

Stella Care Devon Ltd

# Stella Care

## Inspection report

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## 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

This inspection visit took place on 24, 25 and 26 July 2018 and was announced.

Stella Care is a domiciliary care service, which provides personal care for adults who live in their own homes. The service caters for older people, as well as those with a physical disability or sensory impairment and also those who are living with a dementia related illness. The domiciliary care service is based in offices in Torquay Devon. The service currently supports 18 people in the community.

At the time of our inspection a manager was in post, who was in the process of registering with the Care Quality Commission. The new manager was available and co-operative throughout the inspection process, during which they demonstrated openness and transparency. 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.

People were very happy with the service and the support they received. People had confidence in the staff who supported them. Care staff were familiar to them and knew them well. There were enough staff to provide care and to offer flexibility in the service. The manager made sure new staff had a full employment history and obtained recruitment checks before employing them. Staff received training to enable them to deliver effective care. They were supported in their roles by supervision and appraisal.

People told us their care workers were kind and caring. They confirmed that their privacy and dignity was respected at all times and they were supported to maintain their independence, as far as possible. Records we saw supported this information.

People received a safe service. We found the service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to provide safe care for people.

Risk assessments were in place to ensure that health care risks and environmental hazards had been identified and strategies implemented, in-order to protect people from harm. However, specific risks related to complex health needs were not in place, such as, people living with diabetes or epilepsy and for people at risk of choking. We made a recommendation to the provider about assessing risks and all health related risks were implemented immediately and included in people's care plans by the end of the inspection.

Staff understood how consent should be considered in line with the Mental Capacity Act 2005. The registered manager understood the requirements of the law and what action to take if they became concerned about a person's ability to make decisions for themselves.

People were offered choices in the meals and drinks staff prepared for them. Staff understood people's

dietary requirements and when necessary left snacks or drinks for the person to have later.

People were involved in planning their care and determining how they wished to receive support. They spoke highly of the care they received and of how staff would assist them with additional tasks if necessary. People's care was reviewed and updated in line with their needs and wishes. Where people could benefit from additional support, referrals were made to other healthcare professionals.

People felt able to contact the management team or staff if they had concerns and said they received a quick response.

Systems had been implemented so that the quality of service provided could be closely monitored, to ensure that people were receiving the care and support they required. These were in the form of audits and surveys. Records showed that people had been asked for their views about the service they received and meetings for staff were held at regular intervals, so that they could express their views about the quality of care delivered and the support received by staff.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People said they felt safe. Staff were aware of safeguarding and knew how to recognise and report suspected abuse.

People were supported by staff to manage risks to their safety. We made a recommendation to the provider about assessing specific risks associated with health needs.

The service followed safe recruitment practices and there were sufficient staff to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

Staff received training appropriate to their role. New staff were supported to complete an induction and all staff were supported through regular supervisions.

Staff understood how to obtain people's consent.

People were offered choice in the meals they received.

Staff monitored the well-being of people and quickly requested a health professional visit them when needed.

### Is the service caring?

Good ●

The service was caring.

People told us they felt well cared for.

Staff treated people with dignity and respect whilst encouraging them to maintain their independence.

Staff understood about person-centred care and this was reflected in their care plans.

### Is the service responsive?

Good ●

The service was responsive.

People decided what care they wanted and people's care needs and preferences were regularly monitored and reviewed.

Systems were in place to respond to people's changing care needs.

People understood how to complain should they need to.

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

The service was well led.

People, relatives and staff said the service was well led.

People's care as well as staff performance was regularly reviewed in order that the quality of care could be monitored and people's care developed further.

Staff felt supported by the management team and felt able to speak to managers if they had any concerns.

People were asked for their feedback in order to improve the service.

**Good** ●

# Stella Care

## **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 was 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.

This was the service's first inspection since registering with CQC in July 2017. This inspection took place on 24, 25 and 26 July 2018 and was announced. We gave the service 24 hours' notice of the inspection site visit because we wanted to ensure that someone would be in the office to assist us with the inspection. The inspection was carried out by one adult social care inspector.

Inspection site visit activity started on 24 July 2018 and included meeting with the new manager, the owner's one of which was the nominated individual and the administration support co-ordinator. We reviewed the care records for the five people we arranged to visit as well as records related to the running of the service. Before the inspection we looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, this tells us what the service does well and the improvements they plan to make.

During the inspection we met five people receiving care from the service and one relative. We spoke with four members of the care staff. Following the visits to the office we spoke on the telephone with another relative.

## Is the service safe?

### Our findings

Without exception, people said they felt safe with the care and support they received. They told us they were cared for by staff who took their time and provided care in a safe manner. When we asked people if they felt comfortable with staff comments included, "Of course" , "Yes definitely" and "I feel very safe."

Staff had received training in safeguarding adults and knew their responsibility to report any issues of concern over people's safety and welfare. Staff were able to explain different types of abuse and what they would do if they considered a person to be at risk of harm. Staff were confident senior staff and the manager would take appropriate action.

Risk assessments were in place to ensure that health care risks and environmental hazards had been identified and strategies implemented, in-order to protect people from harm. These included risks related with people's mobility, administration of medicines and skin integrity. However, specific risks related to people's complex health needs, were not always in place. For example, staff were supporting one person who had diabetes. Their care plan did not contain a risk assessment in relation to their diabetes. This meant that staff may not have the information they needed to respond to any concerns or risks. We spoke staff about this person's care. Staff described how they supported the person with their diabetes and what they would do if they had any concerns. Staff were able to demonstrate their understanding of good practice. We discussed the lack of risk assessments for specific health needs with the manager and risk assessments for all health related risks were implemented immediately and included in people's care plans by the end of the inspection.

We recommend the provider continually reviews care records to ensure all risks related to people's health care needs have been assessed and plans are in place to mitigate and manage risks.

Staff were aware of the risk assessments and followed the guidance that was in place to reduce any risks. Staff told us risk assessments were accurate and up to date. One member of staff told us changes to people's needs were quickly reassessed and risk assessments and care plans were updated.

Support was planned and delivered in a way that promoted people's safety and welfare. For example, where people needed to use moving and handling equipment this was available, and staff had received appropriate training. People told us staff knew what they were doing and helped them move safely and with confidence.

Environmental risk assessments were undertaken of people's homes to ensure potential hazards were identified. Staff were expected to report any health and safety concerns they identified when they visited people. This reduced or eliminated the chances of accidents, incidences or near misses. Staff were aware of the reporting process for any accidents or incidents that occurred. Systems were in place to ensure appropriate action would be taken and where necessary, identify where changes would need to be made to reduce the risk of reoccurrence.

There were enough staff to meet people's needs. People told us staff were punctual and stayed for the expected length of time. Some people told us on the odd occasion staff were late, the staff member or the 'office' would call them. No one reported a 'missed visit' and people felt confident that this would not happen. Comments from people included. "They come when they say they are coming. The only time they were late, the office rang me" , "They always stay for the full half hour and sometimes stay longer just to have a chat" and "They come twice a day every day and stay for the full time." One relative confirmed, "Staff never, ever miss a call" and staff were "Very reliable."

A staff rota was produced each week to record details of the times people required their visits and which staff were allocated to go to each visit. We spoke to staff about the timing of visits and asked if they were given enough time to travel to their next visits. One staff member said, "Yes we're given enough time to get to people. If anything, I'd say we are given too much time. It just means we can spend a bit longer with people, we don't have to rush off."

A member of the senior team was always on call outside of office hours and carried details of the rota, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness.

The provider's recruitment policy and procedures, minimised risks to people's safety. The provider made efforts to ensure staff of suitable character were employed. The provider told us they took pride in the staff they employed and ensured they demonstrated the right values and all relevant checks were made including contacting the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. All staff we spoke with confirmed they had been subject to a robust recruitment procedure and that all checks had to be clear before they commenced working alone.

Where required staff administered medicines and supported some people to take their medication. Staff had received training in managing and dispensing medication, any changes made to medication staff let the office know so that people's records could be updated. Where required staff supported people in collecting prescription's and ensuring people had enough medication supplied.

## Is the service effective?

### Our findings

People received care from staff who knew them well and had the knowledge and skills to meet their needs. Comments from people included, "They are well trained and they will do anything you ask" and "The staff they send are excellent and very efficient." A relative told us, "They have been very, very good at understanding [relative's name] whole needs. Their knowledge is great, from knowing about the correct slings to use to how to calm people down. I can't praise them enough."

People received care and support from staff who benefitted from well-planned training provision. The registered manager and provider had a clear view of the training needs and ensured these were met. Staff told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. One member of staff said, "The training is really good and they always give us the training we need." Examples of training included moving and handling, health & safety, food hygiene, fire safety, safeguarding and infection control. When there were specific training needs identified, these were addressed through extra training. For example, one person required to have their nutritional needs met through a feeding tube directly into their stomach. The provider arranged additional training to ensure staff were competent to provide care for this person. Staff were encouraged and supported to undertake advanced social care qualifications whilst working for the service.

Newly recruited staff undertook induction training when they first started to work for the service and completed the Care Certificate. The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours. Staff also worked alongside more experienced care staff until they felt confident and were assessed as competent to work unsupervised.

Staff were supported through regular supervision and we saw records of these in staff files. Staff confirmed they received regular supervision and felt well supported by the management team. Supervisions provide an opportunity for management to meet with staff, provide feedback on their performance, identify any concerns, offer support and identify learning opportunities to help staff develop. One staff member said, "They are lovely, really supportive and give us all the training we need. They are always at the end of the phone."

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. 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.

We checked whether the service was working within the principles of the MCA. Staff were aware that people had to give their consent to care and had the right to make their own decisions. Staff respected people's right to refuse care. They told us that if a person did not want care, they would encourage them but if the person declined, they would respect this and would record it in the person's daily notes. In the care files we

reviewed we saw people had consented to the care planned. When we spoke with people they confirmed this to be the case. Others confirmed staff asked for their consent when performing individual aspects of care, such as administering medicines or helping with personal care.

Where people receive support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. No one being supported by Stella Care were having their liberty restricted at the time of the inspection, but the registered manager understood the process.

Staff supported some people to choose and prepare their meals or by helping them with shopping for food. Staff knew people's food preferences and for those people with swallowing difficulties, how their food should be presented and what food to avoid. People told us staff always ensured they had everything they needed, such as drinks and snacks, before they left them. One person told us, "They make a cup of tea and toast for me before they go and make sure I have my jug of water."

People were supported to access healthcare services. Staff liaised with health and social care professionals involved in people's care if their health or support needs changed. People's care records included evidence that the service had supported them to access district nurses and other health and social care professionals based on their individual needs.

## Is the service caring?

### Our findings

People were very complimentary of the support they received from staff and how caring the staff were. People valued their relationships with the staff team and felt they would help them in any way they could. Comments from people included, "Staff are lovely and really easy to talk to. They listen to me", "Staff are very kind and caring", "They are more than just a carer" and "They have bent over backwards for me, nothing is too much trouble." People especially valued regular staff who they got to know well. One person commented, "I am very lucky with the girls I've got." Relatives also told us how happy they were with the care and support their relatives received from Stella Care. One relative told us, "I think I have struck gold with Stella Care. They have been absolutely fantastic. They are really caring and the whole team want to get it right."

Staff talked positively about their work and spoke about people with affection. One staff member told us, "I just love being a carer, the people are so lovely." Another staff member said, "I really feel I can make a difference. We sit down, have a chat with them and take an interest in their lives. I can go away and know that they have been cared for well." One person told us how this approach made them feel, they said, "There was a time when I was pretty down, but their attitude really cheers me up and we can always have a good laugh and a joke. I look forward to them coming."

When we visited people's homes, we observed staff provided kind and considerate support, appropriate to each person's care and support needs. Staff were friendly, patient and discreet when providing care for people. Staff knew how individuals communicated their wishes and gave people the time they needed to make choices about their support. People told us staff did not rush them and staff always stayed longer than the booked visit if they needed extra time. One person said, "They stay for the full half hour and they don't rush me and they never say quick, quick hurry up."

Care plans contained information so staff were able to understand people's needs, likes and dislikes. Staff had a good knowledge and understanding of people, respected their wishes and provided care and support in line with those wishes. This included supporting people to maintain their independence. People told us staff encouraged them to do what they could for themselves. One person told us, "They are helping me to get my independence back by helping me improve my mobility." Another person told us how staff got the balance right, "They don't take over they help when I need it." A relative told us how staff provided "Just the right amount of support" to encourage them and promote their independence. They told us this had a positive impact on their relative and helped promote their wellbeing.

Staff understood what it meant to promote dignity and respect. Staff gave us practical day-to-day examples such as closing curtains when supporting people with personal care. Staff also gave examples that were specific to people and their circumstances. For example, staff understood which people were more independent and preferred to do certain tasks for themselves; such as, making their own breakfast. Staff understood this was important to people in retaining their dignity, privacy and independence.

The provider had a policy on equality and diversity and staff were provided with training to ensure they

understood how to protect people's rights and lifestyle choices. The manager and staff said people would not be discriminated against due to their disability, race, culture or sexuality. Care plans recorded important information about people's relationships with others and those important to them.

People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home, staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

## Is the service responsive?

### Our findings

People received care that was individual to them and personalised to their needs. One person told us they were satisfied with the care, met their needs and it changed when it needed to. They added, "They listen very, very well and do whatever they need to do."

People told us they were involved in planning and adapting their care to meet their needs. People and their relatives, where appropriate, were involved in the assessment of their needs, before they began receiving care and support from the service. This was followed by regular care plan reviews in people's homes to check the agreed care arrangements were appropriate. We saw people's care plans were amended as their needs changed. One relative commented, "We have been involved with care plans and receive regular updates."

We looked at care plans and saw these were 'person centred' and gave staff information about people's care needs, routines and preferences. This enabled staff to support people in the ways they preferred. For example, one person's record said they liked to have a sandwich with either ham, turkey or pork followed by a bowl of prunes. Care plans were written in a respectful and positive way and included information about the tasks people could carry out independently as well as the care they required. Staff understood each person's individual care needs and could describe them to us. People we spoke with confirmed staff supported them in line with their own preferences and as written in the care plans.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. CQC have committed to look at the Accessible Information Standard at inspections of all services from 1 November 2017. Care plans identified people's communication needs and provided staff with guidance about how to communicate effectively with them. The manager told us information could be provided in different formats to support people's communication needs such as large print care plans and rotas.

Daily care records were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the person's care needs and any advice provided by professionals.

People told us the service was flexible and responsive to their requirements. Care visits were matched to people's preferred times where possible. If care staff were going to be late for a visit, they would call the person or let the office know to inform the person of the delay. People reported that late visits were rare, and they had always been informed when a carer was delayed.

In order to ensure people received a safe, effective and responsive service, the manager completed spot checks and visited people whilst staff were supporting them. These visits had a dual purpose, they were able to assess staffs' work performance, their interaction with the people and assess the person's view on how the service was performing. The management team also maintained regular contact with people and

relatives to ensure people were happy with the service they were receiving. The service sent out questionnaires to people and their relatives. These measures ensured people were able to feedback their views about the service they received and make any suggestions.

People and their relatives told us they did not have any complaints about the service they received but would be confident any concerns would be taken seriously. One person said, "I don't think I can find anything wrong with them. They are very good, and they come when they say they are coming. They're very helpful." Another person said, "I have no complaints whatsoever." The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. The service had not received any complaints since it was registered with CQC in July 2017.

At the time of the inspection, the service was not providing people with end of life care.

## Is the service well-led?

### Our findings

A newly appointed manager was in place at the time of our inspection. The manager had recently submitted an application to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was present during the inspection and was supported by the management team and registered providers.

Without exception, people, their relatives and staff told us the service was well-led. People and relatives all described the management of the service as open and approachable. One relative said, "I have total confidence in Stella Care. I certainly don't worry as much as I used to before Stella Care provided care. The quality of staff is excellent." Another relative told us, "Stella Care are very professional. I would thoroughly recommend Stella Care." We saw, and people told us, Stella Care provided high quality care.

The service promoted an inclusive and person-centred culture. The provider told us their aim was to "Always strive for perfection" and they were there to provide a "We care best" solution for all of people's care needs. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of encouraging independence, choice, privacy and dignity, equality and diversity and people having a sense of worth and value.

The provider recognised the key to the services continued success was in providing well trained, highly motivated team of carers. People benefited from a staff team that worked well together and shared the same vision of the service; to support people in their own home, to promote their independence and enable them to live fulfilled lives. Relatives told us they felt that the staff working for Stella Care were excellent and demonstrated these values. One relative said, "Whoever does the recruiting for Stella Care has got it right. They all have the same ethos and attitude."

There was a clear staff structure in place and staff had a good understanding of their roles and responsibilities and what was expected of them. Staff were very complimentary of the management team and the new manager saying that they were always available to give them support. Staff told us, "We are a lovely team we all work well together and support each other" and "You can always ask the manager anything." Staff told us they felt supported through regular staff meetings and supervisions and their opinions were listened to. Staff said they were supported to make improvements to the service.

People were actively involved in improving the service they received. The manager gathered people's views on the service through direct feedback, telephone calls and questionnaires. The responses and feedback from recent questionnaires were all positive. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service. Comments included, "All the girls are pleasant, reliable and conscientious", "Reliable, friendly, considerate carers. Puts my mother's needs at ease" and "Small team of carers who are beginning to know me well and are willing to help in any way."

There were systems in place to monitor, maintain and continually improve the quality and safety of the service. This was achieved through regular spot checks, supervisions, reviews and appraisals. We saw the manager completed audits of the service to identify where improvements were needed, and action plans were put in place to make improvements. These audits included visit records, health and safety, care documentation, staffing levels, training, staff supervision and medication. The management team at Stella Care were committed to ensure they delivered a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive improvements. All policies and procedures were kept under review by the manager and updated where necessary.

The manager was aware when notifications had to be sent in to CQC. These notifications would tell us about any events that had happened in the service. We use this information to monitor the service and to check how any events had been handled.