Sandwell Metropolitan Borough Council

Star Service

Inspection report

Inependent Living Centre
100 Oldbury Road
Oldbury
West Midlands
B66 1JE

Tel: 01215694830

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Our inspection was unannounced and took place on 17 October 2016.

The provider previous to June 2016 was operating under a different name. In June 2016 the provider had re-registered with a new service name at a different location. This was our first inspection of the service since it had been re-registered.

The provider is registered to provide support and personal care to adults. The service is registered to and managed by Sandwell Council. People who used the service received their support and care in their own homes within the community. The service comprised of three different elements. Short Term Assessment and Reablement [STAR], Fast Response and Own Bed Instead. All three elements supported people when they were unwell, had suffered an injury, or required end of life care. This enabled a timely discharge from hospital or could prevent the need for a hospital admission. The service provided was time limited, in general six weeks, and for the majority of care and support packages there was no charge.

We had been made aware by the local authority that there had been some concerns about the service but of late some improvements had been made. The provider had an improvement action plan in place to address issues and had started to work to this.

A number of missed calls had occurred that had the potential to place people at risk due to them not having the care and support that they had been assessed as requiring. People, relatives and staff had confidence in the management team. Medicine management recording systems were not always followed by staff to confirm that people had taken their medicines as they had been prescribed by their doctor. People we spoke with told us that the quality of service was good. However, we found that there was inadequate monitoring of some aspects of the service and insufficient corrective action taken to prevent some people experiencing missed calls.

A manager was registered with us as is required by law. 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.

The provider had processes in place that staff were aware of and knew that should follow to prevent people being placed at the risk of abuse. Risk assessments were undertaken and staff knew of the actions they needed to take to keep people safe and minimise any potential risk of accident and injury. Staffing levels ensured that people received a service from staff who they were familiar with, knew of their individual circumstances and could meet their needs.

Processes were available to ensure that any new staff would receive induction training and the support they needed when they started work. Training that was required to meet people's needs and to keep them safe

had been delivered to staff. People were enabled to make decisions about their care and they and their families were involved in how their care was planned and delivered. Staff understood that people have the right to refuse care and that care and support must be delivered with their best interests in mind. Staff supported people to prepare drinks and meals when this was required.

People were cared for and supported by staff who were kind and caring. Staff supported people to undertake daily tasks and regain their independence.

The service had responded to people's needs. Complaints processes were in place for people and their relatives to access if they were dissatisfied with any aspect of the service provision.

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 consistently safe.

Missed calls had occurred that had the potential to place people at risk due to them not having the care and support that they had been assessed as requiring.

Medicine recording systems had not been followed by staff to demonstrate that people had taken their medicines as they had been prescribed by their doctor.

Staff knew that they should follow the provider's procedures to decrease the risk of harm to people.

Staffing levels were adequate to meet people's needs and to keep them safe.

Is the service effective?

Good

The service was effective.

People received care and support that they were happy with.

Staff ensured that people gave consent before providing support and received care in line with their best interests.

Staff liaised and worked closely with a wider multi-disciplinary team of health and social care professionals to provide effective support.

Is the service caring?

Good

The service was caring.

People and their relatives told us that the staff were kind and caring.

People's dignity and privacy was promoted and maintained and their independence regarding daily life skills was encouraged.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and their care plans were produced and updated with their and their family involvement.

People felt that staff were responsive to their preferences regarding daily wishes and needs.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The service was not always adequately monitored or corrective action taken to prevent people potentially being placed at risk of unsafe care.

Methods to gain the views of people were in place and these were listened to.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

Star Service

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.

Our inspection was unannounced and took place on 17 October 2016. The inspection was carried out by one inspector.

We asked the local authority for their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with six people who used the service and two relatives. To get a wider view of people's and relative's views we looked at over 30 provider feedback forms that had been completed since June 2016. We also spoke with nine staff, two care co-ordinators, a general manager and the nominated individual for the service. The nominated individual was a senior manager who the provider delegated the responsibility to oversee the service. The registered manager was on holiday so the provider assigned a general manager to be available on the day. [However, we did speak with the registered manager and gave them feedback on our inspection findings when they returned from leave]. We looked at two people's care records, two people's medicine records and four staff training and supervision records. We looked at systems that supported the provider to monitor the quality and management of the service.

Requires Improvement

Is the service safe?

Our findings

A relative told us, "Their [person's name] care call was missed. So I had to do the care myself. I am disabled and it was a struggle". We found that since June 2016 there had been 11 occasions when staff had not been provided to deliver the care or support that people had been assessed by health or social care professionals as requiring. This was due to human error when programming calls, or information technology error. We did not identify that people had suffered any significant direct harm due to the missed calls. However, as some care calls were planned to support people to mobilise, eat and drink and take their medicines the potential of risk due to omissions of support was evident. This meant that the provider was not providing a service that was consistently safe.

A person said, "The staff got me a frame to help me walk so that I do not fall". Another person told us, "I feel safe with the staff they help me so that I do not hurt myself". A relative said, "I have no worries about their [person's name] safety when they are being supported". Other people we spoke with also told us that they felt safe when their support was being delivered. Records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to the people who used the service were available for us to look at. These included mobility assessments, those involving daily living activities, the risk of skin damage and people's home environment. Staff we spoke with were aware of people's risks and what they should do to reduce them. Records we looked at and staff told us that where people were at risk of falling referrals were made to external health care professionals for assessment of equipment to prevent them falling. Staff we met and spoke with showed us that they had an identity badge. They told us that they showed people their badges before they went in their homes so that people could be assured that they were safe to allow them access. We saw that the provider gave people written information that made them aware of 'bogus callers' and what they should do to protect themselves [a bogus caller could be a person who may pretend to be a person they are not to gain access to their property]. All staff we spoke with gave us a good account of the actions they would take in the event of finding someone unwell or injured. They told us that they would summon appropriate medical assistance and would inform their manager. This showed that the provider had measures in place to enhance aspects of people safety.

A person told us, "Staff always help me with my tablets until I have my confidence back". Many other people told us that they managed their own medicines and that is what they wanted to do but staff reminded them to take their tablets. A staff member said, "We prompt people with their tablets or apply creams if they are unable to". It is best that people retain that responsibility as when the service ends that is what they will have to do". This highlighted that people were supported to take their medicines as they had been prescribed.

A staff member said, "I have had medicine training and feel confident to deal with medicines". Other staff we spoke with and records that we looked at confirmed the training. We did not identify that people had not taken their medicines as they had been prescribed. However, some staff had not followed the providers medicine procedure as they had not fully completed a number of Medicine Administration Records [MAR]. We also saw that some MAR did not highlighted if a person had any allergies or not. Staff told us that the MAR should be completed to reflect the medicines the staff had supported people to take and if a person

had any allergies. The general manager confirmed this that highlighted that not all staff had not followed processes as they should have done.

A person said, "No abuse. I would not stand for that". Another person told us, "No the staff are all very kind. They would not hurt me". A relative said, "I have not witnessed any bad treatment". Staff we spoke with confirmed that they had received training in how to safeguard people from abuse and knew how to recognise signs of abuse and how to report their concerns. A staff member said, "No staff would allow abuse. We would all report anything we were concerned about". The provider had made the local authority safeguarding team aware of two recent concerns. This was to ensure that people were protected from harm.

A person told us, "The staff are never late for my call". A relative said, "I don't know of anything to tell me that there are not enough staff". Care staff we spoke with told us that they felt that there was enough time to undertake their care calls. Staff and managers told us that when staff were off sick this was covered within the staff team as was staff planned holiday leave.

No new external staff had been employed for some time. The general manager confirmed the processes that would be followed in the future before new staff would be allowed to start work. This included the obtaining of references, staff health status and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concern. These systems would minimise the risk of unsuitable staff being employed.

Good

Is the service effective?

Our findings

A person told us, "The service was good". Another person said, "I got the service I needed". A relative said, "The service was good. I have no concerns". Provider feedback forms that we looked at included the following comments, "STAR has been amazing with the care and support", "Everything is done to the best", "Wonderful service I would have struggled without it", and "The service was pro-active". A staff member said, "We provide a good service. It is very rewarding when we see people get better and improve". All other staff we spoke with also felt that the service provided was good.

No new external staff had been employed for some time. However a staff member who had changed role said, "I got the training and experience I needed a while ago so when I moved into this post I knew what to do". The general manager gave us an account of the induction future new staff could experience which involved a corporate induction to gain knowledge of the provider and organisation, training, and 'on the job' shadowing of experienced staff. The general manager told us that the Care Certificate would be used for induction of new staff who did not have any formal care qualifications. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

A staff member said I have done all of the training I need. Refresher courses are taking place too". A relative told us, "I don't doubt that the staff are trained. They did what they needed to properly". Staff told us that they felt confident to do their jobs safely.

A staff member said, "My line manager is fantastic, so supportive, always there". Other staff we spoke with echoed this view. All staff confirmed that there was always a senior 'on-call' who they could ring for guidance and support. We found that staff had received some formal supervision sessions or at times 'group supervision' with their peers. The general manager told us that some supervision and annual appraisals had been behind but were being caught up with at the present time.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) 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. 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 MCA. The application procedures where personal care is being provided in people's homes must be made to the Court of Protection.

A person said, "I make all my own decisions and the staff honour these". A relative told us, "Where they [person's name] cannot decide I help them". Staff told us that the majority of people who used the service had capacity and were able to make decisions independently. Most other people had family or friends to support them. A person said, "The staff always ask my permission before starting a task". A relative said, "The staff explained to them [person's name] what they needed to do and asked their consent". Staff we

spoke with confirmed that they encouraged people to make their own decisions and that they would not deliver care and support without a person's agreement. This demonstrated that staff were aware that they should enable people to make choices and give consent to their care and support.

A person told us, "If I need the doctor I sort that myself". Another person said, "If there was a need I am sure that staff would call the doctor for me". Staff we spoke with and records that we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support to people where this was required. This included GP's, the dietician, occupational therapists, physiotherapists and speech and language therapists.

A person said, "I can get my own meals and drinks". Another person told us, "The staff help me with some kitchen tasks". The majority of people were able to provide their own drinks and meals independently or their families did this for them. Staff told us that people had their shopping delivered or this was done by relatives. Staff also told us that on a daily basis they encouraged people choose their meals and drinks as they preferred. Where assessed as having a need staff supported people to prepare meals and drinks. Where is was deemed that equipment could make the process easier and safer for a person staff had made referrals to occupational therapy.

Staff we spoke with gave us a good account of diverse dietary needs that could include those relating to religion or culture and the type of food products people may like or would wish to refrain from. Staff had a good understanding of medical conditions that could limit the food and drink that people could take. They told us that people may need to have more calories to prevent weight loss, to drink more to prevent dehydration and urine infection, or have a special diet or food consistency for conditions such as diabetes, difficulty in swallowing and the risk of choking.

Good

Is the service caring?

Our findings

A person told us, "The staff are lovely. So kind. Very easy to get on with". Another person said, "The staff are helpful and very friendly". A relative said, "The staff have been very good and kind". Other people and relatives also made positive comments about the staff. Provider feedback forms and thank you letters that we saw that had been completed by people and relatives reflected our conversations with the people and relatives we spoke with. The comments included, "The carers [staff] were wonderful" and, "The team were fantastic. They showed care, compassion and consideration at all times", "Practical care and kindness shown by everyone I had contact with" and, "We have all been treated with kindness, dignity and respect". A staff member said, "We [the staff] are all caring". Other staff we spoke with described their colleagues as kind and caring.

A person told us, "The girls [staff] are discrete and polite". Another person said, "They knock my door before they come in the house and are always respectful". A relative said, "The staff are professional and polite". Staff we spoke with gave an account of how they ensured people's dignity and privacy in everyday practice. They said that they ensured people were covered up when providing care and that they gave people privacy when they used the toilet.

A person said, "The staff help me to do things myself so that I can return to independence". Another person told us, "I do most things alright. The staff just help me with my stockings and creams". A provider feedback form read, "Wonderful care and encouragement to regain my confidence to do things for myself". A staff member said, "The service we provide is to help get people back on their feet". Other staff we spoke with were also aware of the aim of the service and their role which was to promote people's independence.

A person told us, "I always dress me every day". Another person, "I pick what I want to wear". A relative said, "They [person's name] are asked by staff what clothes they want to put on". A staff member said, "We [staff] always encourage people to choose what they want to wear. People like to look their best. It makes them feel better".

A staff member said, "We do have some male staff and if a person wants to be cared for by a male we would try our best to arrange this. Similarly we try our best to allocate staff who can speak the person's language if English is not their first". The general manager confirmed what staff had said. Records that we looked at highlighted that people had been asked about their personal religious needs and if they needed support to meet these.

The majority of people lived with, or had support from, relatives and friends to help them make decisions and choices. However, we saw that information was made available that gave contact details for advocacy services if a person wished to have that input. An advocate could be used for people who may have difficulty making decisions and require this support to voice their views and wishes.

Good

Is the service responsive?

Our findings

A person told us, "Someone came and asked me about what I needed to have done. They then knew the support I needed and I have been happy". Another person said, "Someone came and asked me lots of questions to see what was needed". Staff we spoke with told us that people's needs were assessed before the service was started to make sure that the service would be suitable and meet people's needs. Records we looked at confirmed this.

A person said, "The staff know what I needed to have done and did the job". Another person told us, "The staff read my records. These said what support was required". Provider feedback forms completed by people and their relatives included the following comments, "I am looking forward to be independent again", and, "The service helped me to get where I am". A staff member told us, "Before we [the staff] start to care for someone we look at the care plans and records. These help us to respond to needs". Care records that we looked at confirmed the care and support required and how the people wished to be cared for. We saw that care records had been signed by people or their relatives to agree that what was written was correct.

A provider feedback form highlighted that the person wanted a change of staff and this had been arranged. Another person had highlighted that they were not happy with the service initially, that the provider had listened and responded. They said, "At first we had problems but they were sorted everyone knew what we wanted and it worked out fine".

A person said, "I have not got anything to complain about". Another person told us, "I have no complaints if I did I would be happy to tell the girls" [the staff]. We saw that a complaints procedure was included in the information pack that had been given to people when they started to receive a service. The complaints procedure highlighted what people should do if they were not satisfied with any part of the service they received. We saw that where there had been concerns/ dissatisfaction a record of this had been made and an investigation was being undertaken.

Requires Improvement

Is the service well-led?

Our findings

We had been made aware from the local authority over the recent year that there were concerns about the running of the service. In June 2016 a new manager was registered with us. The local authority had recently told us that some improvements had been made and the general manager showed us an action plan that had started to be worked to. We found that some further improvements were needed to ensure that a consistent safe service would be provided. At least ten care calls had been missed since June 2016 most of which had been logged as being due to human error, for example staff allocated to calls when they were on holiday leave or information technology system errors. Although these missed calls had been logged and some action taken, adequate action had not been taken to prevent other incidences and a potential that people could be at risk of poor health due to not having their care. As there had been a number of missed calls we asked that the provider start referring these as a safeguarding issue to us and the local authority. Although the last two incidents had been reported the correct notification form to us had not been used. We found that the medicine and care records in people's homes were not all adequately completed and these had not been identified through audit when the records were returned to the office. This did not demonstrate good governance practices.

A person told us, "The service was very good. The staff were wonderful". Another person said, "Very good service". Other people and their relatives were complimentary about the service. Provider feedback forms completed by people and relatives had the following comments, "Your team has the right name STAR. To us you were a shining star without whom we would not have coped", "A god send", and "Excellent". Staff we spoke with told us that the service was good.

A person said, "I feel happy to ring the office and discuss any issues". A relative said, "The staff in the office are helpful". Staff told us that their managers were good and the service generally well organised. The provider had a leadership structure that people and staff understood. There was a registered manager in post as is required by law who was supported by care co-ordinators and care officers.

The provider used feedback forms for people and their relatives to complete to give their views on the service. We found that a high number had been completed since June 2016 and the comments were mostly positive about the service and the staff. However, there were a few comments that required further exploration and action for example, the attitude of a staff member. We were told and shown evidence to confirm that this was being addressed and the staff member had been withdrawn from supporting that person. This showed that the provider had noted what people had said and was taking action to address the issues.

A staff member told us, "We have regular staff meetings where we can raise issues and hear about new ways of working". We were told by the nominated individual [a senior manager] that a review of the service was taking place. They told us that they were holding briefing sessions for staff to make them aware of the pending changes and proposals. This demonstrated that the provider was open and transparent to staff.

We saw that a written policy was available to staff regarding whistle blowing and what staff should do if an

incident occurred. All staff we spoke with understood the reason for whistle blowing and confirmed that they would feel comfortable to report any concerns about bad practice or other issues.