

3 Star Health Care Limited

Leicester

Inspection report

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Date of inspection visit:
16 February 2018

Date of publication:
20 March 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

Leicester is a 'domiciliary care service.' People receive personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates the care provided, and this was looked at during this inspection. The service provides personal care for older people, people living with dementia, and people with a physical disability. This was the first inspection of the service. It was a comprehensive inspection.

The inspection took place on 16 February 2018. The inspection was announced because we wanted to make sure that the manager was available to conduct the inspection.

A registered manager was not in post. This is a condition of the registration of the service. 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 and associated Regulations about how the service is run. The current manager said that they were in the process of making an application to CQC to become the registered manager. We will monitor this issue to ensure a registered manager is in post.

Management had not carried out comprehensive audits in order to check that the service was meeting people's needs and to ensure people were provided with a quality service.

Staff recruitment checks were not fully in place to protect people from receiving personal care from unsuitable staff. Risk assessments were not comprehensively in place to protect people from risks to their health and welfare.

Relatives we spoke with told us they thought the service ensured that people received safe personal care from staff. Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area.

Relatives told us that medicines had been prompted so that people could take their medicine safely and on time, to protect people's health needs.

Staff had received training to ensure they had skills and knowledge to meet people's needs, though more training was needed on some relevant issues.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choices about how they lived their lives. Staff were aware to ask people's consent when they provided personal care.

Relatives told us that staff were friendly, kind, positive and caring. They said they had been involved in making decisions about how and what personal care was needed to meet any identified needs.

Care plans were not individual to the people using the service, which did not help to ensure that their needs were met.

Relatives were confident that any concerns they had would be properly followed up. They were satisfied with how the service was run.

The staff member said they had been fully supported in their work by the management of the service.

Policies set out that when a safeguarding incident occurred management needed to take appropriate action by referring to the relevant safeguarding agency. The manager was aware these incidents, if they occurred, needed to be reported to us, as legally required.

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 consistently safe.

Staff recruitment checks were not fully in place to protect people from receiving personal care from unsuitable staff. Risk assessments to protect people's health and welfare did not always contain sufficient information to protect people from risks to their health and welfare.

Relatives thought that staff provided safe care and that people felt safe with staff from the service. People had been assisted to take their medicines.

Requires Improvement ●

Is the service effective?

The service was not fully effective.

People had not received a full assessment of their needs. Staff were trained to meet people's care needs, though some training was needed to cover all care needs. People and relatives thought that staff had been trained to meet the assessed needs. Staff had received support to carry out their role of providing effective care to meet people's needs. Staff had not received training to understand their role in providing care when people lacked capacity to make decisions. People's consent to care and treatment was sought. People's nutritional needs had been promoted and people's health needs had been met by staff.

Requires Improvement ●

Is the service caring?

The service was caring.

Relatives told us that staff were kind, friendly and caring and respected people's rights. Relatives had been involved in setting up care plans that reflected people's needs. Staff respected people's choices, privacy, independence and dignity.

Good ●

Is the service responsive?

The service was not comprehensively responsive.

Care plans contained information on how staff should respond to people's assessed needs though lacked information about people's preferences. The complaints procedure did not include all information needed to help people to take their complaints further if they needed to. Relatives had been satisfied that staff provided a service that met their family member's needs. They were confident that the service would act on any complaints they made.

Requires Improvement ●

Is the service well-led?

The service was not comprehensively well led.

Services had not been comprehensively audited in order to measure whether a quality service had been provided and take action where needed. Management provided good support to staff. them. People and their relatives thought it was an organised and well led service.

Requires Improvement ●

Leicester

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 and to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

Leicester provides personal care for people living in their own homes. This inspection took place on 16 February 2018. The provider was given 48 hours' notice because the location provides a personal care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We also reviewed the provider's statement of purpose. A statement of purpose is a document which includes the services aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No information was held about the current provision of personal care to people using the service.

During the inspection we spoke with two relatives. This was because people receiving the service had communication difficulties. We also spoke with the provider, the manager and the only staff member employed by the service, although personal care was also provided by the manager and provider at times.

We looked in detail at the care and support provided to two people who used the service, including their care records, audits on the running of the service, staff training, two staff recruitment records and policies of the service.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us a least once annually to give some key information about the

service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

Safeguarding systems had not kept people comprehensively safe.

Staff recruitment practices were in place for new staff. Records showed that there had been checks with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. A risk assessment form was in place to assess whether there had been any risk in employing staff with previous issues. However, this had not been completed. Staff records showed that before new members of staff were allowed to start, checks had been made with previous persons' known to the respective staff member. However, two staff records showed that employer references were from more junior members of staff, not from management. This meant a safe recruitment process was not in place and there had been a risk that people had not been protected from unsuitable staff.

Care plans did not always contain risk assessments to reduce or eliminate the risk of any issues affecting people's safety. For example, there was no risk assessment in place for a person with diabetes to include when staff needed to act if the person's blood levels were not at a safe level. There was no information about symptoms of illness from this condition to prompt staff to act.

Another care plan identified that a person had continence issues. However, there was no risk assessment in place to ensure relevant care was supplied to the person. Care notes also did not specify that continence care had been provided, such as whether the continence equipment had been checked and changed if necessary and cream applied when necessary. This meant the person was a risk of their continence needs not being met, with the possibility of pressure sores developing. The manager thought that proper care had been provided but said risk assessments would include all relevant details to ensure people received safe personal care from staff.

The care plan of a person stated that they had mental health needs. However, there was no risk assessment in place for staff to follow if they displayed any symptoms of this condition to keep them and the person safe.

Absence of detailed information in care plans and risk assessments meant a risk of people not receiving safe care.

These issues were in breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Safe Care and treatment. You can see what we have told the provider to do at the end of this report.

Relatives told us that personal care had been delivered safely to their family members. One relative said, "I have no doubt the care is safe. If it wasn't, I would do something about that." Another relative said, "She [family member receiving a service] is safe with staff."

The staff member spoken with told us they were aware of how to check to ensure people's safety. For example, they checked rooms for tripping hazards and made sure equipment was in good condition, for example the hoist was working properly before using this to transfer people.

In the staff handbook, there was information about keeping people safe such as ensuring the security of the premises. However, there was no system to risk assess the facilities in people's homes such as fire risks, issues with the heating and lighting systems, equipment and tripping hazards. Staff tried to ensure that people were safe when supplying personal care and they were given information on how to do this. There were systems in place to risk assess relevant issues and keep people safe.

Staff had been reminded about safe practices such as following proper infection control and health and safety procedures in staff meetings. Spot checks on staff covered issues such as ensuring that equipment was used safely.

We saw that some of people's care and support had been planned and delivered in a way that ensured their safety and welfare. For example, there was a risk assessment in place with regards to a person who needed help to transfer from one place to another. This specified that staff were to carry out safety checks and ensure the correct sling was used. This kept people safe by ensuring the equipment was safe to use and preventing skin damage and pressure sores developing.

People and their relatives told us there were no missed calls and that staff stayed for the agreed call time. They told us that there had been enough staff in place to meet people's needs.

The staff member had been trained in protecting people from abuse and understood their responsibilities to report concerns to management and other relevant outside agencies if necessary, if they had not been acted on by the management of the service.

The provider's safeguarding policies (designed to protect people from abuse) were available to staff. These informed staff what to do if they had concerns that people had suffered abuse. The safeguarding policy had details of the type of abuse people could suffer and had contact details for different agencies, but no contact details for the safeguarding authority. The provider said that this information would be included.

The full whistleblowing policy was not available in the staff handbook, which stated that it was available in the office. The provider said that the full procedure would be inserted into the staff handbook. This would then mean that staff had ready access to information to whistle blow and keep people safe if the situation arose.

Relatives told us that there had been no issues regarding medicines. One relative said, "They [staff] prompt medication. I have not noticed any problems with that." There was a medicine sheet in place for staff to record when they prompted or supplied people with their prescribed medicines.

Staff had been trained to support people to have their medicines and administer medicines safely. There was a medicine administration policy in place for staff to refer to and assist them to safely provide medicines to people.

Relatives told us that staff protected their family members from infection. They said that staff had worn personal protective equipment when supplying personal care to people and that they had washed their hands between tasks. The staff member was aware of how to ensure people were safe from infection risks by wearing suitable equipment and carrying out hand washing.

The provider and manager said that no accidents or incidents had happened since the service had started operating. They were aware of the need to analyse these situations when they arose to learn and prevent them from occurring again.

Is the service effective?

Our findings

Relatives said that the care and support their family members received from staff effectively met their needs. They thought that staff had been trained to provide effective care. One relative told us, "They [staff members] are well trained. They seem to know what they are doing."

People had not had an assessment of their needs including relevant details of the support people needed, such as information relating to their mobility. There was only a care plan in place. This meant there was a risk that issues preventing people from receiving effective care to promote their health and well-being.

A staff member told us that they thought they had received training so that they were able to meet people's needs.

We saw evidence that new staff were expected to complete induction training. This covered relevant issues such as infection control, moving and handling and keeping people safe from abuse. All these issues covered by the induction training were delivered within one day. There was no system in place to check that staff understood this training and knew how to put into practice when providing personal care to people. The manager said that this would be reviewed and the training period extended to ensure new staff were given the opportunity to fully understand and be effective in providing care.

Staff had not received training in a number of people's specific long-term health conditions such as mental health needs. The manager and provider stated that training would be reviewed to ensure that staff had all the skills and knowledge to meet people's needs.

Staff supervision had not yet taken place for the staff member who had commenced their employment three months previously. The manager and provider said that a system would be put in place so that new staff members had supervision within a short period after commencing employment. This would then provide staff with more effective support to discuss any issues they were unsure of.

The manager said that Care Certificate training, which is nationally recognised induction training for staff, would be introduced. Staff meeting information included staff training issues to remind staff to complete training on relevant care issues.

A staff member told us that when new staff began work, they were shadowed by an experienced staff member on a number of shifts. Because of their previous experience, they felt this was a sufficient shadowing period to gain experience to meet people's needs. The provider said that more shadowing would be supplied if new staff were not confident. This was to ensure that they knew how to provide effective care to people.

Staff felt communication and support amongst the staff team was good.

The staff member told us they always felt supported through being able to contact the management of the service if they had any queries.

Relatives said that their family members received assistance with food and drinks and they had no concerns about this. Care plans included information about people's choices. This indicated that the service took account of people's food and drink preferences.

Relatives told us that staff were effective in responding to health concerns. One relative told us that if staff had any concerns about the health of their relative, they would report this to them. The staff member confirmed that they had done this on one occasion. This indicated that staff knew how to ensure that people received proper healthcare and ongoing support.

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.

We checked whether the service was working within the principles of the MCA. The manager said that both people being provided with personal care lacked capacity to decide how they wanted to live their lives. They lived with relatives, who took decisions in their best interests. However, there was no assessment in place to evidence this and how staff should work with people. A staff member did not have awareness of this legislation, although they stated they always supplied choices to people even though they lacked capacity. This meant there was a risk that staff lacked knowledge on how to provide effective care within the legal framework. The manager said that training would be provided to staff about the implications of the Act.

The staff member told us that they asked people their permission before they supplied care. Relatives confirmed that staff explained what they were doing and asked for their family members consent when people were provided with personal care.

Is the service caring?

Our findings

Relatives stated that staff were caring in their approach. A relative said, "They are friendly and caring." Another relative told us that staff provided personal care at the pace their family member wanted; "They [staff] don't rush."

There was a staff monitoring system in place to check that the attitude of staff towards people had been friendly and caring. The staff guide also emphasised that people should be treated with respect.

A staff handbook was provided to staff. This emphasised that staff should uphold people's rights to privacy, dignity, choice, confidentiality, independence, sexual orientation and cultural needs. Care plans recorded people's religion and cultural backgrounds. There was information in place to respect cultural preferences such as staff wearing shoe protectors to prevent dirt being brought into a person's home.

Relatives told us their care plans were developed and agreed with them. The service's information stated people would be involved in reviews and assessments of their care. We saw evidence that relatives had signed care plans agreeing that plans met their family member's needs.

There was information in care plans about the service providing information about advocacy services should people need help in expressing their views about the service.

The provider's statement of purpose set out that each person needed to be involved, and in agreement with care decisions. The guide for people receiving the service emphasised that the service would not discriminate on the basis of relevant issues such as race, religion and sexual orientation. This gave people from all cultural backgrounds a message that they would be treated with fairness and respect.

Relatives told us their family member's dignity and privacy had been maintained and staff gave choices such as with regard to the food they wanted to eat and the clothes they wanted to wear.

Staff meeting minutes included emphasising to staff that people needed to be treated with dignity and respect, and emphasised their right to privacy and independence. A staff member explained that they would always protect people's dignity and privacy by doing things such as leaving people when they were using the bathroom, and covering people when helping them to wash and dress. They said they were mindful of protecting people's privacy and dignity. This was confirmed by the relatives we spoke with.

Relatives told us that staff respected their family member's independence so they could do as much as possible for themselves. A relative said, "They [staff] help allow her [person receiving the service] to do as much as possible for herself."

Staff also gave us examples of how they promoted people's independence. For example, if people could wash certain areas of their body, this was encouraged and respected. This presented as an indication that staff were caring and that people and their rights were respected.

Is the service responsive?

Our findings

People and relatives told us that staff responded to people's needs. A relative told us, "They do everything that is needed." Relatives told us they were satisfied with the care their family members were supplied with and, "They follow the care plan we agreed when we started with the agency."

There was information in care plans about people's needs. However, there was only a small amount of information about people's personal histories and preferences to help staff ensure that people's individual needs were responded to. People's likes and dislikes were not included. For example, with regard to food, interests and what activities and hobbies they had. This meant that staff did not have the opportunity to be aware of people's preferences and lifestyles, to work with them to achieve a service that responded to people's individual needs.

The staff member told us that they always read people's care plans so they could provide individual care that met people's needs. They said that care plans were updated if people's needs had changed so that they could respond to these changes.

Relatives said they felt confident they would be taken seriously if they ever complained. One relative said she previously had a concern about the timeliness of calls at the beginning of the service being delivered. They had spoken with the provider about this and they were satisfied that the issue had been swiftly rectified.

The provider's complaints procedure gave information on how people could complain about the service. There was a procedure in the staff handbook outlining the response staff should take should a complaint be made by a person receiving a service or their relative.

There was no service user handbook so people provided with the service or their representatives did not have this information to hand. The provider said the service user handbook would be introduced with this information. This was swiftly supplied after the inspection visit. The procedure set out that that the complainant should contact the service for their complaint to be investigated. Information included that they could take their complaint to the local authority or the ombudsman if they wanted an independent investigation. However, there were no contact details for these organisations. The procedure also implied that complainants could contact the Care Quality Commission(CQC) if they were not satisfied, to have their complaint investigated. CQC does not have the legal power to investigate complaints. The provider and manager stated these issues would be amended in the complaints procedure. This was swiftly supplied after the inspection visit.

The manager was not aware of the new accessible information requirement. The accessible information standard is a law which aims to ensure that people with a disability or sensory loss are provided with information they can understand. And to provide further support when needed. It requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss. Communication plans and tools were not available and tailored to each person. For example,

using pictures and sign language to initiate and receive communication; there was no communication information that contained the individual signs that the person used and understood.

The provider and the manager said that work would be done to carry this out in the short term. However, a relative confirmed that staff communicated well with their family member who could not speak. This was done through interpreting their family member's body language and pointing to things. So the impact on responding to the person's needs had been minimal.

Is the service well-led?

Our findings

The service was not comprehensively well led.

The provider said that the service had not yet properly embedded a quality system to ensure that people were always provided with a quality service.

We saw some quality assurance checks in place to check that the service was meeting people's needs. The audits covered issues such as checking the care provided to people through spot checks on staff and surveys of relatives. However, current audits had not identified issues found in the inspection. These included not ensuring that all staff had proper checks in place to ensure potentially unsuitable staff did not provide personal care to people and ensuring risk assessments were robust to protect people's safety. There were no audits undertaken on important quality issues such as staff recruitment, the supply of medicine, staff training and times of calls.

Care records did not contain information about the times staff had arrived and left care calls so we were not able to check that times had been met. The manager said that staff would be reminded to always record when they arrived and departed from the care call, so this could be checked, and action taken if necessary.

Relatives thought their family members had received a service that met their needs. They reported that they felt that the service was well led.

A relative told us "The carers [staff] have given very good service. I would recommend the company." Another relative said, "They [staff] are very good. There are no problems."

The service did not have a registered manager, which is a condition of registration. The provider said that the current manager was awaiting checks and then a formal application would be submitted to CQC to become the registered manager. We will monitor this issue as it is a requirement under The Health and Social Care Act.

A staff handbook set out information about the governance structure of the company. This showed information which ensured that the responsibilities of managing the service were clear and that quality performance was the aim of the service.

Staff had been provided with information in the staff handbook about the philosophy of the service on providing friendly and individual service personal care and respecting people's rights to privacy, dignity and choice and to promote people's independence.

The staff member told us that the management of the service expected them to provide friendly and professional care to people, and always to meet the individual needs of people. They told us that they were supported by the provider and manager. Staff meeting minutes included a statement that staff suggestions were always greatly valued by management, that staff were important to the service and they were thanked

for their work. This helped to ensure that staff were engaged and involved in providing a quality service.

People and their relatives had an input into how the service was run. Surveys were sent out to gain the views of people and their relatives about the standard of service provided. This meant they had the opportunity to be involved in how care was provided to them.

The staff member had spot checks to see whether they provided a quality service to people. This covered relevant issues such as whether they provided calls on time, whether the premises were safe and whether medicine had been administered correctly.

The provider and manager were aware of their responsibility to notify CQC of incidents. The provider was also aware of the legal requirement to display their rating from comprehensive inspections, such as this one.

Staff meetings included relevant issues such as whether any complaints had been made, the necessity for staff to read people's care plans and reporting to the office about any changing needs of people using the service.

The staff member confirmed that essential information about people's needs had been communicated to them, so that they could supply appropriate personal care to people.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Staff recruitment checks were not fully in place to protect people from receiving personal care from unsuitable staff. Risk assessments to protect people's health and welfare did not always contain sufficient information to protect people from risks to their health and welfare.</p>