

Stella Care Devon Ltd

Stella Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Stella Care is a community-based care provider that provides personal care to people living in their own homes. At the time of inspection 41 people were receiving the regulated activity of personal care.

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

People told us they were very happy with the care and support they received and felt safe and comfortable with the staff that supported them.

Risks associated with people's care needs and environment were assessed and provided staff with the information they needed to support people safely. Staff knew people well and knew what action to take to reduce risks.

Staff had been recruited safely and people were supported by sufficient numbers of staff to meet their needs.

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.

People were supported to take their medicines safely and staff understood how to protect people from infection control risks.

The provider had effective systems in place to monitor the quality of care and support that people received. These included regular audits and welfare checks (spot checks) to ensure staff were working in line with the provider's policies and values and people were happy with the care and support they received.

People and relatives were regularly consulted about the quality of the service through surveys and reviews.

Staff were given opportunities to feedback and discuss their role, performance and training needs through staff meetings, and regular supervision.

The service worked in partnership with health professionals to ensure good outcomes for people. Health care professionals we contacted were positive about the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 5 September 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Stella Care

Detailed findings

Background to this inspection

The inspection We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Inspection team

The inspection was carried out by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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. 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 all this information to plan our inspection.

During the inspection

We spoke with 9 people who use the service and 3 relatives about their experiences of the care provided. We spoke with 8 members of staff including the provider, registered manager and care staff. We reviewed a range of records. This included 6 people's care records and multiple medicines records. We looked at 3 staff recruitment files. A variety of records relating to the management of the service, including a sample of the provider's policies and procedures, training information, audits, meeting minutes and people's feedback were reviewed. We received feedback from 2 health and social care professionals who regularly work alongside the service.

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 remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and comfortable with the staff that supported them. Comments included, "They put him at ease. They are very patient" and "They are very approachable. They are happy to help and are a breath of fresh air."
- The provider had systems and processes in place to ensure people were protected from the risk of abuse and unsafe practice. The registered manager appropriately reported potential safeguarding incidents to the local authority and the Care Quality Commission.
- Staff received regular safeguarding training and could tell us what action they would take if they identified any form of abuse. One staff member told us, "I would happily share any issues or concerns I had about anyone's safety. I would not want anything to happen on my watch and the communication is key. If I felt my concerns were not being listened to, I would travel up the chain of command."

Assessing risk, safety monitoring and management

- Risks associated with people's care needs such as, risks relating to people's skin, mobility and medicines were clearly assessed and provided staff with the information they needed to support people safely. Where people had health needs, such as, diabetes or epilepsy, care plans and risk assessments contained sufficient information to keep them safe and healthy.
- Staff had good knowledge of the people they supported. They were aware of risks associated with people's care, how to monitor them and what action to take to reduce risks.
- Environmental risk assessments were undertaken of people's homes before staff started to support the person to ensure any potential risks were identified and managed to keep people and staff safe.
- Risk assessments were updated regularly and reflected people's current support needs.

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)

- Staff supported people in line with the principles of the MCA.
- Staff received regular MCA training and sought consent from people prior to providing support.

- Care plans contained information about people's understanding and capacity to make their own decisions.

Staffing and recruitment

- People were supported by staff that were recruited safely. Policies and procedures were in place and checks were completed, including Disclosure and Barring Service (DBS) checks, to ensure that only suitable people were employed to care for people. A DBS check highlights any convictions a person has that could potentially affect their suitability for their role.
- The service had sufficient staff to meet people's needs. People and relatives told us staff were rarely late and care visits were never missed. One person told us, "Yes, they are on time, unless they are held up in traffic. The office will inform me if they're late. This has happened only once or twice."

Using medicines safely

- Safe systems were in place to ensure people's medicines were managed safely.
- People told us staff made sure they received and took their medicines as prescribed for them.
- People's records contained details about what medicines they were taking and included guidance for staff on how they should support the person to take their medicines. Where people were taking medicines 'as required' (PRN), protocols were in place to guide staff about when it was appropriate to administer these.
- The provider had recently implemented a different electronic system for recording medicines administration. This system allowed them to monitor and audit medicines administration more frequently to ensure people were receiving their medicines as prescribed for them.
- Staff completed training to administer medications and competency assessments of their practice were completed to confirm they did so safely.

Preventing and controlling infection

- People were protected from the risk of infection and cross contamination. Staff were provided with personal protective equipment (PPE) and people told us staff used PPE when they supported them. One person said, "They put on the PPE at the front door and take it off before they leave."
- The provider made sure there were adequate supplies of PPE available and regularly checked that staff were wearing PPE as required.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and analysed to identify any trends, themes or lessons learnt. This provided the opportunity to reduce the risk of a similar incident occurring.

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 remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives were complimentary about Stella Care and the support they received. One person told us, "I am extremely happy. I can't fault their care and the care I get." A relative said, "They shine above all other companies. They go over and above. I can't fault them at all. We are very pleased with them."
- The provider and registered manager's values of providing the highest quality service where people were treated with respect, dignity, and compassion was clearly reflected by the staff working for the service. One person told us, "Whenever they come, it just helps. I am really pleased with Stella Care. They have a really good carer team. It makes a difference to myself, and to my wife. It helps me get through the days because every day is a struggle." A family member said, "The name Stella is wonderful, meaning 'Star'. They (the service) are like the guiding and comforting star. The care is exemplary and is a credit to their recruitment. Nobody is the same, but all (staff) have the same ethos." A staff member told us, "I always go out of my way to check on peoples' well being and get to know them and make that human connection."
- Staff told us they were happy working for the service and the management team and office staff were all very supportive and approachable. One staff member told us, "I love it. Stella Care have been brilliant to me. I like their ethos, they give us time with the clients, which is really important. They listen to us and to the clients and they care about them." Another said, "It's brilliant and if you have any problems, you can easily talk to them, and I can phone up and they are very understanding."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had effective systems in place to monitor the quality of care and support that people received. These included regular audits such as audits of medicines management, care records, accidents and incidents and health and safety. Findings from these audits were used to inform their action plan to ensure the service was continuously improving.
- As well as regular audits, managers also completed regular welfare checks (spot checks) to ensure staff were working in line with the provider's policies and values and people were happy with the care and support they received.
- The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

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

- The provider and registered manager were open and honest throughout the inspection and understood the requirements of the duty of candour. This is a registered person's duty to be open and honest about accidents or incidents that cause or place a person at risk of harm.

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

- People and relatives were regularly consulted about the quality of the service through surveys and reviews. This feedback was then used to improve the service. One person commented they felt, "Total satisfaction with the care and staff."
- Staff were given opportunities to feedback and discuss their role, performance and training needs through staff meetings, and regular supervision. Staff also had access to an online secure chat group and staff team building events took place regularly.

Working in partnership with others

- The registered manager and staff worked closely with health and social care professionals who were involved with the care and support people received. Health care professionals we contacted were positive about the service. One health professional told us, "Overall, I have a good level of reassurance of the care the clients are getting when Stella Care are involved, and any concerns I am happy to raise with [senior lead's name] or [administrator's name]."
- Health professionals also told us when changes in people's needs or well being were identified, information was shared promptly and appropriately with them. Health professionals told us they felt confident their guidance and advice were being followed by staff.