 reviewed other information that we held about the service including notifications made to the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We also contacted the local authority commissioning and safeguarding teams. No concerns were raised with us about Star Domiciliary.

During the inspection, due to the nature of the service, we had limited observations of the interactions between staff and people who used the service. We spoke with three people who used the service, one relative, the registered manager and three care staff. We looked at records relating to the service, including five care records, three staff recruitment files, daily record notes, medication administration records (MAR), and quality assurance systems.

Is the service safe?

Our findings

The people we spoke with all said that they felt safe being supported by the Star Domiciliary staff. One person said, "I'm happy with the agency; I'm safe with them."

At the last inspection in October 2016 we found a breach of the Health and Social Care Act 2008 in regard to risks not being fully assessed and mitigated. Different risk assessment tools were used for different people leading to inconsistencies.

At this inspection we found improvements had been made. Standardised care planning and risk assessment formats were used throughout the agency, purchased from a nationally recognised company. Guidance was included for staff in how to mitigate the identified risks. For example we saw moving and handling risk assessments and care plans were in place for those people assessed as needing support to transfer.

An environmental risk assessment was completed for each property the staff visited, which considered access to the person's home, smoke alarms, fire risks and any trip hazards in the home.

The care plans were clear whether people's family or the agency staff provided the assessed support. Where people used any equipment as part of their support, for example a hoist, this was recorded and who was responsible for the servicing and maintenance of the equipment noted. We saw evidence that the agency had contacted the local authority who had provided some equipment to inform them that it required servicing.

This meant that potential risks were identified and mitigated for each person the service supported.

At the last inspection in October 2016 we found a breach of the Health and Social Care Act 2008 in regard to the safe recruitment of staff. Not all information had been available to the inspector and application forms did not contain a full employment history.

At this inspection we found some improvements had been made. All recruitment information was held at the office in a separate file for each member of the care staff. We saw that each application form had an employment history; however for one staff member this did not include the dates of employment prior to 2012, with just a list of employers and roles included. Therefore it was not possible to check if there had been any gaps in their employment history. Appropriate checks had been made with the disclosure and barring service (DBS). The DBS checks to ensure that the person is suitable to work with vulnerable people. Each file contained two references and proof of identity. This meant that a system was in place to recruit suitable staff.

Staff supported some people with their medicines. Where this was required a medicines care plan was in place which detailed the support each person required. We saw two people's medicines administration records (MARs) which had been fully completed. We also saw that the care staff recorded in the daily notes when they had administered medication. The registered manager told us they reviewed the MARs at the end

of the month; however this had not been recorded.

Where people were prescribed 'as required' (PRN) medicines the registered provider did not have written protocols in place to ensure staff understood for example, when a person required the medicine or what the maximum dose was in a 24 hour period. This had also been identified at our last inspection. Staff told us that all the people supported by Star Domiciliary were able to verbally inform staff if they required a PRN medicine to be administered. People we spoke with said they received all their medicines when they should do.

We noted that where required, people's care plans stated that staff were to apply cream during the support visit. The care plans specified where the cream was to be applied but not which cream this was. We discussed this with the registered manager who said they would be more specific in the care plans so it was clear to staff which cream was required at each visit.

We saw that staff who administered medication had completed an on line training course. Following the training the registered manager had observed the staff members competency to administer medicines and also asked the staff questions to ensure they had understood their training. These competency checks and observations were recorded.

We saw that staff had received training in safeguarding vulnerable adults as part of their initial induction with the agency. This was refreshed on an annual basis. Staff we spoke with said that they would report any concerns they had to the registered manager. They were confident the registered manager would act on any concerns they raised. We saw that where staff handled people's money, for example if they went shopping as part of the agreed support, all transactions were recorded and receipts obtained. This helped to ensure people's money was used for the agreed purpose.

The rotas showed that staff were allocated for each planned support visit. Where staff were off, for example on annual leave, cover was provided by the registered manager. The rota showed that time was allocated between visits for staff to be able to travel between their calls. People told us that the staff usually arrived on time and would let them know if they were going to be late. Staff stayed for the full length of their call time. This meant there were sufficient staff to support people with their assessed and agreed health and social care needs.

We saw care plans directed staff to use personal protective equipment (PPE), such as vinyl gloves, when required. The PPE was available in the properties we visited.

The agency had procedures in place to record and report any accident or incidents. These were returned to the registered manager who would review them and update people's care plans as required. We saw that no incidents had been recorded since our last inspection.

Is the service effective?

Our findings

At the last inspection in October 2016 we found a breach of the Health and Social Care Act 2008 as staff had not received the training identified as mandatory by the agency and staff did not have supervisions or an annual appraisal with the registered manager. At this inspection we found improvements had been made.

All staff had completed an external training course as part of their induction which covered topics including duty of care, equality and inclusion, privacy and dignity, infection control and health and safety. This course was refreshed on an annual basis. Staff had also completed on line courses in first aid, medicines administration and the mental capacity act.

In addition we saw each new care staff member completed an induction booklet. The registered manager discussed topics such as dignity and providing choices with the staff member as well as demonstrating the care and support each person required during their support visits. Staff confirmed that the registered manager showed them the support each person needed before they completed the support visits by themselves. During these initial visits the new staff also read the person's care plans.

The people and the relative we spoke with confirmed that new staff were introduced to them by the registered manager. One person said, "I knew the staff today as they come with [registered manager] before" and a relative told us, "We don't get any strangers coming to support [name]."

We saw specific training was provided where required, for example changing catheter bags and the use of a nebuliser. A nebuliser is a machine that creates a mist of medicine, which is then breathed in through a mask or mouthpiece.

We also noted that four staff had recently enrolled on a nationally recognised diploma in health and social care.

This meant the staff received the training and information about people's care and support needs to carry out their role.

We saw evidence that staff had supervision meetings with the registered manager. Supervisions are important as they enable the staff member to receive feedback about their work, raise any queries or concerns they may have and plan future training requirements. The registered manager said these should take place every three months; however we saw that this was not always met. For example for one staff it had been six months between supervision meetings. One staff member told us they thought the supervisions should be more frequent; however acknowledged that they spoke with the registered manager by telephone on a regular basis. All staff said they received the support they needed from the registered manager. We noted that staff had completed an annual appraisal in December 2016. The registered manager confirmed that these were now due to be completed for 2017.

Staff we spoke with said that they felt well supported by the registered manager. Staff said, "[registered

manager] always answers the phone if I call her" and "I always phone [registered manager] if I need to."

This meant that a system of supervisions and appraisals had been introduced since our last inspection and staff felt well supported by the registered manager, even though the formal supervisions were not held as regularly as planned.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. The application procedures for this in community settings are through the court of protection.

All the people supported by Star Domiciliary were funded by the local authority. This meant their needs had been assessed by the local authority prior to the agency being contracted to provide the support. Therefore people's capacity was assessed by the local authority and any best interest decisions about people's care and support were made during this local authority assessment.

The care plans included details about people's awareness and reality orientation. This could be used to identify if a person lacked mental capacity. The care plans we looked at identified that people had capacity to agree to their support. The registered manager told us that everyone currently supported by the agency had the capacity to agree to their support.

We discussed with the registered manager the procedures in place if a person's capacity changed. We were told that this was reviewed by the local authority when they reviewed the support a person required. We recommend the service follows best practice guidelines and develops systems to inform the local authority if people's mental capacity changes, rather than waiting for the next review.

Where there was an assessed need we saw staff supported people by preparing their meals and ensuring that drinks were available at the end of the visits. For one person we noted that staff completed the food shopping and bought the items requested by the person. People said they were able to choose what meal they wanted the staff to prepare; this included culturally appropriate food for one person.

We saw that, where required, the staff liaised with other health professionals, for example district nurses. Care plans informed staff to contact the person's family or GP if they were unwell at the time of the staff visit. One person told us that on one occasion staff had stayed until their relative was able to come round when they had felt unwell. We also saw that an assessment was in place for one person who was at risk of a skin breakdown.

This meant the staff supported people with their nutrition and health needs.

The registered manager completed an initial assessment and care plan for all people starting to use the service. This confirmed and added to the information provided by the relevant social services assessment when a person was referred to the service. The registered manager met the person and, where applicable, their family to agree their support. One relative told us, "I was involved in setting up the care plan when Star started to support [name]."

The registered manager would then introduce the staff member to the person and show them the support that was needed. The registered manager told us, and we saw, that they only supported people living in a small geographical area so that staff were able to easily travel between calls. They would also only accept a new package of care if they had the staff availability to do so. This ensured the service was able to meet the needs of people they were planning to support.

Is the service caring?

Our findings

All the people we spoke with were complimentary about the care and support received from the staff at Star Domiciliary. We were told, "The staff are alright, we can have a chat" and "They're (the staff) lovely. They're always smiling when they come in and we have a joke and a laugh."

We saw that people's care plans contained information about people's preferences, cultural and religious needs. For example one person had specified that they only wanted female staff to support them. Another care plan detailed how the person preferred not to have a pillow and liked the bedroom door left open when staff left in the evening. This meant the staff were able to provide the appropriate support where required to meet people's preferences and cultural needs.

Care plans also included information about people's social needs and activities they required support with. However there was little information about people's likes and dislikes or any hobbies they enjoyed.

Staff told us, confirmed by the people and relative we spoke with, that they knew people's needs well. One staff member said, "I'm shown what I need to do with each client so I know them when I start supporting them" and another told us, "I ask what the service user wants and they will tell you, for example what food they want to eat." We saw a comment from a relative on a recent survey form that said, "They (staff) speak with [name] although her English is not that good." This showed that staff engaged with the person they were supporting even though they were not able to understand all that was being said.

We saw when visiting people that the registered manager had developed a good relationship with the people supported by the agency and was knowledgeable about people's individual needs.

We saw comprehensive daily notes were made by staff for each visit. These were kept in a care file in the person's home. We saw one person's family had left notes to remind the care staff about important areas of their loved ones support. This meant relatives and staff were able to ensure any relevant information about the person's care and support was shared when required.

People's confidential information was securely stored in locked filing cabinets at the office.

Is the service responsive?

Our findings

At our last inspection in October 2016 we found that different care planning documents were used by the service. At this inspection we found standard document formats were used for assessing people's needs and recording what support they needed and wanted. This meant that each person's support needs were clearly identified.

The care plans were written in a person centred way and included details of people's support needs, for example communication, personal care, mobility, eating and drinking. The plans included details of what the person was able to do themselves. Clear guidance was provided for staff on what support was required at each visit.

Where applicable the care plans noted the on going support provided by the person's family. This meant the staff would know what tasks they were to complete and what the person or their family did.

The care files we viewed when we visited people in their homes showed that they had been reviewed by the registered manager each month. We also saw that an annual review was held with the person and, where appropriate, their family. During the review the person and their family were asked to comment on the support they received. The comments we saw were positive.

We saw that if people's needs changed the registered manager contacted the local authority to re-assess the support visit times. One member of staff told us, "I let [registered manager] know if the calls take longer than the time we have. Some call times have been increased because of this." This meant the service was responsive to people's needs and supported them to access the support they required.

People we spoke with confirmed that they received the support that they needed. We were told, "I get the support I need", "They (the staff) do everything that they should do" and "It's (the support) worked fine so far."

People and the relative we spoke with knew the registered manager and told us they would contact her if they had any concerns. One person said, "I would phone [registered manager] if I had any concerns to discuss them." The relative we spoke with said, "I've not had to complain. I see [registered manager] as she often comes to the house (to provide support)."

The service had a complaints policy in place, detailing how the service would respond to any complaints received. A copy of this and the local authority complaints procedure was seen at each home we visited. This meant people and their relatives had the information about how to make a complaint if they needed to. We were told that there had been no complaints received since our last inspection.

At the time of our inspection the service was not supporting anyone who was at the end of their life. The registered manager said that they would liaise with the local authority as people's needs changed to assess if the agency was able to provide the required support at the end of people's lives.

People's communication needs were identified in the initial assessment and care plan. We saw that two

people supported by the agency did not speak much English. The care plan noted that their family would be available to translate when required.

Is the service well-led?

Our findings

Star Domiciliary had a registered manager in post as required by their registration with the Care Quality Commission (CQC).

At the last inspection in October 2016 we found a breach of the Health and Social Care Act 2008 because the registered provider had not implemented quality assurance systems at the service.

At this inspection we found some improvements had been made; however further changes to the quality assurance system were required.

The registered manager had reviewed staff training and ensured that staff completed the training courses relevant to their role. Supervisions had started, although they were not as regular as planned. One format for care plans and risk assessments was now being used.

A copy of people's care plans was now kept at the office as well as in people's homes. Completed paperwork, such as daily notes, was also stored at the office. However the registered manager reviewed the care plans kept in each person's home. The registered manager confirmed that the care plan held at the office was not the most up to date version, as the care plan in people's homes may have been reviewed and changed.

The registered manager told us they monitored the service through spot checks and by checking the medicine administration records and daily notes when they reviewed people's care plans. They said they followed up any issues identified directly with the staff member concerned. However none of this was documented. It was therefore not possible to evidence what had been discussed with staff following the spot checks and reviews of documentation.

Staff we spoke with confirmed that the registered manager completed spot checks during their induction period. However we were told these had not continued once the staff member was established in their role. This meant that the registered manager did not confirm that the staff were competent in their role.

People we spoke with confirmed that they regularly saw the registered manager, either when the registered manager covered a support shift or when they reviewed the care plans. The registered manager asked at these visits for any feedback on the staff team supporting the person. We saw in staff member's supervision records that feedback from people had been recorded. For example feedback at one staff member's supervision stated, '[staff name] is good, I missed her when she was on leave.' There was no other record of the registered manager visits to people's homes.

At the last inspection in October 2016 the registered manager told us they had delegated the role of quality manager to a member of the care staff who would implement a robust quality monitoring system. This had not happened. The registered manager had also told us they would introduce guidance for the use of 'as required' medicines and record their checks of the medicines administration records. These had not been

completed.

The lack of robust quality audit systems and not implementing the agreed actions after our last inspection in October 2016 was a continued breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

We saw that an annual review of the care plans had been completed by the registered manager and the nominated individual. A nominated individual is a person employed as a director, manager or secretary of an organisation with responsibility for supervising the management of the regulated activity. The nominated individual is registered as such with the CQC. This showed the nominated individual had oversight of the care plans in place at the agency.

The local authority had completed a quality monitoring visit in January 2017. Recommendations from this visit to have a copy of the local authority complaints procedure at each property and to telephone people if staff were going to be late had been implemented.

All the people who used the service, the relative and staff we spoke with said that the registered manager was approachable and supportive. All felt confident that if they had a concern the registered manager would deal with it.

We saw that staff team meetings had been held every six months, the last one being in September 2017. The topics discussed included supervisions, additional tasks being requested by people during the support visits and staff enrolling on a nationally recognised diploma in health and social care.

A survey had also been sent to each person who used the service and their families in October 2017. Four completed surveys had been returned, all of which were positive about the service provided by Star Domiciliary. Comments on the surveys included, "The care staff are very gentle and attentive" and "We feel we are blessed to have [staff member's name] as my mums carer."

This meant that people who used the service and the staff team were able to contribute their views about the service and ideas to improve the service.

Services providing regulated activities have a statutory duty to report certain incidents and accident to the (CQC). Due to the small nature of the service no notifications had been required in the last 12 months. The registered manager was aware of what incidents would need to be reported to the CQC with the registered manager.

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 |
|--|---|
| Treatment of disease, disorder or injury | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The lack of robust quality audit systems and not implementing the agreed actions after our last inspection in October 2016 was a continued breach of Regulation 17</p> |