

Sevenstarcare Limited

Basingstoke Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Basingstoke Centre is a domiciliary care agency providing personal care to people who live in their own home. At the time of inspection, they were providing care to 19 people, which included older people, people living with dementia and people with medical conditions affecting their mobility.

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.

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

Although the provider was carrying out identity and disclosure and barring service (DBS) checks, they were not meeting the requirements for safe recruitment. Staff files did not have complete work history and the provider was unable to show us any evidence of conduct in previous employment in health and social care settings.

Staff had not completed required training. There was not a robust effective system in place to ensure that the provider employed people who were suitably qualified, competent and experienced. This placed people at risk of receiving inappropriate or unsafe care.

We found no evidence that people had been harmed, however, there were failures to assess, monitor and improve the quality and safety of the service, as well as failure to maintain accurate records.

The registered manager was not carrying out audits of the service and there was no process for learning from accidents/incidents, safeguarding and complaints.

We have made a recommendation about care plans as they were not complete and did not contain the risk assessments staff needed to keep people safe.

People told us they felt they received a good service and that staff gave them respect, privacy and dignity during the care provided.

People and relatives told us that the provider was responsive when they required changes to their care.

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

Rating at last inspection

This service was registered with us on 24 June 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This was a planned inspection based on the service being newly registered.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

Details are in our caring findings below.

Good ●

Is the service responsive?

Details are in our responsive findings below.

Good ●

Is the service well-led?

Details are in our well-led findings below.

Requires Improvement ●

Basingstoke Centre

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

The inspection was carried out by two inspectors.

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

We gave the service 48 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 30 March 2022 and ended on 25 April 2022. We visited the service on 1 April 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers

send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection-

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager (who was also the nominated individual), managing director, and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including governance systems, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Staffing and recruitment

- Staff were not recruited safely. All of the required checks were not completed before new staff began working at the service. Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer and checks determining staff had the right to work in the UK were completed. However, all of the files we looked at had incomplete application forms and did not have full details of people's previous employment. The provider was unable to provide evidence that they had satisfied themselves of people's conduct and reason for leaving previous employment in health and social care or with vulnerable people as required by Schedule 3 of the regulations.
- The registered manager informed us that in the past they had enlisted the help of staff who had previously worked with them in other companies without undertaking new pre employment checks. The registered manager had not identified or assessed the risk that this might pose or taken any mitigating action.
- There was a heavy reliance on staff being trained at other organisations before working at the service. There was no evidence that the registered manager had a robust system for ensuring staff had the appropriate training and no system to check that they were competent.
- The induction was limited. One person who was new to care told us that they shadowed the registered manager for a day before going out to work on their own. There was no evidence that their skills and ability to do this had been checked and verified. Another staff member told us they hadn't completed their training at a previous company and there was no evidence of them completing training with Basingstoke Centre.

There was a failure to have robust effective recruitment to ensure that staff were of good character and had the qualifications, competence and skill to carry out care and support appropriately and safely. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- There was a detailed policy in place, however this was not always followed. The registered manager was aware of what constituted abuse and that it needed to be reported to the local authority, however they had not realised that reports also needed to be made to CQC. We had not received any notifications since the service started.

Assessing risk, safety monitoring and management

- Although the registered manager had a good knowledge of risks to people, they were not always assessed and documented. Risk assessments were not in care plans to clearly guide staff in caring for people in a safe way. However, the people we spoke to did not have any concerns over their safety, and staff told us the

registered manager had spoken with them about some of the risks.

- Environmental risk assessments of people's homes were not always documented in their care plans to ensure that staff were able to deliver care and support safely. Only one of the care plans we reviewed had risk assessments of the person's home environment. We have commented more on records in the well-led section of this report.

Using medicines safely

- Medicines were stored in people's homes and staff prompted people to take their medicines or administered them. Medication administration records (MAR) were accurately completed and showed people received their medicines as prescribed.
- There was clear detail in medication administration record sheets to guide staff in regard to the medication people took, but this was not always reflected in their care plans.
- There was no evidence that people had not received their medicine as they should. However, there was no evidence that staff training in safe administration of medicines had been provided or competency checked. This presents a risk that people may receive their medication incorrectly. We have commented more on staff training in the effective section of this report.

Learning lessons when things go wrong

- There was not a robust recording and reporting system to ensure that incidents and accidents were identified, recorded, reported and investigated.
- The registered manager delivered a lot of the care herself and so identified and rectified any issues as she found them. However, staff were not clear on what needed to be reported or the process to follow to do this. Staff told us they would contact the manager if they had any concerns but not what things they would report.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date. Any changes in guidelines had been communicated promptly and effectively.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was accessing COVID-19 testing for staff.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- There was little evidence that staff had been provided with all the appropriate training for their roles. The registered manager relied upon staff having been trained in previous or other current roles, however there was not a system in place to ensure that this training had been adequate and that staff were competent.
- There was a plan in place that had identified what training staff needed, however there were no records to demonstrate that staff had received the required training in this service or with a previous or other current employer. The records available showed that staff had not completed all of the training that would be expected. One staff member told us that they had not had any training with Basingstoke Centre before starting work.
- The induction into working at the service was not robust. Shadowing was in place but sometimes limited before staff started working on their own. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. The registered manager was aware of this and planning to implement it but this was not in place at the time of our inspection. However, we did speak with two staff members who told us they had started the Care Certificate following our visit.

There was not a robust effective system in place to ensure that the provider employed people who were suitably qualified, competent and experienced. This placed people at risk of receiving inappropriate or unsafe care. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed prior to care commencing. The process included reviewing assessments from health and social care professionals to help ensure all commissioned care tasks were included in their care plan. However, these assessments were not always documented in people's care plans.
- Care and support plans were not always accurate, personalised and did not reflect the needs of the person. The care plans we checked were incomplete and did not give a full picture of the person being supported or how to support them. For example, two care plans we reviewed did not have the person's GP details or medical history which is important to understand any conditions that may affect them. They also did not include what a person's likes and dislikes were or how they wanted to receive the care provided. However, people were able to communicate missing information and staff we spoke to were consistent and knew people well. We have commented more on records in the well-led section of this report.

- People were supported to make decisions by staff who knew to give them choice and communicated with people in ways that met their needs.

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

- People's nutritional needs and preferences were not always identified in their care plans. This also included any risks associated with eating and drinking, such as food allergies.
- People told us they were happy with the support they received around eating and drinking. One person said, "[Staff] support me with food and drink as requested."

Staff working with other agencies to provide consistent, effective, timely care

- The service liaised with other professional teams to support people's needs. Examples included the district nurses where skin integrity issues had been identified by the registered manager.
- The registered manager also made timely referrals to health and social care professionals to ensure people had appropriate support. This included when people's needs changed meaning they required increases or decreases in their care.

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 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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Although people and relatives we spoke to were happy with the care provided there was no evidence of consent to care being documented in people's care plans.
- Staff we spoke to had a mixed understanding of the MCA. Whilst one staff member had a good understanding another did not as they had not received any training and were new to care.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access other health services when needed. Some people had independent arrangements in place to manage their ongoing health input, such as appointments related to their medical conditions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt they received a good service. One person said, "Most of time [they are] very obliging, can't find a fault, they are very thoughtful." A relative told us, "[The service was] very flexible, on top of [person's] mental and physical health needs."
- People and relatives told us the provider informed them about changes to their care. This included when times of care calls had to be changed at short notice. One person said, "If they are going to be late, they always phone me."

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

- People and their relatives were involved in their care planning at assessment and were able to express their views to the registered manager during their care. One person who told us they had not complained said, "I would just tell them, 'look I don't like that'", and "They know all my needs, they are an excellent company."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff gave them respect, privacy and dignity whilst helping with their personal care. One person said, "They are very good, they never rush me." Another person told us, "They are respectful, mindful of privacy and dignity."
- The registered manager would check during shadowing or working with staff that they were promoting people's privacy, dignity and independence. One staff member told us, "Give them their full time, if it takes a bit longer, don't rush."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were involved in the discussion about what care and support they needed. One person said, "They know all my needs, they are an excellent company."
- Although the registered manager knew the needs and preferences of the people supported these were not recorded in their care plans. The registered manager relied on speaking with staff to tell them what people needed and if there were any changes.
- People and relatives told us that the provider was responsive when they required changes to their care. Comments included, "[The provider was] really accommodating" and "Really happy with them, they do not have enough time, only half an hour but they want to up it." One person told us, "They stay the full half hour, sometimes longer if I am more unwell with my breathing, they don't say 'sorry time's up' and go."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communications needs were assessed prior to care starting and had a section in their care plans but this was not always completed. However, the registered manager and staff had a good understanding of people's communication needs.
- The registered manager was looking to match non-English speaking people with staff who spoke their language where currently staff were relying on relatives to translate for them. Staff were also writing down information for a person who had significant hearing loss to support them.

Improving care quality in response to complaints or concerns

- We did not see evidence of a complaints policy as part of this inspection. The registered manager said that they were looking to put in a system to monitor the handling of complaints. The registered manager had mitigated this by having regular conversations with people and their relatives. Not all of the people we spoke to knew how to complain but said they would call the office if they had any concerns. People we spoke to were happy with the response from the registered manager. One relative told us, "They are a nice company, easy to contact."

End of life care and support

- At the time of the inspection the provider was supporting two people who were receiving end of life care. The registered manager was very aware of the needs for this type of care which included management of pressure sores, oral and catheter care. The provider was going to but had not yet included training in these areas for staff.

- The registered manager would speak with staff to make sure they were comfortable to provide end of life care. The provider worked closely with palliative nurses to ensure suitable medication was available for people.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- The provider did not have an effective system in place to monitor the overall quality of the service and therefore had not identified the concerns we found during the inspection. The registered manager told us they were aware this was an area they needed to work on. For example, there were no audits, and incidents and accidents had not been recorded and reported. Some records were incomplete, such as staff recruitment, induction, training records, care plans and risk assessments.
- The provider did not have effective systems in place to evidence staff were trained and competent in the skills required to carry out their role.
- The registered manager provided a lot of the hands-on care herself and as such was aware of people's needs and changes required. However, there was not a robust effective system in place to ensure that all care and support required was clearly and accurately documented so to ensure it was delivered in accordance with the regulations.
- Not all notifications were sent to CQC as required. The service had identified potential abuse of one of the service users and reported this to the local authority, however they had failed to also report this to CQC.
- There was no process for learning from accidents/incidents, safeguarding and complaints.

We found no evidence that people had been harmed, however, there were failures to assess, monitor and improve the quality and safety of the service, failure to maintain accurate records was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager worked closely with people and staff to create a friendly, open and comfortable atmosphere in the service.
- Staff were not having team meetings, but the registered manager said "it would be good for the team" and would put them in place.
- Staff agreed that the service had a good and open culture and that the registered manager was approachable if they had any concerns.

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

- There was no clear record of any incidents so it was not possible to determine if there had been events

which would have triggered the duty of candour.

- The registered manager was aware of the need to be honest and transparent. However, from the evidence provided it was not clear if the registered manager understood the duty of candour in relation to incidents with people and who to notify. The registered manager had good relationships with people's relatives. One person's relative said, "We would go to [registered manager] who replies promptly."

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

- The provider involved people who used the service and their families where they could. The registered manager was in regular contact with people and their families by either delivering care or calling them. One relative told us, "Communication was really good, we had a WhatsApp group."
- There was no evidence of formal staff supervisions, although staff felt supported by the registered manager as they listened to them. Supervisions are opportunities for two-way conversations. One staff member told us, "If I was worried about anything or any concerns, I can ring her [registered manager] up and they answer."

Working in partnership with others

- The provider was open and transparent when working with other agencies and healthcare professionals to deliver joined-up care for people.
- The registered manager had a good knowledge of healthcare which they used to better liaise with professionals such as occupational therapists and GPs.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed, however, there were failures to assess, monitor and improve the quality and safety of the service, failure to maintain accurate records was a breach of Regulation 17: Good Governance</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>There was a failure to have robust effective recruitment to ensure that staff were of good character and had the qualifications, competence and skill to carry out care and support appropriately and safely. This was a breach of regulation 19 Fit and Proper persons employed.</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>There was not a robust effective system in place to ensure that the provider employed people who were suitably qualified, competent and experienced. This placed people at risk of receiving inappropriate or unsafe care. This was a breach of regulation 18 Staffing.</p>