



Care Inspectorate Wales

Care Standards Act 2000

Inspection Report

A Star Support Services Ltd

Holywell

Type of Inspection – Focused

Date(s) of inspection – Wednesday, 10 April 2019

Date of publication – Friday, 31 May 2019

Welsh Government © Crown copyright 2019.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

Summary

About the service

A Star Support Ltd is registered to provide domiciliary care to adults. The office is based in Greenfield and delivers support to people in the Flintshire area.

What type of inspection was carried out?

We, Care Inspectorate Wales, (CIW), carried out a planned, unannounced inspection on 10 April 2019 between the hours of 11.15 a.m. and 3.p.m. It was carried out by two inspectors to check the progress made by the agency in addressing the non-compliance notices issued following the last inspection.

Methodology used included;

- We spoke with a senior member of staff, the responsible individual/manager and four members of staff.
- We spoke with one relative of a person receiving a service. We were not able to speak to anyone receiving the service.
- We reviewed staff recruitment records and requested a copy of the central training and supervision records.
- We reviewed the Statement of Purpose, Service User's Guide, staff handbook, training records and policies and procedures related to the running of the agency.
- We reviewed information held by CIW.

What does the service do well?

We did not note any practice that exceeded the National Minimum Standards for Domiciliary Care Agencies.

What has improved since the last inspection?

Care records are returned promptly from people's houses and stored securely at the agencies office. Care records have been reviewed but further improvements are needed to make sure they are completed and reflective of people's needs.

Efforts had started to involve people in decision making about how their care and support is delivered.

A Welsh language policy had been developed and measures were being put in place to offer a bi-lingual service.

The staff handbook has been updated.

Improvements had been made in recruitment processes, although further work is needed. A record is kept of 'shadow shifts', when new staff start work, sometimes before a satisfactory DBS has been received.

Measures have been put in place to provide staff with an annual appraisal and regular supervision.

There has been an increase in staff completing training although further improvement is necessary. New staff are supported to complete a structured 12 week induction programme.

The safeguarding policy and procedure had been reviewed and updated.

The Whistleblowing policy had been reviewed and updated.

The Service User Guide and Statement of Purpose had been reviewed and updated. An easy read Service User Guide had been produced.

Separate formats had been developed for questionnaires sent to people who use the service and their relatives. The questionnaire for people who use the service was now available in easy read format.

Information had been obtained about local advocacy services and they will be approached to support people in completing quality assurance questionnaires

Incidents were now reported promptly to CIW.

What needs to be done to improve the service?

Following the last inspection, we identified areas where the agency was not meeting the legal requirements. These issues were:

- The registered person has failed to ensure that care plans are completed and kept under review. Regulation 14 (1) (b) (c) (2) (b) (3). **This is met but further improvements are needed.**
- The registered person(s) has failed to ensure that adequate checks are in place to make sure staff are suitable. Regulation 15 (1) (b) (c) Schedule 3 (3) (5) (8) (9). **This is met but further improvements are needed.**
- The registered person(s) is in breach of Regulation 16 (1) (a) (2) (a) regarding staff training. **This is met but further improvements are needed.**
- The registered person(s) has failed to ensure that measures are in place to monitor, review and improve the quality of the service. Regulation 23 (1) (2) (3). **This is met.**
- The registered person(s) has failed to notify CIW of a change in the address of the agency. Regulation 28 (1) (d) (i). **This is met.**
- The registered person(s) has failed to ensure that records are kept securely. Regulation 20 (1) (a) (b). **This is met.**

We also identified areas where the registered person was not fully meeting the legal requirements. We did not issue a non-compliance notice because there was not an identifiable impact on people who use the service.

These issues were:

- The Statement of Purpose does not contain all the required information. Regulation 4 (1) (c) (d) Schedule 1 (3) (5) (6) (7) (8) (9) (11) (12) (13) (14) (18). **This is met.**
- The Service User's Guide does not contain all the required information. It should make it clear that the agency does not provide emergency first aid training to staff. Regulation 5 (1) (b) (c) (i) (ii) (d) (f) (h). **This is met.**

We also identified areas where the service needed to improve.

These issues were:

- Documentation must not refer to services other than A Star Support Services. Regulation 7. **This remains outstanding.**
- The agency must consider how it is going to meet people's Welsh language needs in line with Welsh Governments' 'More than Just Words' guidance. **This has been addressed.**
- All references must be dated when received. **This remains outstanding.**
- The staff handbook must be reviewed to make sure it contains accurate and up to date information. **This has been addressed.**
- All staff must be provided with an annual appraisal of their performance. **This has been addressed.**
- Serious consideration must be given to providing staff with structured, 12 week induction training in line with Social Care Wales guidance to ensure they have the necessary skills and knowledge to meet people's needs. **This has been addressed.**
- Significant improvements are needed to make sure the safeguarding policy is in line with current, published guidance in Wales. It must include the contact details of the local, safeguarding team and give staff clear guidance about how to report allegations. **This has been addressed.**
- The whistleblowing policy must include the contact details of external agencies. It must refer to the regulator in Wales, CIW, not the regulator in England, the Care Quality Commission. **This has been addressed.**
- The training record should include the actual date qualifications are achieved and how long courses are valid for. **This has been addressed.**
- Letters offering employment should be dated. **This remains outstanding.**
- All staff must be provided with a learning and development plan. **This remains outstanding.**
- All staff employed by the agency must be included on the training record. **This has been addressed.**
- A record must be kept of all 'shadow shifts'. **This has been addressed.**
- Terms used must refer to current agencies, including the Disclosure and Barring Service, (DBS), Social Care Wales and current qualifications such as Qualifications Care Framework, (QCF). **This has been addressed.**
- Serious consideration must be given to providing people with quality assurance questionnaires in accessible, appropriate formats. **This has been addressed.**
- Consideration should be given to accessing independent services such as advocacy, to support people to complete such questionnaires independently. **This has been addressed.**
- Serious consideration must be given as to whether it is appropriate to include volunteers in the safeguarding policy if the agency does not use or intend to use volunteers. **This remains outstanding.**
- All serious incidents or accidents occur when staff are present must be reported promptly to CIW. **This has been addressed.**

Areas noted to require improvement following this inspection.

- A record should be kept of the time staff spend with people so it can be checked that people are receiving care and support for the contracted hours.

- The interview record should be dated and include a record of the interview outcome.

Quality Of Life

Overall, whilst we could evidence improvements in updating records they require further work to make sure they are reflective of peoples' current circumstances and that risks are identified and managed appropriately.

A Welsh language policy had been developed which set out the agencies intention to offer a bi-lingual service on request. The staff application form had been amended to ask applicants about their Welsh language skills. The service is working towards offering a bi-lingual service.

Records are not always completed or regularly reviewed. A senior member of staff told us all care records had been reviewed and updated since the last inspection. The majority of records checked included recent reviews. It was positive to see efforts had been made to involve people in decision making. Whilst we could evidence some improvements since the last visit, records, including risk assessments, remained vague, lacked specific detail and in some cases were blank. Plans were not always in place for people's identified health needs. We also saw risk assessments were not always in place to provide staff with guidance and information. Not all records were dated and signed so we could not always evidence when reviews had taken place. Records included the days the agency was contracted to provide services but not the times so checks were not made to see if staff had provided care and support for the contracted time. However, A relative of a person receiving a service told us, "*I couldn't imagine XXX getting better support anywhere else*" and was, "*very happy with the support provided*". Improvements are needed to ensure records are completed and reflective of people's current circumstances.

Quality Of Staffing

Overall, staff are provided with support and formal supervision. However, whilst there have been improvements in training, record keeping and recruitment processes further improvements are needed to make sure staff are suitable and provided with necessary training.

Measures are in place to provide staff with support. Records were provided to show that all staff were provided with regular formal supervision and an annual appraisal. Staff spoken with told us they felt well supported by senior staff who were, "*approachable and always available for advice*" and "*management are helpful*". Staff were provided with a staff handbook had been reviewed and updated to include all the required information.

Measures are not always in place to make sure staff are suitable to work with people at risk. We checked four staff recruitment records. Whilst we could see improvements in the way staff were recruited, processes were not robust. One record included two references but both were from the same source and there was no evidence a previous care employer had been asked to provide a reference. Not all references were dated when received to evidence decision making about staffs suitability and not all were received before staff started work. Interview records were not always dated, signed and did not include a record of decision making. Risk assessments were not completed for 'positive' DBS checks and there was no evidence of discussion or decision making about this. Records were kept of 'shadow shifts', when new staff supported by experienced staff, started working with people under supervision, and sometimes before a satisfactory DBS had been received. Job offer letters were not always dated as recommended in the last report. People cannot be confident robust recruitment process make sure staff are suitable before they start work.

A staff training programme is in place. The agency provided a training record which included the date training had been completed as recommended in the last report. Staff spoken with told us they were supported to complete training courses and felt this gave them the knowledge and skills required to meet people's needs. Records showed an increase in the range of topics available for staff and the number of staff completing training courses. However, not all staff had completed necessary training including first aid, health and safety, food safety, medicines management, moving and handling and safeguarding. A senior member of staff told us new staff were supported to complete a structured 12 induction programme. Staff records contained an 'induction booklet'. This had been completed on the first day of employment and signed off as completed by the manager. However, one booklet checked was incomplete and had incorrect answers to questions which had not been identified by the manager which means we cannot be confident the induction course provides staff with the required skills and knowledge to meet people's needs. Staff records checked did not include any evidence that learning and development plans were in place. People cannot always be confident that staff providing their care and support have completed necessary training.

Quality Of Leadership and Management

Overall, there have been improvements in the way the agency is managed. Information about the agency had been reviewed and updated and measures put in place to monitor, review and improve the quality of the service. However, not all the issues identified in the previous report had been addressed so further improvements are required to make sure the agency is fully compliant with the regulations and recommendations made in line with good practice.

Information is provided about the service. The Service User Guide and Statement of Purpose had been reviewed and updated to make sure it included all the required and recommended information. An easy read Service User Guide had been produced. People are provided with information so they can make an informed choice when considering using the agency.

Policies and procedures provide staff with appropriate information. The safeguarding policy and procedure had been reviewed and updated so it was in line with the All Wales Adult Protection Framework. It gives clear advice for staff about how to report an allegation and includes contact details of relevant agencies. It continues to refer to volunteers although they are not used in the agency. The whistleblowing policy had been reviewed and updated to include the contact details of Public Concern at Work and refers to CIW the regulator in Wales as recommended in the last report.

Measures are in place to monitor, review and improve the service. A quality assurance policy had been developed and a Quality of Care report completed. We discussed with the manager how the report could be improved, for example by providing an overview about how the agency checks and improves the quality of the service without compromising confidentiality. The questionnaires for people who use the service were available in easy read format. Information had been obtained about a local advocacy service that will be asked to support people in completing quality assurance questionnaires in future. Care records were returned monthly from people's houses to the office and were checked as part of the quality assurance system to make sure they were completed in line with the agencies expectations. They were stored securely at the office. However, we saw one care record and the staff reference form had the name and address of a care service with no legal, registered association with A Star Support. Incidents that occur when agency staff are present with people who use the service were reported promptly as recommended in the last report. People can be confident the agency strives to check and improve the quality of the service.

In relation to the way the agency is managed, we noted improvements. However, considerable further improvements were still needed in care planning, risk assessment, staff recruitment and training. We will monitor this at the next inspection.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by contacting us.