A Star Support Services Ltd

A Star Support Services

Inspection report

Davyhulme Youth Centre
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Manchester
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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

We inspected A Star Support Services on 19 and 20 July 2017. This was an announced inspection, which meant we gave the provider 48 hours notice of our visit. This was because the service is a small domiciliary care agency and we wanted to be certain there would be someone available to facilitate our inspection. The inspection team consisted of one adult social care inspector.

A Star Support Services Limited is a domiciliary care agency and provides care and support to people with their own tenancies in two houses. The administrative office is located in Davyhulme, Manchester. At the time of this inspection the agency supported three people with learning disabilities. This was the first inspection since the service was registered with the Care Quality Commission (CQC) in May 2015.

The service had a manager who had been registered with CQC since May 2015. 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.

Risks to people's safety in the event of a fire had been identified, however, there were no personal emergency evacuation plans (PEEPs) in place for people using the service and no record of any fire drills or fire evacuations having taken place.

Staff and family members we spoke with did not raise any concern about staffing levels and told us people's needs were met. However, there was no working rota in any of the houses to confirm staffing levels. The service had 'borrowed' a member of staff from a local day care provider but this was not acceptable. Care and support staff must be employed either by the provider or by a reputable recruitment agency, so that the manager is assured all required checks and training have been completed. Following the inspection we were provided with evidence that the member of staff was in receipt of a valid DBS check, had been recruited to the service and had completed a full company induction.

Risk assessments were in place for the physical environment, behaviours that challenge, nutrition, medicines, road safety and aspects of personal care. No accidents or incidents had been recorded at the service but there were appropriate systems in place for reporting and recording any that might take place in the future.

People told us they felt safe with the care and support they received from the agency. Staff we spoke with could tell us about the types of abuse and what action they would take if they suspected that abuse was taking place. Staff members had received mandatory safeguarding training. This meant people using the service were protected from risk as staff knew what to do if they identified concerns.

Support staff were introduced to the people they would be caring for prior to providing the service. This

meant people were cared for by staff that were familiar with their care needs.

People and their relatives said care staff had the right skills and knowledge needed to undertake their caring role effectively. Care staff received an induction and mandatory training in key areas such as safeguarding, medicines and moving and handling. This should help to ensure that care staff supported people safely and effectively.

Staff understood the importance of protecting people's best interests however, this was not always clearly documented on care plans. Care plans contained no consent to care documents.

Care staff we spoke with confirmed they had regular supervisions. Staff received guidance and support to help ensure they carried out their roles in a safe and effective way.

Staff assisted people with the preparation of meals. Meals were planned weekly with the full involvement of individuals receiving care and support, however people could choose alternative meals if they changed their minds.

People were supported to attend regular appointments. Relatives we spoke with were complimentary of the support their family members received for the benefit of their health and wellbeing.

Care staff were introduced to the people they were supporting before care and support started. Care staff we spoke with knew the people they supported. Close bonds and trusting relationships had been built up between staff and the people using the service.

Staff were able to give us examples of how they treated people with dignity and respect. Staff demonstrated they understood how to maintain people's dignity in a caring and respectful way. Care records showed how people's independence was promoted. Staff told us how people were encouraged to maintain life skills, particularly around aspects of personal care.

Care plans we looked at were person centred however care plans had not been signed by the people who used the service or family members to indicate they agreed with the content. There was limited evidence of reviews of care.

The activities people participated in had a positive impact on their lives and ultimately benefitted their health and wellbeing. People were assisted to establish and maintain community links, relationships and friendships that were important and beneficial to them.

The provider had a complaints policy and procedure in place. There was no easy read version of the complaints policy at the service to benefit people receiving care and support. We recommend that one be put in place.

Relatives and staff we spoke with were all very complimentary about the way the service was led by the registered manager. Care staff told us they enjoyed the support role and thought the service was a good one to work for.

It was not clear how the service ensured the quality of its care provision as there were no formal records. As there were no audits or weekly checks in place, errors would not be picked up and rectified. Quality assurance systems needed to be more robust to help the registered manager effectively monitor the quality of the service provided.

Staff told us they felt involved in the service and considered they were kept up to date with the information they required to do their role. Staff we spoke with were aware of the aims of the service which were to promote independence and help people integrate people into the community.

The service could demonstrate partnership working with local day services and other community ventures.

We found four breaches in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. These were in relation to safe care and treatment, the need for consent and good governance. You can see what action we told the provider to take at the back of the full version of the 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 consistently safe.

Portable fire fighting equipment, such as a fire blanket and a small fire extinguisher, had been checked according to required timescales. However, other records in relation to fire safety were minimal or incomplete.

Staff and family members we spoke with did not raise any concern about staffing levels and told us people's needs were met. However, there was no working rota in any of the houses to confirm staffing levels.

Risk assessments were in place for the physical environment, behaviours that challenge, nutrition, medicines, road safety and aspects of personal care.

No accidents or incidents had been recorded at the service but there were appropriate systems in place for reporting and recording any that might take place in the future.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff understood the importance of protecting people's best interests however, this was not always clearly documented on care plans. Care plans contained no consent to care documents.

Care staff we spoke with confirmed they had regular supervisions. Staff received guidance and support to help ensure they carried out their roles in a safe and effective way.

People were supported to attend regular healthcare appointments. Relatives we spoke with were complimentary of the support their family members received for the benefit of their health and wellbeing.

Is the service caring?

Good

The service was caring

Care staff were introduced to the people they were supporting before care and support started. Care staff we spoke with knew the people they supported.

Care staff were able to give us examples of how they treated people with dignity and respect. Staff demonstrated they understood how to maintain people's dignity in a caring and respectful way.

Care records showed how people's independence was promoted. Staff told us how people were encouraged to maintain life skills, particularly around aspects of personal care.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans we looked at were person centred however care plans had not been signed by the people who used the service or family members to indicate they agreed with the content. There was limited evidence of reviews of care.

The activities people participated in had a positive impact on their lives and ultimately benefitted their health and wellbeing.

The provider had a complaints policy and procedure in place. There was no easy read version of the complaints policy at the service to benefit people receiving care and support.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

It was not clear how the service ensured the quality of its care provision as there were no formal records. As there were no audits or weekly checks in place errors would not be picked up and rectified.

Staff told us they felt involved in the service and considered they were kept up to date with the information they required to do their role.

The service could demonstrate partnership working with local day services and other community ventures.

A Star Support Services

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 19 and 20 July 2017 and both days were announced. This was to ensure someone would be available to speak with us and show us records as the service is a small domiciliary care agency. The inspection was carried out by one adult social care inspector.

Before we visited the service we checked the information we held about this location and the service provider, for example, safeguarding notifications and complaints. A notification is information about important events including safeguarding and serious injuries to people using the service, which the service is required to send us by law.

We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. We were not provided with any feedback about this service.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

Whilst on site we spoke with the registered manager. We looked at the service's operational records held on site, including one care plan, risk assessments and three staff recruitment files. We also looked at records relating to the management of the service, such as quality audits, policies and procedures.

With their consent we visited three people in their own homes. We looked at the personal care and treatment records of three people who used the service and observed how people were being cared for. We spoke with two members of staff during our home visits and contacted two care workers and four relatives

by telephone following these visits.

Requires Improvement

Is the service safe?

Our findings

We asked people and their relatives if they received safe care and support from A Star Support Services. Family members we spoke with told us they thought their relatives were safe with the support and told us, "Yes they are safe. They [staff] would not want to put my relative at risk" ; "Are they safe? Definitely", and "Pretty good from what we can see."

Risks to people's safety in the event of a fire had been identified and a referral made to the local fire service to undertake a safe and well check for people living in one of the properties.We saw a certificate on file confirming this had been carried out. A safe and well visit involves the identification of, and response to, health, wellbeing and home security issues. The main aim is to reduce the risk of fire in the home, by considering the individual, their home environment and lifestyle.

Portable fire fighting equipment, such as a fire blanket and a small fire extinguisher, had been checked according to required timescales. We saw fire risk assessments on file however, we saw no personal emergency evacuation plans (PEEPs) in place for people using the service. PEEP's identify the assistance and equipment an individual would need for safe evacuation from a property in the event of an emergency, for example a fire, and are vital for staff to provide guidance, reassurance and the right support for vulnerable people who may be distressed.

Other records in relation to fire safety were minimal or incomplete. We saw no record of fire drills that had been undertaken with people using the service and staff and no record of any regular fire alarm checks. This meant that appropriate procedures were not in place to keep people safe in the event of an emergency and we were not reassured that people and staff would know what to do in the event of a fire. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with understood their role in helping to keep people safe and gave us examples of how they would do this. They could describe the types of abuse and what they would do if they suspected abuse was occurring. Staff told us they had done safeguarding training and we reviewed the service's training matrix which confirmed this. We saw the provider had an up-to-date safeguarding policy and procedure in place which gave guidance on action to take regarding safeguarding concerns. There had not been any safeguarding incidents reported at the service but if there were we were satisfied that people would be protected from risk of harm because care staff were aware of how to ensure they were safe.

We looked at how the service helped people to manage their money and how they protected people from financial abuse. We saw that each person had a financial sheet that recorded money received in and money drawn out, or spent by the individual. We noted that where possible the service retained receipts relating to expenditure and kept these with the financial sheet. There were some instances where receipts were not available, for example we noted spends taken to the day centre or money spent on trips. We brought this to the team leader's attention and advised that completing petty cash vouchers for all expenditure would further protect the person and staff, especially in the event of receipts not being available. These could be signed by the person requesting the withdrawal of cash if they had capacity in this area and countersigned

by members of staff and would ensure the system for handling people's money was more robust. We will check on this at our next inspection.

We discussed staffing levels at the 24 hour supported living houses with the registered manager. There was always one member of staff on duty during the day to support people remaining in their homes and one member of staff on sleep in duty during the night. People were supported in the community on a one to one basis, although support was shared on occasions, depending on the activity undertaken.

The registered manager told us where possible, staff absences were covered by permanent staff. We were provided with a staff list and checked records in both properties where A Star were providing 24 hour care and support. Staff and family members we spoke with did not raise any concern about staffing levels and told us people's needs were met and observations we made during our visits confirmed this. This meant there were enough staff with the right experience and knowledge to meet the needs of the people who used the service, however the service did not operate a working rota in the office or at either house where care and support was provided.This meant it was not clear to people receiving the support or those providing it who was on duty and in what capacity.

We saw that the registered manager of the service was hands on and covered shifts in one house. We were provided with the names of other staff working for the company. We saw in one house that another person, not employed by A Star Support Services, had completed a handover sheet and written daily records. We brought this to the registered manager's attention who explained that the member of staff worked for a day care agency, with which A Star Support Services had close links. The people being supported also attended the day centre and therefore knew the staff member, who was 'borrowed' to undertake shifts for the domiciliary care agency on occasions. We informed the registered manager however, that people undertaking care and support must be employed either by the provider or by a reputable recruitment agency, so that the manager is assured all required checks and training have been completed. After the inspection we were provided with evidence that the member of staff was in receipt of a valid DBS check, had been recruited to the service and had completed a full company induction.

The hiring of individuals to provide care and support, prior to undertaking a robust recruitment process and the required recruitment checks was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the personnel records of three members of staff who were employed by A Star Support Services. The files contained application forms, photographic identification and references. We saw Disclosure and Barring Service (DBS) checks on staff were completed. The DBS keeps a record of criminal convictions and cautions which helps employers make safer recruitment decisions and is intended to prevent unsuitable people from working with vulnerable groups. We were satisfied that all employed staff were suitable to work with vulnerable adults and will check that the recruitment process is more robust and a rota is in place at our next inspection.

We reviewed all three care records to see what considerations had been made for assessing risk. Risk assessments should provide clear and person-specific guidance to staff and ensure control measures are in place to manage the risks an individual may be exposed to. For example, we saw risk assessments were in place for the physical environment, behaviours that challenge, nutrition, medicines, road safety and aspects of personal care, such as shaving.

We saw in one person's care plan a risk of dehydration had been identified, due to a history of self neglect and it was recorded that the individual would not ususally ask for a drink. To mitigate that risk staff were

reminded to encourage fluids and prompt the person at regular intervals with offers of fruit based drinks. During our visit to the person's home we saw that the person had a glass of fruit cordial on our arrival and was prompted several times to drink this. They were offered a fresh drink during our visit and we heard the member of staff on duty reminding the individual to drink it. We were confident that staff were aware of the risks posed to people and took appropriate action to keep people safe.

We looked at the management of medicines and saw in one house blister packed medicines were stored in a locked drawer in a locked room on the first floor, which only staff had access to. During the pre admission assessment a log of all medicines taken by the individual was recorded so that staff were fully aware of blister pack contents prior to the service starting.

People had medication administration records (MAR) in place. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. Each person's MAR included details of the person's GP, whether the person had any allergies and whether PRN, 'as required', medicines were in use. For each prescribed medicine there was a record of each administration, which had been signed by the member of staff. Records we saw were accurate and complete and staff received training in the administration of medicines. This meant appropriate arrangements were in place for the administration and storage of medicines.

Accident report forms were completed by staff in the event of any accident or incident. The service also had a Behaviour Incident Record template which offered a means of monitoring behaviours that challenged. Through accurate recording of behaviour patterns the service sought to identify and address any problems people using the service might have. At the time of our inspection there had not been any accidents or incidents recorded at the service but we saw there were appropriate systems in place for reporting and recording accidents and incidents that might take place in the future.

Relatives confirmed care staff demonstrated good hygiene practices and used personal protective equipment (PPE) such as gloves and aprons and washing their hands as appropriate. In both homes we visited we saw PPE supplies provided by the service available for staff's use. This meant staff undertook their duties in a safe way which promoted effective infection control helping to keep people safe from infection.

Requires Improvement

Is the service effective?

Our findings

People and their relatives told us the care staff were competent and trained appropriately to undertake their caring and support role tasks. Relatives told us, "This is the most satisfied I've ever felt" and "Staff are well trained and know what they are doing." One person who could not express their opinions verbally appeared happy during our visit and gave a thumbs up sign to indicate their satisfaction.

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 saw that an assessment of an individual's capacity had been recorded in relation to being able to make specific decisions, for example in areas such as maintaining relationships, health and wellbeing, staying safe, deciding where to live and budgeting. There were three levels of assessment, that indicated the individual was either able to make a choice, needed support or did not have the capacity to make the decision. We saw that the person had been assessed at level 2, needing support, to make the decision where to live. They had recently moved from a service some distance away to move back locally to be near friends and family. We saw that visits had been undertaken prior to moving into the service, the person had met with staff but we saw nothing documented on file to indicate the decision had been made by the individual or with support, due to this being in their best interests.

In the three care records we reviewed we saw no consent to care documents in place. Where people have the capacity to understand the levels of support they can sign their care plan and consent to care documents, for example consent to the administration of medicines.

We spoke with the registered manager and care staff about the MCA and their role as care providers and they provided us with assurances that people were able to make their own decisions whenever possible. Staff also understood the importance of protecting people's best interests however, this was not always clearly documented on care plans and care plans lacked consent to care documents.

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

The registered manager told us and records we looked at confirmed new care staff received an induction to the service. We saw in staff personnel records an induction booklet containing topic areas that had been discussed with and covered by all new staff members. The registered manager told us the induction involved face to face training and scenario discussions, and new staff were not 'signed off' until the induction booklet was fully completed to a satisfactory standard and they felt confident with the role. Areas covered in the induction booklet included health and safety, food hygiene, fire safety, first aid, medication, safeguarding and mental capacity act. The booklet also provided information to staff to give them an

awareness of specific medical conditions, such as autism, epilepsy and diabetes. New staff were also introduced to key policies and procedures such as administration of medicines, safeguarding and infection control.

Records showed staff training was up to date and included safeguarding, moving and handling, medication, food hygiene, infection control, first aid and fire safety training. We saw copies of training certificates in staff files and were later sent a training matrix. The company planned to access on line training for a number of subjects; this included the completion and external verification of work books before a staff member was declared competent. Staff we spoke with spoke highly of the training on offer, told us they received plenty of training and their training was up to date.

Care staff we spoke with confirmed they had regular supervisions and we saw records on file indicating these had taken place. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. The supervision template included areas for discussion, such as health and safety, probation and performance. Care staff told us they had the opportunity to raise any issues or concerns during supervision. Care staff told us the registered manager was supportive and they could approach them for support at any time. One staff member had commented on the 'great morale among the team' at one property. We were assured that staff received guidance and support to help ensure they carried out their roles in a safe and effective way.

We saw examples of people's likes and dislikes in relation to food on care plans and staff we spoke with knew these too. For example, we were told one person did not like green vegatables and their care plan confirmed this. This showed us that people's individual dietary needs were taken into consideration and people's wishes were recorded in care records.

Relatives told us the care staff assisted with preparing meals. A relative we spoke with expressed their satisfaction with the quality of the meals given to their family member and told us, "They're not given rubbish. I've seen [person] eating decent meals." We saw a weekly menu planner pinned up in the kitchen. Meals were planned weekly in advance at the weekend with the full involvement of individuals receiving care and support. However a support worker told us that people could choose alternative meals if they changed their minds. We saw evidence of this when checking care plans and daily notes on site during our inspection. The daily meal on the weekly planner had been chicken fried rice, however it was documented in daily notes that a person had chosen cottage pie for tea. They had chosen this alternative as they had eaten a similar chicken dish earlier the same day for lunch. This showed us that the service effectively met people's nutritional needs and people were able to choose different options if they so wished.

Both homes we visited were clean, spacious and suitable for the people who used the service. All of the bedrooms had been individually decorated according to people's individual tastes or specific hobbies and were highly personalised. We saw that there were sleep in facilities in both houses for staff providing support during the night.

We saw that people's care plans kept in their home contained up to date information about their GP, the pharmacy that supplied their medication and people's medical conditions. People were assisted to see their GP, to hospital appointments, dental checkups and to chiropody appointments. We saw that one person was supported to attend regular clinic appointments; these were necessary to identify any changes required to a dosage of medication. Relatives we spoke with were complimentary of the support their family members received for the benefit of their health and wellbeing. One told us, "The longer [person's name] has been living there the better their health has become." We concluded the service would act proactively and contact the right health professionals so that people received relevant care within appropriate timescales.

Good

Is the service caring?

Our findings

Family members were complimentary about the standard of care at A Star Support Services and told us, "Staff are great with [person]."; "They are loving it" , "It's a very good place for [person] to be" and, ""All the staff know [person's] likes and dislikes. It works very well. I'd hate for them to have to leave." We saw during our visits that close bonds and trusting relationships had been built up between staff and the people using the service.

The registered manager said they care staff were introduced to the people they were supporting before care and support started. We saw this had happened before a person transitioned to the service earlier in the year. They had visited their future home and met with support staff on a number of occasions before making the decision to move. Care staff we spoke with knew the people they supported. One member of care staff said, "We have a chat; keep them informed about what we need to do." When we asked a member of staff how they got to know a person they told us they would read the care plan, watch them and talk to them and recognised 'communication is key' when providing personalised care to someone.

People and their relatives were involved in the care planning process. Care records we looked at confirmed this. Relatives of someone fairly new to the service said information about what the support their family member required was gathered during the initial assessment and we saw this had been captured in their care records. We were satisfied that people receiving the support and their relatives were consulted in making decisions about the care they received before moving to the service.

Care staff were able to give us examples of how they treated people with dignity and respect and recognised the importance of giving people their own space. For example, always knocking on doors before going into people's bedrooms and ensuring doors are closed and curtains drawn before undertaking personal care needs. Relatives confirmed what staff had told us. We concluded that staff demonstrated they understood how to maintain people's dignity in a caring and respectful way.

People's choices were clearly documented in their care records. For example, care plans outlined what people liked to do and also what they didn't like. One person didn't like changes to their routine and if this happened, "I will stamp my feet and talk to myself very loudly" was recorded. Relatives we spoke with confirmed this and told us, "If [person] doesn't want to do something you know about it." Staff we spoke with were aware of this and recognised the importance of keeping the individual informed of any changes in their routine.

There was a document in people's care plans that described what was important in a person's life andwhat made them happy. We saw how one individual liked family, gardening, holidays, baking and meeting a friend. Their home had a garden they could use and they showed us around this, naming the flowers they had planted in the garden. Staff also promoted the friendship and the pair met up for tea and other activities, such as bowling and the cinema. This meant people's individual needs had been taken into consideration and the service worked hard to meet these needs.

Care records showed how people's independence was promoted. Staff told us how people were encouraged to maintain life skills, particularly around aspects of personal care. Staff told us one person was able to shower independently but needed assistance with medicines and shaving and the care plan reflected this. Staff also recognised the importance of letting people do things at their own pace and told us, "[Person] is slow but capable. They might need prompting or support with personal care but if they can do it themselves we let them." This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

Requires Improvement

Is the service responsive?

Our findings

We spoke with people using the service and their relatives and both parties spoke very positively about how the agency responded to their needs. One relative said, "They are very flexible; [family member] comes home every weekend and it's no problem for them." Another relative told us their family member's moods had improved since receiving the support and said, "[Person] has mellowed completely. I've not seen him in a bad mood for ages." They attributed this to the positive care and support their family member was receiving.

We saw that a person's needs had been assessed before they moved into the service. Information was gathered about the individual prior to their start of support and included important health and medication information, details of family, friends or advocates, any issues with the person's behaviour or other known risks, day placement and activities/interests. This ensured staff knew about people's needs before they received care and support from the service.

Care plans we looked at were person centred and included information about the person such as family and social networks, interests and their likes and dislikes. A relative told us that their family member had been employed prior to moving into the service but we did not see any reference to people's work histories on care plans.

We identified that care plans had not been signed by the people who used the service or family members to indicate they agreed with the content. One person receiving a service was relatively new and therefore their care plan had not been reviewed, as no changes had been identified in their care and support needs.Two other people however, had been receiving a service for nearly a year or more and we saw evidence of one care plan review in January 2017. It was not clear however, whether the individual, their relatives or other professionals had been involved in the review as this was not documented.

We saw staff completed a daily record of the care provided and any observations made. These notes recorded details of the person's care, routine and activities undertaken during the day. We saw that the records for one individual in a house were maintained appropriately however we not assured that appropriate records had been maintained for two other people, who had been receiving a regulated activity for some time.

Records that were made available to us in one property had been recorded on separate pages for each day's entry, for both people receiving the service. These therefore were not continuous logs of the care and support provided. We also identified gaps in the recording of daily notes on specific days. We brought this to the team leader's attention who acknowledged the error and said that staff would be instructed to ensure daily notes were fully completed in the future and were continuous entries. The provider should ensure that there are a sufficient number of records on site in relation to recent care so that these can be checked for accuracy and any areas for improvement identified and to ensure relevant persons, visiting professionals etc. can gain an accurate overview of care provided.

The lack of recorded reviews and the incomplete daily notes were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans identified the level of support required according to the person's support needs and health needs. It was documented in one person's care plan that they were not good in cold weather due to a specific health condition. We saw that the service noted that outdoor activities should be limited during the winter months due to the cold weather as this might be detrimental to their health and wellbeing. It was recorded that activities should be a mix of those done indoors and outdoors and made staff aware of the necessity to judge weather conditions. This showed us that the service considered the needs of people using the service and supported people accordingly.

Care files contained a 'grab' sheet which provided important information about the person should they be admitted to hospital. We saw that one detailed a person's specific health condition, a medical diagnosis and detailed specific mobility issues connected with bathing. We were assured that the person would receive care relevant to their needs if admission to hospital was necessary.

Care records showed that some people attended local day services or community groups that were of interest to them. For example, one individual enjoyed baking and drama and therefore accessed a local day centre on specific days to undertake these activities. Staff told us that when people were not at day services, a programme of activities was in place based on what the person wanted to do. For example, art classes, the gym, the cinema, a disco, watch football, go shopping or take part in activities in the home such as crafts and using an ipad. One person's care record stated that they liked watching TV but particularly cartoons films, gardening and going to the cinema. We spoke with the individual who told us they had recently been to the cinema watching the Cars 3 film and had enjoyed it.

Relatives we spoke with complimented the service with regards to the activities on offer and said, "Staff are very creative. They are the type of people I want to support my family member." Another said how their family member was happier now they were doing more exercise and a third relative told us how their family member was 'growing in confidence' since accessing the service and said, "It's nice to see them so relaxed and comfortable with their routine." People using the service were given the opportunity to use the company's holiday caravan in Wales and two people were due to be supported to go on holiday at the time of our inspection. This showed us that the activities people participated in had a positive impact on their lives and ultimately benefitted their health and wellbeing.

One person had expressed a desire to take part in a mud and obstacle course challenge designed to test physical strength and endurance. They had been supported to train for this and a member of staff had completed the course with the individual. We saw pictures in their home of the individual participating in the event and having finished. Relatives spoke very highly of caring staff who, in their opinion, had gone 'over and above' their duties in this case and told us this had been 'a massive achievement' for their family member, who had been very happy doing the event. The provider was proactive in helping the individual to satisfy their dream and did not limit their activities due to their disability.

Two people using the service had built up a friendship, established a number of years previously when at college. Now both in the same service, staff ensured that the friendship was maintained with visits to each other's houses for tea, meals out and trips to the cinema. A relative commented on this and said, "It's nice that they've maintained that." The above examples demonstrated that the service encouraged and assisted people to establish and maintain community links, relationships and friendships that were important and beneficial to them.

The provider had a complaints policy and procedure in place. Relatives told us they knew how to make a complaint if needed but did not have cause to do so. One relative had not made a formal complaint but told us, "I wouldn't think twice about telling them," if they ever neded to. We did not see an easy read version of the complaints policy at the service to benefit people receiving care and support from A Star Services. We saw the service had appropriate systems in place to manage complaints and concerns raised.

We recommend that an easy read version of the complaints policy is developed and made available to people using the service.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The service was small in size, with a core team of staff including the registered manager who was a hands on member of staff, providing care and support in one of the houses.

Relatives and staff we spoke with were all very complimentary about the way the service was led by the registered manager. Care staff told us they enjoyed the support role and thought the service was a good one to work for. They described the registered manager as "very approachable and helpful".

We checked to see how the service ensured the quality of its care provision was monitored but this was not clear as there was nothing formally recorded. Team leaders we spoke with told us that staff were observed and monitored but these checks were not documented. There were no records to substantiate any checks had been undertaken, for example to daily care records, medication administration records, care plans and financial records, nor what issues, if any, had been identified and addressed. Without a record of these checks it would be difficult to identify patterns and thus take appropriate steps to help ensure issues identified did not happen in future.

We saw that checks to people's money were undertaken and recorded at each handover and signed by a member of staff. We looked at a recent handover form and noted the cash balance had not changed from the previous day. We physically checked the amount of cash and found this to be slightly more than that recorded on the handover form. We were not assured that staff were actually counting money when recording balances of cash, but merely copying this from previous handover records. As there were no audits or weekly checks in place these, or any other errors, would not be picked up and rectified.

As previously highlighted in this report, we identified gaps in care records, for example, in the recording of daily notes. We asked to look back at previous months records in relation to these to see if this was a regular occurrence, however we were told these records had been archived and were no longer on site. The provider should ensure that there are a sufficient number of records on site in relation to recent care so that these can be checked for accuracy and any areas for improvement identified and to ensure relevant persons, visiting professionals etc.can gain an accurate overview of care provided.

We concluded the quality assurance systems needed to be more robust to help the registered manager effectively monitor the quality of the service provided. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a set of policies and procedures in place to guide staff and a staff handbook, which staff were familiar with. We saw that staff could access policies as required and the registered manager told us staff could always approach them should they need clarification or support with any of these.

The service had a positive culture that was person centred, open and inclusive. Staff we spoke with were

aware of the aims of the service which were to promote independence and help people integrate people into the community. Staff told us the company's vision was to 'move forward with a person centred approach' ensuring people were valued and standards were met.

Staff we spoke with felt supported by the registered manager and the management team. They told us, "I think staff have their input" ; "We can speak up and make suggestions on what might work better," and, "We have got a good working relationship. There's good morale; a team spirit."

We did not see any record of full staff meetings although staff told us they felt involved in the service and considered they were kept up to date with the information they required to do their role. House meetings were held in each property by team leaders and management were easily contactable, especially the registered manager who covered support shifts when necessary. We judged that as the service was so small the team met with each other and with senior staff frequently and any issues were discussed in supervision sessions.

We did not see any completed staff surveys although a member of staff told us, "I've had a form – how would you improve [the service]." We saw aspects of feedback were gathered from staff during regular supervision sessions. Staff were asked what the company could do to help them and if they considered the service could do something differently. We saw that any compliments received from relatives were also shared with staff during supervisions. Given the number of staff in the service we concluded the service's current approach to gathering staff feedback was appropriate.

Similarly we did not see any questionnaires or surveys completed by people using the service or their relatives. As the service was so small, feedback was given informally and relatives told us they felt comfortable giving feedback, good and bad, on the care their family member received, at any time. We spoke with the registered manager about the lack of formal feedback who said they would implement this and we will check on this at our next inspection.

The registered manager spoke about the vision for the growth of the service. They could demonstrate partnership working with local day services and other community ventures, such as arts and crafts groups and a disco. The registered manager told us they were developing networks within the local community and with other charitable organisations, for example a local charity shop, to improve people's access to the community and we will check progress on this at our next inspection.

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 Staff understood the importance of protecting people's best interests however, this was not always clearly documented on care plans and care plans lacked consent to care documents. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Appropriate procedures were not in place to keep people safe in the event of an emergency and we were not reassured that people and staff would know what to do in the event of a fire.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of recorded reviews and daily notes were incomplete for two people using the service. Quality assurance systems needed to be more robust to help the registered manager effectively monitor the quality of the service provided. This was a breach of Regulation 17(2)(a)(c)of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The hiring of individuals to provide care and support, prior to undertaking a robust recruitment process and the required recruitment checks was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.