

Five Stars Care Services Ltd

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Inspection report

Suite B, Bridgefoot Studio
Maldon Road, Kelvedon
Colchester
Essex
CO5 9BE

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Tel: 01376572171

Website: www.fivestarscareservices.com

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

About the service: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, and younger disabled adults.

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

People's experience of using this service:

- People who used the service and relatives were positive about the service provided. One person told us, "I am more than happy, they are brilliant." One person's relative said, "I can't believe the care [family member] is getting, they are amazing."
- Staff supported people to keep safe, and acted when necessary to prevent any harm or abuse.
- People were supported by staff who were skilled, highly motivated and caring.
- People were consulted over their care needs and actively encouraged to make their own decisions.
- Care plans were person centred. Staff were responsive in identifying and reviewing changes to support good physical and mental health.
- The service was well run and there were systems to assess and monitor the service and continuously improve.

Rating at last inspection: This was the first inspection for this service.

Why we inspected: This was a planned inspection following registration in September 2017.

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Five Stars Care Services Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one 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. It provides a service to older adults, and younger disabled adults. At the time of our inspection, there were 21 people using the service.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that someone would be available to provide the information we needed for our inspection.

Inspection site visit activity started and ended on 22 February 2019. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

Prior to the inspection we reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law.

We asked the service to complete a Provider Information Return. This information we require providers to send us at least once annually to give some key information about the service, what the service does well

and improvements they plan to make. We also reviewed any information about the service that we had received from members of the public and external agencies.

During the inspection we looked at records relating to five people's care, three staff recruitment records, training records and complaints. We also looked at audits and systems in place to check on the quality of service provided. We spoke with the registered manager, the director and four staff; the deputy manager, the care coordinator and care workers. We also spoke with two people who used the service and the relatives of three people on the telephone.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People using the service knew who to contact if they felt unsafe. People told us that they felt safe with their care workers. One person said, "I feel safe with them, no problems at all."
- Staff had received training in safeguarding and understood how to recognise and protect people from abuse.
- The service had raised safeguarding concerns appropriately when they were worried about people's safety.

Assessing risk, safety monitoring and management

- Staff understood the actions they should take to make sure people were safe. During our inspection a care worker had telephoned the office to say that they could not access a person's home for their care visit. The office staff gave clear directions to the care worker to ensure the person was safe before they left their home, as directed in the service's procedures.
- Personalised risks assessments demonstrated that the risks to people relating to their care and support were assessed and mitigated. This included risks associated with moving and handling and in people's home environment.

Staffing and recruitment

- Sufficient staff were employed to cover people's care visits. People told us that their care workers always arrived for their care visits and if the care workers were running late they were informed. One person commented, "They always tell me if they are going to be late, I don't worry then, does not happen often." One person's relative said, "They are usually on time, but if there is a problem with the traffic, someone lets us know they are running late."
- People told us they sometimes had different care workers, but because the service was small they were all known to them and it was not a problem.
- Care workers had been recruited safely to ensure they were suitable to work with people.

Using medicines safely

- Not all of the people who used the service required support with their medicines. One person who received support said, "They [care workers] help me with everything. I don't have to worry, they all know what they are doing."
- When people required support with their medicines, they received them as required. People's records identified the support they required and guided care workers how this was to be provided safely.
- Care workers received training in supporting people with their medicines in a safe manner. A member of the senior team observed care workers to ensure they were supporting people with their medicines safely.

- There were systems to monitor and assess the support people received with their medicines. This supported the management team to act swiftly to reduce risks.

Preventing and controlling infection

- Care workers had received training in infection control and knew how to prevent the risk of healthcare related infections spreading.
- Personal protective equipment, such as disposable gloves and aprons was provided for care workers to use to reduce the risks of cross infection.

Learning lessons when things go wrong

- The service had systems to learn from incidents and media reports to reduce the risks to people using the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's individual and diverse needs were in place, prior to the person using the service. These were completed with the involvement of people and their representatives, where appropriate.

Staff support: induction, training, skills and experience

- People were supported by skilled, experienced staff. One person said, "They are all well trained." One person's relative commented, "They are skilled in what they do, they know what they are doing."
- The provider's induction procedures and ongoing training, provided care workers with the skills and competencies to carry out their role effectively. This included training in people's specific needs, such as Parkinson's disease, dementia and dignity and respect. Care workers were supported to undertake qualifications relevant to their role.
- Care workers were provided with one to one supervisions meetings. These provided care workers with the opportunity to receive feedback about their practice, discuss any issues and identify training needs.
- Care workers told us that they felt supported and had received the training they needed to meet people's needs effectively.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required support with their dietary needs, this was provided effectively.
- People's care records included the support people required and guidance of how to do this effectively. This included encouraging people to drink to reduce the risks of dehydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People said, if required, care workers supported them to arrange health care appointments. Their care records showed the level of supported given, including care workers following up on advice given.
- Records demonstrated that where care workers had concerns about people's wellbeing, they had acted quickly. This included calling health professionals or advising their relatives that the input of health professionals may be required.
- The registered manager told us how they had worked with other professionals including occupational therapists to support people to obtain the equipment they needed.

Ensuring consent to care and treatment in line with law and guidance

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.

- People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.
- Information in care plans, demonstrated staff's working knowledge of the MCA and how they put it into practice. Care workers received training in the MCA.
- People's capacity to make their decisions was assessed, and where people required assistance, this was provided in their best interests and with the involvement of others involved in people's care. The registered manager understood their responsibilities to apply for an Order from the Court of Protection as needed.

Office location and access.

- The service's office was located in a business park, and suitable for the running of the service.
- There was a visitor's car park.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by kind and compassionate care workers. One person described the care workers as, "Very respectful." One person's relative told us that the care workers were, "Very pleasant. They keep us entertained with a sing song and [family member] joins in." Another relative said, "[Family member] loves them [care workers] and they say they love [family member]. [Family member] thinks they have a lot of new friends."
- Care workers received training in dignity and respect. They understood why it was important to treat people with respect. All of the staff spoken with talked about people in a compassionate manner.

Supporting people to express their views and be involved in making decisions about their care

- One person commented, "I think they do listen to me about how I like things done." One person's relative told us that they and their family member were consulted about the care and support provided. They said, "They listen to us."
- People's care records evidenced that people were central to the decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff were guided in people's care records to ensure their privacy, dignity and independence was always respected.
- One person told us, "They [care workers] never make me feel embarrassed and they never just take over when I can do something for myself."
- There was storage in the service's office to keep the records of people using the service and staff securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were happy with the care they received, which met their needs and preferences. One person said, "I am more than happy." One person's relative told us how the care their family member received allowed them to live the life they wanted to, "[Family member] would not be able to stay at home if it was not for them [the service provided]."
- People's communication needs were identified, recorded and highlighted in care plans.
- People's care records demonstrated their full involvement in the decisions about how they wanted their care to be delivered. The care plans were person centred and guided care staff how people's individual needs were to be met.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, which was provided to people who used the service.
- People knew how to raise concerns and complaints. One person told us that their relative had acted on their behalf and reported concerns to the office staff when needed and these were addressed promptly.
- The registered manager used feedback from complaints and concerns to drive improvement. The registered manager told us that ongoing communication with people who used the service and acting on any concerns swiftly, reduced the risks of complaints escalating.
- Where people raised concerns, they were managed in line with the provider's complaints procedure.

End of life care and support

- There was no one receiving end of life care when we visited the service, but this had been provided in the past. The registered manager said they provided end of life care when required.
- Care workers received end of life training.
- People's care records included any decisions people had made about their end of life choices. This included if they wanted to be resuscitated.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and director had a good oversight of what was happening in the service, and demonstrated an in-depth knowledge to support quality care to people using the service.
- There was a programme of quality assurance checks in place, including care records and medicines. These supported the management team to address any shortfalls promptly. Care workers were observed in their usual duties, by a member of the management team, to ensure they were working to the standards expected.
- The management team were passionate about the care people received and promoted open communication. They understood their responsibility of the duty of candour.
- Management and all staff spoken with were highly motivated, and shared the same values of putting people using the service first. The director and registered manager told us how they advocated on people's behalf and worked with other professionals to obtain the care packages and support people needed.
- The registered manager and director were clear that before expanding the service, they were ensuring they had the capacity and systems in place to manage this safely and effectively.

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

- People and staff were actively engaged in developing the service; through surveys and ongoing communication to check they were happy with the service they received.
- Planned assessments checked that the service was able to meet people's needs. Ongoing reviews included people who used the service to identify how they wanted their care delivered.
- The registered manager and director involved staff in decisions about the service. They did this through meetings and ongoing discussions.
- Care workers told us they felt listened to and supported by the director. Their enjoyment of their job contributed to good morale and team working. A care worker commented, "It is a good company to work for. You are a person not a number." Another said, "This is a great company. They [management team] take time to talk to you." They said that the director was, "A good boss, straight down the line."

Continuous learning and improving care

- The registered manager kept their learning up to date and understood the importance of keeping up to date with changes in the care industry.
- The registered manager and deputy manager had recently attended an 'Innovation' course delivered by

the local authority. They were aware of planned changes, for example with how the pharmacy would be providing medicines, and were planning how they would manage these changes safely and effectively.

- There was a commitment to learning and development. The registered manager told us that when people using the service had specific needs, training was sourced before they provided care to ensure that care workers had the knowledge of how to provide care and support.

Working in partnership with others

- The registered manager told us how they worked with other professionals well. This included professionals who commissioned care from the service and others involved in people's care.