

## 3 Star Health Care Limited

# Leicester

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Leicester is a domiciliary care agency providing personal care and support to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were 13 adults who received packages of support which included personal care.

### People's experience of using this service and what we found

The provider's oversight systems and processes were not effectively used to monitor the quality of service being provided and to drive improvements. This included oversight of people's care records, monitoring staff punctuality, training and up to date operating systems including policies and procedures.

Risks to people were not always identified, managed, and monitored. Care plans were not always kept up to date and contain sufficient up to date guidance for staff to follow to keep people safe.

People told us they were safe with the staff who supported them. Staff were recruited to the service safely. Staff were trained for their role and their competency was checked. Staff were knowledgeable in safeguarding procedures and were aware of how to escalate concerns if needed. There were sufficient staff to meet people's needs. People were supported by regular care staff who knew and understood their needs and routines. People were supported with their medicines safely where this was required.

People told us they felt safe and staff ensured they were safeguarded from harm. People were supported with their medicines when this was required. Infection prevention and control practice was followed by staff to reduce the risk of cross contamination and the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 4 November 2020).

### Why we inspected

The inspection was prompted in part due to concerns in relation to staff recruitment. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm in relation to staff recruitment.

However, we have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Leicester on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified a breach in relation to managing risks to people and their care needs and governance systems to monitor the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Leicester

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 April 2023 and ended on 14 April 2023. We visited the registered office on 12 and 13 April 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 9 March 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people and 2 relatives of people who used the service. We spoke to 7 staff including the registered manager, assistant manager, director, and care workers. We reviewed a range of records. This included 4 people's care records and medication records. We looked at 4 staff files in relation to recruitment, training, and support. We reviewed a variety of records relating to the governance and oversight of the service including policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People were at risk of receiving unsafe care. Risks to people had been assessed when they first started to use the service but were not always accurate. Risks were not always reviewed when people's needs changed. For example, staff had recorded and reported concerns when a person had developed skin damage. A body map detailed the different sites where the skin damage had occurred, but these were not dated nor detailed any follow-up actions. The registered manager told us advice was sought from health professionals however, the care plans did not include instructions to prevent further skin damage such as where to apply the prescribed topical creams. This put people at risk of harm.
- Care plans guidance for staff to follow was limited or contradictory. This related to people who required equipment to be used for safe transfers and to prevent risk of falling. Care plans were not always updated when people's needs had changed, for example, how staff should support a person to move when providing personal care and to prevent risk of falling. A care plan for a person with no mobility risks or needs described how staff needed to support them to walk. Another care plan referred to pets and other people who were not related to the person receiving care. The lack of accurate and up to date information put people at risk of receiving unsafe or inappropriate care.

The provider had not ensured risks to people were identified, managed, and monitored. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe with the staff and the care provided. A person told us they were involved to develop their care plan to make sure staff knew what to do to manage their health condition. They said, "I feel very safe when transferring. Never had any falls and they always apply the brakes." A relative said, "[Name] is able to transfer and move from the wheelchair on the shower and they support [them] to make sure [Name] is safe."
- Risk to people's care needs and their home environment were completed. This enabled staff to take action to reduce and mitigate the chance of harm to people.
- Staff were trained to promote people's safety. Staff accessed people's electronic care plans to review previous care notes.

### Using medicines safely

- People either self-administered or were supported by staff to take their medicine. Where people required support with medicines this had been assessed and care plans included information about the medicines and level of support required. However, from speaking with a person who self-administered medicine and

reviewing the daily logs we found staff had recorded medicines were prompted despite no reference made in the care plan. We raised this with the registered manager who agreed to follow this up.

- Staff had received medication training and they had their competency assessed. Records and feedback from staff confirmed this.
- Systems were in place to ensure people were supported with their medicines. Audits were used to check staff had followed the care plan and recorded support was provided.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. The management team and staff understood the principles of the MCA. Care records showed people's mental capacity to consent to their care and support had been considered.
- At the time of the inspection, no person using the service had any restrictions placed on their liberty. A person said, "[Staff] ask and listen to me and do everything in the order I want."

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the service provided safe care. One person said, "I am very safe with my carers, they have got everything down to a fine art." A relative told us, "I have no concerns, the carers look after [Name] properly and I know how to raise safeguarding concerns."
- Staff had received safeguarding training and were aware of their responsibility to act on any safeguarding concerns by recording and reporting to the management team. A staff member said, "Safeguarding means I need to make sure clients is safe. I would inform my supervisor or manager about any abuse if I witness it or am told about it. I know I can also call CQC."
- Safeguarding systems, policies, and procedures in place to promote people's safety. Records confirmed staff had completed safeguarding training. The registered manager understood their responsibility and knew how to report safeguarding concerns to external agencies.

Staffing and recruitment

- There were enough staff deployed to meet people's care needs. Staff rotas showed people were supported by regular staff who knew them well. However one relative raised concerns about staff punctuality. We raised this with the registered manager who agreed to follow this up.
- People and relatives told us that the required number of staff were sent to provide personal care. A person told us, "My carers are always on time, in uniform with their ID's, attentive, always offer me choices and they listen to me." A relative said, "Sometimes, 3 carers and different carers for all 3 calls, but they've been here before, so we know them."
- Staff were recruited safely. Staff files contained evidence of criminal record checks to ensure staff were able to work with vulnerable people had been completed. Staff identity and the right to remain in the UK checks had also been completed. However, one staff file contained no evidence that references had been sought. The registered manager assured us this would be addressed.

### Preventing and controlling infection

- People were protected from the risk of infection. Everyone told us staff used personal protective equipment (PPE) when providing personal care, which included the use of disposable gloves and aprons. A person said, "My carers all wear PPE and it's worn correctly. They put on new PPE each time."
- Unannounced spot and competency checks on staff were completed by the management team. This included a review of how staff were compliant with IPC practice.

### Learning lessons when things go wrong

- Staff knew how to report accidents and incidents when they occurred. Any learning lessons from such events had been shared with staff.
- Accidents and incidents were analysed individually, however there was limited oversight to identify any trends. The registered manager agreed to follow this up. We have written about this further in the well-led section of this report.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes to assess, monitor and manage risks were not always used effectively. Oversight of people's care and care records was not effective. New risks were not always assessed and care plans were not sufficiently updated when people's needs had changed. Care plans were not always reflective of people's current needs and did not include updated guidance for staff to meet those needs. Audits of the daily logs completed by staff had failed to identify staff supporting a person with medicines which was not required. This put people at risk of harm.
- The provider's electronic care planning and monitor system was not used fully. Care visits were planned through this system, but staff punctuality was not monitored despite staff logging in and out using this system. Although no one had reported calls were missed, the lack of monitoring meant opportunities were missed to manage any delays or identify when people required more time for staff to meet their needs.
- The provider's business improvement plan was not used to check the progress of improvements. The business continuity plan, policies and procedures still referred to the previous management staff. There was no oversight of incidents, accidents, safeguarding concerns and complaints to identify any risks or trends. Ineffective operating systems meant opportunity to prevent further risks were missed.
- Oversight of staff training was not always managed. The training matrix highlighted where staff training was due to expire or had expired. Training was booked for some staff but not all. The provider had not ensured all staff had training updates scheduled to provide safe care. This meant the quality care and support provided by staff was not assured.

The provider's oversight systems and processes required further improvements to effectively monitor and mitigate risks to people's safety. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was receptive to feedback and took immediate action where possible. For example, the assistant manager started to develop a central system to monitor trends from incidents and accidents.
- Systems were in place to support staff and check their practices through unannounced spot checks. A relative said, "Spot checks are done on staff every couple of months." Medicine audits, spot checks on staff were conducted to check their practices and monitor their performance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people; Continuous learning and improving care

- The registered manager promoted a positive culture that was inclusive and empowering to achieve good outcomes for people. One person said, "Carers are friendly and easy to talk to. They do everything I need just the way I like it."
- People, relatives, and staff received opportunities to share their experience of the service. Feedback was gathered through surveys, during reviews and spot checks. A person said, "I've completed surveys. When they do the spot checks I'm always asked if there's anything that could be improved, how can you improve a perfect service!"
- Staff felt fully supported in their role and received feedback on their performance through supervisions. They said whenever they had an issue, management always responded swiftly and positively. Staff felt involved in discussions about how the service could be improved and kept up to date with any changes in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us that they were treated fairly and with respect.
- Care plans included information about people's equality characteristic. We identified a person's religion and culture was not accurately reflected. This was raised with the registered manager and they agreed to follow this up.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We had received concerns there was a lack of up to information about the service on the website. This was raised this with the registered manager who agreed to follow this up.
- The registered manager was aware of their legal responsibilities in relation to duty of candour, to be open, honest and apologise when mistakes happen. They were honest about the shortfalls we identified during this inspection and recognised they needed to make improvements and showed a commitment in wanting to improve.
- The registered manager understood their responsibilities of registration. They ensured notifications about important events were reported so that we could check they had taken appropriate action. The provider had displayed the current rating on their website.

Working in partnership with others

- From reviewing care records, we saw examples of partnership working with external agencies such as health care professionals, to support people to achieve positive outcomes.

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>Risks to people were not always identified, managed, and monitored and care plans lacked clear guidance to mitigate those risks.</p> <p>Regulation 12 (2)(a)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure the oversight systems and processes were used effectively.</p> <p>Regulation 17 (1) (2) (a), (b) (c)</p>