

Stella Maris Limited

# Suite 5, Lancashire Digital Technology Centre

## Inspection report

Bancroft Road  
Burnley  
Lancashire  
BB10 2TP

Tel: 01282872320

Date of inspection visit:  
05 April 2016  
06 April 2016

Date of publication:  
05 May 2016

## 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We carried out an announced inspection of Suite 5, Lancashire Digital Technology Centre on the 5 and 6 April 2016.

Suite 5, Lancashire Digital Technology Centre provides personal care and support and domestic services to people living in their own homes in Burnley and the surrounding areas. The service is mainly provided to older people with needs relating to old age, including people living with dementia. The office is situated on a business estate on the outskirts of Burnley. At the time of the inspection the service was providing support to 10 people.

At the previous inspection on 6 December 2013 we found the service was meeting all the standards assessed.

The service was managed by a registered manager. 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.

During this inspection visit we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to ineffective quality assurance, management of people's medicines, training and supervision and recruitment processes. You can see what action we told the registered provider to take at the back of the full version of the report.

People felt the agency was well organised. However, during our inspection we found a number of areas in need of improvement. This meant the systems to assess and monitor the quality of the service, including obtaining feedback from people were not effective.

People and their relatives were happy with the service they received from Suite 5, Lancashire Digital Technology Centre. They told us they felt safe using the service. Staff were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. However we found staff had not received any recent safeguarding vulnerable adults training or any training related to the Mental Capacity Act 2005.

We found the training and monitoring to ensure people received safe support with their medicines needed to be improved. Safe recruitment processes had not been followed which could place people at risk from unsuitable staff. Staff had not received ongoing development and supervision to ensure they had the skills and knowledge to safely support people.

People told us staff were respectful of their privacy and maintained their dignity. People told us the staff were kind and caring. People told us they received care and support from staff they were familiar with and

who arrived on time, never missed a visit and stayed the agreed amount of time.

Care records were an accurate reflection of the person's care and support needs and they were reviewed regularly to reflect changes to the person's needs and circumstances. Staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care plans. People had been involved with their care plans and the ongoing reviews.

Processes were in place to monitor and respond to people's health care needs. Where appropriate people were supported with eating and drinking.

The complaints procedure provided information on the action to take if a person wished to raise any concerns. People told us they had no complaints but were aware of the complaints procedure and processes and were confident they would be listened to.

## 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.

Staff had not received recent safeguarding vulnerable adults training but had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice.

People told us they felt safe and they received reliable, flexible care and support from staff they were familiar with.

Safe recruitment procedures were not followed.

Processes for safely managing people's medicines needed improvement.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff had not received appropriate training, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.

People were able to make their own choices and decisions. The service ensured people received effective care that met their needs and wishes.

The registered manager was aware of the requirements of the Mental Capacity Act 2005 although staff had not yet received any awareness training.

People were supported as appropriate to eat and drink. Their health and wellbeing was monitored and responded to as necessary.

### Is the service caring?

**Good** ●

The service was caring.

People were involved in making decisions about their care.

Staff treated people with dignity and respect and people were looked after in the way they preferred.

People made positive comments about the caring and kind approach of the staff.

### Is the service responsive?

Good ●

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs. Staff were aware of people's preferences and how best to meet their needs.

People were involved in their care planning, decision making and reviews.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

People indicated the service was flexible. Arrangements were in place to respond to people's changing needs and preferences in a timely manner.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

People, their relatives and staff told us the agency was well organised.

The systems in place to consult with people and to monitor and develop the quality of the service provided were not effective.

# Suite 5, Lancashire Digital Technology Centre

## **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 5 and 6 April 2016 and was announced. The registered manager was given 48 hours' notice of our intention to visit; this was to ensure they would be available for the inspection. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We contacted the local authority contract monitoring team for information.

Before the inspection we asked the provider to send us a Provider Information Return (PIR). This is a form that asks them to give some key information to us about the service, what the service does well and any improvements they plan to make. The registered manager told us they had not received the request due to a change of contact information.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection we spoke with two people who used the service and with three family members. We talked with two care support workers, the registered manager and the office manager.

We looked at a sample of records including three people's care plans and other associated documentation, two staff recruitment records and associated training and development documents, complaints and compliments records, medication records, policies and procedures and audits.

# Is the service safe?

## Our findings

People told us they or their relatives felt safe using the service. One person told us, "I feel safe and I trust them" and "I feel safe and am treated well." A relative told us, "I have peace of mind that (my relative) is safe in their hands." None of the people spoken with had any concerns about the way they were treated or supported.

We looked at the recruitment and selection processes. We were told there had only been one new member of staff recruited for some time. We looked at this person's record and found not all checks had been completed prior to them starting work with the agency. The recruitment procedure had included an identification check and the applicant completing a written application and attending a face to face interview. However, we found a health and fitness declaration had not been completed following the offer of employment and written references and a Disclosure and Barring Service (DBS) check had not been completed prior to employment. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This meant a safe recruitment and selection process had not been followed. The recruitment and selection procedures had recently been reviewed although we noted they needed further review to ensure they accurately reflected the current regulations.

The provider had failed to operate safe and robust recruitment and selection processes. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were happy with the support they received with their medicines. Assessments had been completed with regard to whether people were able to administer their medicines independently or needed support and their records included instructions for staff to follow on prompting or administering medicines. People's medication administration records (MAR) were typed. There were some directions on the MAR which were handwritten by staff although these had not been witnessed which could present a risk of error. The registered manager assured us this would be reviewed. Appropriate administration codes were being noted on the MARs although we noted there were no clear instructions recorded for 'as needed' medicines such as pain relief. This meant that without clear directions for staff to follow there could be a risk of error.

There were policies and procedures in place to support staff with managing medicines. From our discussions with the registered manager and with staff and from looking at records we found staff had not received appropriate medicines management training since 2012. There were no records to show that new staff who administered medicines had received any training other than observing more senior staff as part of their initial induction. Regular checks on staff practice had not been undertaken to ensure they were competent to administer medicines.

The provider had failed to ensure people's medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service protected people from abuse and the risk of abuse. There were safeguarding

vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to in their copy of the staff handbook and in the policies and procedures file which was stored at the office. Safeguarding vulnerable adult's procedures provided staff with guidance to help them recognise and protect vulnerable people from abuse and from the risk of abuse.

The staff we spoke with had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. However, from our discussions with the registered manager and staff and from looking at records we found staff had not attended any safeguarding vulnerable adults training since 2012. The registered manager told us he would review this to ensure all staff updated their knowledge in this area. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns.

Some people required assistance with shopping. We found there were appropriate procedures for the staff to handle their money safely and people told us they were satisfied with the arrangements in place. We noted there were records of any financial transactions and staff had obtained receipts for any money spent. The senior staff audited these records when they were returned to the office.

We looked at the way the service managed risks. Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. This included assessments of environmental risks and any risks due to the health and support needs of the person. The assessments were regularly updated or more often if people's needs or circumstances changed.

Staff were able to describe the process to follow in the event of an accident and emergency. They said they would contact the office and an appropriate incident form was completed after dealing with the situation. We were told there had been no recent incidents or accidents.

Staff were provided with personal protective equipment, including gloves and aprons. We noted emergency, accident and on-call procedures were summarised in the staff handbook. This meant there were processes in place to help minimize risks and keep people safe.

People told us the staffing levels were sufficient and they received care and support from staff they were familiar with. We found staffing arrangements were influenced by people's assessed needs, individual support package and contracted arrangements. Staff confirmed they were given enough time to carry out tasks. They told us they would telephone the agency office if they were delayed and the agency would contact the person to keep them informed. People receiving a service confirmed this. There was an on-call system in place during the times when staff were on duty, which meant someone could always be contacted for support and advice.

People told us staff arrived on time, never missed a visit and stayed the agreed amount of time. They told us they were informed if there were going to be any delays or any changes. One person said, "I don't always have the same carer but I ring up every morning and they tell me who is coming; it doesn't matter really because I know all of them. They are all very good." People told us, "My carers are very nice; I've been having my carers that long that they are like family", "I have a regular carer but the office will let me know if they have to change, but it is always someone that I know" and "If they are running a bit late they let me know." People told us staff always wore their identity badge.

The agency no longer used a telephone monitoring system. Staff visits were currently logged in the care report book which was stored in people's homes. The book would be returned to the office when fully completed and would be checked for any discrepancies; we saw evidence to support this. However, there



were no systems to monitor staff attendance as the agency were reliant on people to contact the office if there was a missed visit, late arrival or if staff had not stayed the appropriate length of time.

## Is the service effective?

### Our findings

People were happy with the care and support they received and told us the service met their needs. People said, "I get a very good service", "Staff know what they are doing; my carer does a very good job", "Staff do their job very well" and "I've seen new staff being shown what to do by other staff."

We looked at how the service trained and supported their staff. From talking with staff and the registered manager we found staff had not received any recent training to keep them up to date and to help them meet people's needs effectively. Formal checks on their practice had not been undertaken. There were no training records available although we were shown course attendance records for medication and safeguarding training for most staff held in 2012. This meant staff were not provided with updated training and monitoring to ensure they had the knowledge and skills related to their roles and responsibilities. We were told all but one member of staff had gained recognised qualifications in health and social care. Staff spoken with told us they felt they had sufficient experience to undertake their role competently.

The registered manager and staff told us regular supervision sessions including observations of their practice and an annual review of their performance had not taken place. Formal supervision would provide staff with an opportunity to discuss their performance and help determine whether they would benefit from additional training and support. Staff spoken with told us they had the support of the registered manager and office manager and could discuss anything that concerned them.

The provider had failed to ensure staff received such appropriate training, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the induction records for one new member of staff. We found they had completed an initial induction on the organisation's policies and procedures and ways of working. However, it was not clear whether they received a period of shadowing more experienced staff or whether they had commenced the Care Certificate; however staff confirmed this had taken place. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It is essentially designed for staff who were new to social care.

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. We found the agency had policies and procedures on the MCA although these had not yet been shared with staff. The registered manager had received appropriate training, had an understanding of the principles of the Act and was aware of the processes involved if a person was thought to lack capacity to make decisions for themselves.

Staff spoken with told us they were not clear about the MCA and had not yet received any training in this subject although they understood the need to ask people for consent before carrying out care. The registered manager assured us the policies and procedures would be shared and discussed with staff.

People were supported to maintain a healthy diet where this was part of the care plan. Staff told us people were able to choose what they wanted to eat and drink. People using the service, or their relatives confirmed this. We noted records showed staff monitored people's meal choices on a daily basis to ensure they received a varied and balanced diet. We noted one member of staff had taken a portion of their family Sunday roast dinner to share with one person; this had been very much appreciated by the person and their family.

We looked at the way the service provided people with support with their healthcare needs. People told us staff would support them to access healthcare services if it was part of the agreed care package or in an emergency. People's records included contact details of next of kin and relevant health care professionals, including their GP, so the office staff could contact them if they had concerns about a person's health. Staff spoken with described the action they would take if someone was not well, or if they needed medical attention. Information was available in the staff handbook to refer to if needed.

## Is the service caring?

### Our findings

People told us they were happy with the approach of the staff and managers at the service. They told us they were always treated with kindness and respect. People said, "They treat me with respect and I always get a hug and a kiss from one of my carers; I appreciate that very much" and "I look upon staff as good friends and am very happy with the support I get." A relative said, "Without their help (my relative) would not be able to stay at home."

All people spoken with told us the staff respected their rights to privacy and dignity. People confirmed staff entered their house in the agreed way and were respectful of their property and belongings. The employee handbook highlighted the service's expectations around staff conduct, including respecting people's dignity and confidentiality.

Staff were knowledgeable about people's individual needs, backgrounds and personalities. Staff told us they were familiar with the content of people's care records. They told us how they had visited people for many years on a regular basis which helped them get to know the person and how best to support them. Wherever possible people were involved in decisions about their care and their views about the support they needed and wanted were taken into account. People told us staff spent time talking and listening to them. One person said, "I feel like they are interested in what I have to say." A relative told us, "The carer is not rushed and takes time to sit and chat."

People told us they were able to express their views on the service during their planned visits and during their care plan reviews. There was a guide for people who used the service which included an overview of the services provided by the agency and the contact details of other organisations who people could contact for support. The registered manager was aware the guide needed to be updated following a change of office staff.

We saw a number of messages of appreciation for the care and support people had received. Comments included, 'A huge thank you for the wonderful care', 'Carers often went the extra mile', 'Most of the staff treated (my relative) like their own mother' and 'I have every confidence (my relative) was cared for in a very special way'.

## Is the service responsive?

### Our findings

People and their relatives told us the service was responsive to their needs and they were happy with the care and support provided by staff. One person told us, "They will do things differently if I need them to" and "They ask me what I want them to do." Relatives told us, "They are adaptable to any changes" and "I read the visit book and can see they have done what (my relative) has asked of them; they are very flexible in their approach."

An initial assessment of needs was carried out before people used the service. A relative told us they had discussed their relative's needs with a member of the office staff and confirmed they were asked how they wished the care to be delivered. We looked at completed assessments during the inspection and noted they covered all aspects of people's needs. Following the initial meeting, a care plan was developed with the full involvement of people using the service.

During our visit to the office we looked at three people's care plans and other associated documentation during the inspection. The information contained in the plans identified people's needs and provided guidance for staff on how to respond to them and what was expected of them. The care plans were supported by a series of risk assessments and included people's preferences and details about how they wished their care to be provided.

All people spoken with were aware of the care plan and confirmed they had been able to discuss their plan with a member of staff from the agency. There was evidence to demonstrate the plans had been reviewed regularly or more frequently if there had been a change in need or circumstance. People told us the care plans had been explained to them and whenever possible they had signed their agreement to the plan. A relative said, "We are very involved in the care and in the care plan. They will let us know if they have any concerns or if anything changes."

Staff told us they used the care plans to help them understand people's needs and used them during their work. They were confident the plans contained up to date information. They also said there were systems in place to alert the office staff of any changes in people's needs in a timely manner. One member of staff described how they were involved in the reviews of people's care records.

A record of the care provided was completed at the end of every visit. This enabled staff to monitor and respond to any changes in a person's well-being. One member of staff told us, "I always look back in the visit book to check if there have been any changes." The records were returned to the office at regular intervals for checking and storage archiving. This helped the office staff to identify any concerns with the person's care and to ensure staff were completing the records appropriately. We looked at a sample of records and noted people were referred to in a respectful way.

People were supported to access activities in the community in line with their care plan. For instance one person was supported to go shopping and another was helped by staff to get ready to attend the day centre.

People using the service and staff had been provided with clear information about how to contact the agency during the day and out of hours. This meant that they had access to support and advice whenever necessary.

We looked at how the service managed complaints. People told us they would feel confident talking to their carer or a member of the office staff if they had a concern or wished to raise a complaint. One person said, "I don't have any complaints but the office staff are very nice. I would ring them if I had a problem." Relatives told us, "I have a good relationship with the office; any problems are quickly sorted" and "When I ring the office they always sort everything out quickly." Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how complaints would be managed and investigated. The complaints procedure was incorporated in the service user guide and included the timescales for the process to be completed. We looked at the complaints record and noted the registered manager had not received any complaints in the last 12 months.

## Is the service well-led?

### Our findings

People, their relatives and staff spoken with told us the agency was well organised. One person told us, "It is a very small and very personal service. I'm very happy." A member of staff said, "It's a good service."

There was a manager in post who was registered with the commission. The registered manager had responsibility for the day to day operation of the agency and was supported by an office manager. The registered manager was aware of where improvements were needed but told us these had not been actioned due to a recent reduction in referrals for care packages and staffing.

Before the inspection we asked the provider to send us a Provider Information Return (PIR). This is a form that asks them to give some key information to us about the service, what the service does well and any improvements they plan to make. The registered manager told us they had changed their contact information and had not notified the commission about this.

During this inspection we found shortfalls in relation to training, supervision and induction, recruitment and medicines management. This meant the systems for identifying shortfalls and monitoring the quality of the service were ineffective.

We found there had been no announced and unannounced checks undertaken to review the quality of the service provided, to observe the standard of care and record keeping and to monitor staff practice.

People's views had not been sought about the running of the service. People's opinions about their care and the quality of the service they received were sought only during care plan review meetings. People told us the office staff did not routinely contact them to ask if they were satisfied with the service. One person told us, "They don't ever ring me to ask if I am happy."

There were no checks or audits completed on staff files or staff training and supervision. Checks on people's records such as medication and care records were informal and only completed when the records were returned to the office. Visits to people's homes were monitored by checking the visit record books when they were returned to the office. This meant the office staff were reliant on people notifying them of any late or missed visits.

The provider did not have suitable arrangements in place for assessing and monitoring the quality of the service and then acting on their findings. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were clear lines of accountability and responsibility within the service. Staff were provided with job descriptions, contracts of employment, policies and procedures and the employee handbook, which outlined their roles, responsibilities and duty of care. Staff told us they had not received recent and updated training but were well supported by the registered manager and the office manager. Staff told us they enjoyed working for the service. Staff said, "I can ring the office if I have any concerns at any time", "I am

happy at my work and I get great support" and "The office manager is very approachable and I can ask anything."

Records showed staff were not provided with regular one to one support or reviews of their performance. This was needed to help identify any shortfalls in their practice and whether any additional training and support was required. Staff meetings were not held to discuss the operation of the service although we saw a copy of a newsletter from January 2016. We noted there had been no other newsletters since 2013. However, staff told us they were kept up to date by text or telephone calls from the office staff.



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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure people's medicines were managed safely. This was a breach of Regulation 12 (2) (g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to operate effective quality assurance and auditing systems. This was a breach of Regulation 17 (2) (a)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had failed to operate safe and robust recruitment and selection processes. This was a breach of Regulation 19 (2) (a)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure staff received such appropriate training, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18 (2) (a).

