

Astar Homecare Ltd

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## Inspection report

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Date of inspection visit:  
12 June 2018  
13 June 2018

Date of publication:  
23 July 2018

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Astar is a domiciliary care agency. Care and support is provided to people in their own homes. On the day of our inspection, 32 people were using the service.

This was the first inspection we had carried out on this service.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were safe from abuse and bullying. Staff had knowledge of safeguarding and were aware of their responsibilities to report any concerns. The registered manager knew of their responsibilities regarding the Mental Capacity Act 2005.

Risks were assessed and suitable control measures put in place, which still enabled people to maintain as much independence as possible. There were sufficient numbers of staff to ensure that people's needs were met and recruitment practices ensured that staff were of good character and suitable for their roles. People were supported to take their medicines safely. Systems were in place to record when medicines were given and were regularly checked to ensure there were no errors.

Staff received an induction and on-going training to make sure they had the right skills and knowledge to provide people with care in their own homes. Staff were well supported and had opportunities to discuss any concerns and training needs they might have.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

There were positive relationships between people and members of staff. Staff treated people with kindness and took the time to get to know them and their interests whilst providing their care. The service had involved people in producing their care plans to ensure that care was provided in the way they chose. In addition, people and their family members were provided with information about the service and what they could expect.

The care plans we looked at were detailed. Staff could describe how individual people preferred their care and support delivered and the importance of treating people with respect in their own homes.

The service worked in partnership with community professionals and the local authorities to meet people's healthcare needs.

The provider had a system in place to regularly assess and monitor the quality of service that people received and identified and acted on areas for improvement.

## 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.

Staff understood how to protect people from harm and abuse.

There were enough staff to support people in a safe way.

Staff were recruited appropriately within the required legislation.

Staff supported people to take their medication safely and as prescribe.

### Is the service effective?

Good 

The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

### Is the service caring?

Good 

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

People had privacy and dignity respected and were supported to maintain their independence.

### **Is the service responsive?**

The service was responsive.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was an effective complaints policy and procedure in place which enabled people to raise complaints and the outcomes were used to improve the service.

**Good** ●

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

The service was well-led.

There was an open culture at the service. The management team were approachable and a visible presence in the service.

Staff were valued and received the necessary support and guidance to provide a person centred and flexible service.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

**Good** ●

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## 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 checked 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.<sup>1</sup> This was a comprehensive inspection.

This inspection took place on the 12 June and was announced. The provider was given 48 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager can be available. Before the inspection, we asked the Registered Manager to complete a Provider Information Return (PIR). This is a form that asks the provider to give us key information about their service what the service does well and if there are any improvements they plan to make.

The service was inspected by one inspector and one expert by experience. Additional telephone calls were carried out by the expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses a similar service. The expert by experience on this occasion had experience of using a similar type of agency.

We reviewed all the information we had available about the service including notifications sent to us by the manager. Notifications are information about important events, which the Registered Manager is required to send us by law. We also looked at information sent to us from others, including family members and the local authority.

We looked at the care records of four people and reviewed records about how the service was managed. These included medicine, staff training, recruitment and supervision records, accidents and incidents reports, complaints, quality audits and policies and procedures. Reviewing these records helped us understand how the registered manager responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

During the inspection, we visited the agency's office and spoke with the registered manager one of the two care managers. We visited the homes of two people who used the service and spoke with the staff

supporting them on that day. We also spoke on the phone to an additional eight people who use the service and three family members.

## Is the service safe?

### Our findings

People we spoke with confirmed that they felt safe when receiving their care and that they 'trusted' the staff.

People told us that staff ensured their safety when entering and leaving their home. One person commented that staff used the key safe system to access their house, and always ensured it was securely replaced on leaving. They said that staff would only disclose the number in an emergency to health care professionals.

Staff told us they carried a mobile phone and had direct contact to the office or to the on-call manager any time if they needed. One member of staff told us, "There is always someone on the end of the phone to ask for help or advice."

Staff had been provided with training in safeguarding people from abuse, which we confirmed in the records we looked at. Staff understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns.

There were sufficient staff employed to keep people safe. People who used the agency and their relatives told us that there were enough staff to provide their care needs. One person told us, "When my [name of relative] fell they were very good and came out immediately." Staff told us there were always two staff when required, for example to assist someone in using a hoist or because of the emotional needs of the person. Staff told us they had sufficient time to deliver the support required. If they experienced any difficulties completing their schedule they would inform the manager who would then arrange extra support.

Staff told us all the staff were flexible and worked as a team and were able to cover if necessary, for example if someone was off sick or on annual leave. The registered manager told us that if staff were unable to cover then they themselves would carry out the care visits and that the care managers were part of the staffing rota on a weekly basis.

Risks within the internal and external environment and the use of equipment was discussed with the person and their family and recorded so that people and staff were kept safe. From the risk assessments and the daily notes, we saw, staff had a good understanding of people's needs, and the actions they needed to take to keep people safe and to support them to live in their own homes. One person said, "I have full involvement about my needs and risks that could incur and the staff are very good at ensuring it is safe for me to get around my home."

Recruitment files we looked at showed that the service had a clear process in place for the safe recruitment of staff. Staff confirmed that they had completed an application form outlining their previous experience, provided references and attended an interview as part of their recruitment. We saw that a Disclosure and Barring service (DBS) check had been undertaken before the member of staff could be employed, this was carried out by the DBS to ensure that the person was not barred from working with people who required care and support.

People who needed support with their medication told us that they are happy with the arrangements. One person told us, "The staff just watch me to make sure I have my medication when I need it, I need it at certain times of the day and they always arrive on time." Staff were trained to administer medication; spot checks were carried out on their competency by the care managers.

Staff told us they had a good supply of gloves and aprons and we observed staff using them during our home visits. The service had an infection control policy and staff were able to tell us how they put this into practice on a daily basis.

## Is the service effective?

### Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. One person told us, "The staff are very knowledgeable they know what needs to be done and what help I need they are excellent."

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication, manual handling and food safety.

Newly appointed staff completed an initial induction this included shadowing more experienced workers to learn about people's individual routines and preferences, before working on their own. Staff told us the induction training they received was good and provided them with the knowledge they needed. Staff were registered to undertake the Care Certificate and supported with this as part of their induction. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of care workers.

Staff were well supported and monitored. They told us that supervision and spot checks took place regularly, which they found helpful and supportive. Records we saw confirmed that face to face supervisions took place on a regular basis and staff confirmed that any training needs or areas of concern were discussed. The managers explained that when they carried out spot checks they were observing staff as they provided care and support. These observations included checks on whether the member of staff was using personal protective equipment and if their name badge was displayed. They also monitored the support record sheets, including medicine administration record sheets, to check if they were completed appropriately. We saw that they also commented on the member of staff's approach, such as if they were helpful and friendly.

People's consent was sought before any care and treatment was provided and the staff acted on their wishes. People told us the staff asked their consent before they provided any care. We observed staff asking people for their consent during our home visits. One person told us, "The girls always ask if I am ready for my shower and if not they go and make a cup of tea then come back and ask again."

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. The registered manager told us that they were following best practice guidance about mental capacity and best interest decisions. Staff understood their responsibilities under the Mental Capacity Act and what this meant in ways that they cared for people. They said they would recognise if a person's capacity deteriorated and that they would discuss this with their manager.

People told us that staff were consistent and generally on time with the occasional late call, which was dealt with quickly by the service. Comments included, "They are usually on time if they are going to be late I am

always informed", "The girls always staff the exact amount of time. They ask if there is anything else I want done if not they will still stay and chat."

Where needed, people were supported to have sufficient to eat and drink and had their nutritional needs met by staff. Staff had information about people's likes and dislikes. Staff told us that they would know if there were any concerns from talking to people about their diet and observing any food that had not been eaten. One person told us, "They keep a dossier of what I have eaten they are meticulous. They don't leave me wanting when they leave."

Daily records confirmed that staff had taken appropriate steps when they noted that a person was unwell. These included informing the person's family and accessing input from medical professionals. When a course of treatment was prescribed it was clearly recorded and staff supported the person appropriately. Staff were able to give us specific examples of actions they had taken to support people when they noticed they were unwell.

The service used a computer system which sent alerts through to staff's mobile phones of any changes in people's medications or appointment outcomes or if someone had been unwell. This meant that people received up to date and relevant care and support from the whole staff team.

## Is the service caring?

### Our findings

People told us that the staff always treated them with respect and kindness. Comments included, "I look forward to their visits they always have a smile on their face", "The staff are excellent, they are all very kind." Relatives told us, "I am delighted with the staff they are good for my [name of relative] they make my day. They are like friends, its great what they had done for us."

Staff understood the importance of respecting and promoting people's privacy and dignity and gave examples of how they did this by ensuring curtains and doors were closed before delivering personal care. Staff knew about people's individual needs and preferences and spoke to us about the people they cared for in a compassionate way. One person told us, "They treat me with dignity and respect at all times, they are so cheerful they never make me feel uncomfortable even when carrying out personal tasks." Relatives told us, "The treat my [name of relative] with dignity and respect at all times I hear them talking letting [name of relative] know what is happening next."

Staff told us how important it was to have regular schedules where possible so that they saw the same people as this enabled them to build up positive relationships. One person told us, "It is really nice to have the same carer; I know them now that's important to me."

The registered manager told us, "We know all of our clients very well and for those people who we knew did not have any family input at christmas time we cooked them a christmas dinner and took it round to them. We also purchased a little christmas tree for someone who didn't have any christmas decorations they were thrilled with it."

Staff told us how they collected a newspaper for one person on their way to work. Another staff member told us how they regularly picked up a takeaway for one person. They told us, "[Name of person] loves a takeaway and can't get out to get one for themselves it is no trouble for me." We were also told how the service uses social media to ask if people have any unwanted furniture that could be put to use. They then collected these items and distributed to people who were not fortunate to have the funds to purchase items of furniture to replace theirs that had been broken. These were examples of the service being kind and caring.

People's care records identified people's specific needs and how they were met. The records also provided guidance to staff on people's preferences regarding how their care was delivered. Care plans were detailed for example, staffing people's preferences with talcum powder and perfume or after shave. People's preferred method of communication was evidenced in their care plan.

People told us that they felt the staff listened to what they said and acted upon their comments. One person said, "The manager comes and asks if I want anything to change." Records showed that people had been involved in their care planning and they had agreed with the contents. Reviews were undertaken and where people's needs or preferences had changed these were reflected in their records. This told us that people's comments were listened to and respected.



## Is the service responsive?

### Our findings

The service was responsive to people's needs for care, treatment and support. One person told us, "I would definitely recommend this agency to other people; they have been great I have no regrets." Each person had a support plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to be cared for.

People were assessed prior to receiving a service from the agency to determine whether the service could provide the necessary required support. Assessment meetings were used as an opportunity to discuss and record people's needs and wishes about their care. A support plan was then developed from the conversation which outlined their needs. People had support plans in their homes and a copy was held in the office. Support plans were regularly reviewed and updated to reflect people's changing needs. The service was in the process of implementing a computerised system in the interim they were using computerised records and paper records. The registered manager discussed with us how they supported a diverse group of different people from all different backgrounds and faiths. This included supporting people to attend church and also to follow a certain diet.

People told us they were involved in the compilation of their support plan and they had involvement in it being reviewed and updated. People told us that they were happy with the care and support they received from staff. One person told us, "[manager] is really good, she listens to everything I say and knows where to arrange extra help if I need it."

Daily records were well written by staff and contained a good level of detail about the care that had been provided and any issues that other members of staff needed to be aware of. Staff we spoke with were able to outline the needs of the people they were supporting and explained how they would check the support plan to see if there had been any changes since their last visit. Staff told us, "We are only a small team and work closely together we are always talking to each other, passing on information about people, communication is very good", "We receive alerts on our phones of any changes so we are always up to date with a person's care needs."

The service had a policy and procedure for reporting complaints. People were provided with information about how they could raise complaints in information left in their homes. People we spoke to told us, "I know how to complain but I have never had the need to", "The manager regularly asks me if I am happy with everything. I have nothing to complain about because the staff listen to me."

The registered manager told us they would support staff if a person required end of life care. Most people had support from family members, if appropriate it was documented in people's care plan their wishes for end of life care. The registered manager told us they were attending a refresher course imminently on end of life care which they would then cascade down to the staff team. The registered manager told us when someone passes away they send a wreath from the staff team and a sympathy card. They also told us that someone from the service usually attends the funeral at the wishes of the family.

## Is the service well-led?

### Our findings

The agency had a clear management structure in place. The registered manager had two care managers to support them who also carried out care visits.

The service had 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.

Staff told us the service was well organised and they enjoyed working at the service. They said the management had visible presence in the daily running of the service. They also told us that they were treated fairly, listened and that they could approach them at any time if they had a problem. The registered manager told us she worked alongside the staff team at times which gave her the opportunity to observe staffs practice and ensure they were competent in their job role and also to give advice and guidance.

The manager told us it was difficult to arrange staff meetings because of peoples shift patterns. However, staff told us they felt fully communicated with as the management team had an open approach and ensured communication was passed down on a need to know basis.

Staff said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs. We saw records which confirmed this.

The registered manager described how the quality of the service was monitored and showed us records of the checks that were carried out. These included reviewing areas of record keeping, and having discussions with people that received the service. Sampling of other documentation was undertaken by the management team on visits to individual's homes.

Staff morale was high and the registered manager told us how important it was to them to ensure that the staff team felt appreciated. They arranged regular meals out as a team building exercise and this was paid for by the company. They felt this was important as a lot of the staff lone worked and this was an opportunity for everyone to get together.

The registered manager told us they were aware of changing legislation and best practice and followed guidance as and when required to improve the service. We saw evidence that they also kept themselves up to date with all relevant training.

The provider had a range of ways to seek the views of people who used the service. As well as talking to them on a regular basis they would be sending surveys to relatives and professionals to seek their views and opinions along with the staff team.

Care files and other confidential information about people kept in the main office were stored securely this ensured people's private information was only accessible to the necessary people. The service had encompassed the new General Data Protection Regulation (GDPR) regulations that came into force in May

2018 in their policies.