

Stellar Healthcare Solutions Limited

# Stellar Healthcare Solutions Limited

## 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

Stellar Healthcare Solutions Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection 2 people with care needs were using the service.

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

The provider had quality monitoring processes in place, but these were not always effective as the areas that required improvement seen during the inspection had not been identified through the provider's monitoring process. Risk mitigation plans were not always robust.

People were satisfied with the care provided and felt safe. The provider followed safe recruitment practices and staff received appropriate training to meet people's care needs.

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.

Care plans provided information about people's care needs and how they would like their care to be provided. People were supported by the same staff who were kind and caring.

People using the service, relatives and staff told us the registered manager was approachable and involved in the day to day running of the service.

The provider had procedures for managing incidents, accidents, safeguarding alerts and complaints, but had not yet had any.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

This service was registered with us on 9 April 2019. On 27 May 2021, we undertook a focused inspection to review the key questions of responsive and well-led only. However, there was insufficient evidence to rate the service. Therefore, this is the first rated inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Enforcement and Recommendations

We have identified breaches in relation to safe care and good governance.

Please see the action we have told the provider to take at the end of this report.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Stellar Healthcare Solutions Limited

## **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 one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 15 February 2023 and ended on 17 March 2023. We visited the location's office

on 17 February 2023.

#### What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. 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 met with the registered manager. We looked at records the provider used for managing the service, including the care records for 2 people who used the service, 3 staff files, and other records used by the provider for monitoring the quality of the service. We spoke with one person who used the service, one relative and 3 care workers after the inspection.

# 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.

### Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were not always effectively assessed and plans were not always in place to manage identified risks. We found one person who was cared for in bed, did not have a skin integrity risk assessment to assess the risk of the person developing pressure sores or a risk mitigation plan to help prevent this.
- Risk assessments were not always robust enough and the provider was not consistent in ensuring risk mitigation plans were in place to help reduce the risk of avoidable harm to people. One person had a risk assessment for choking which included some preventative measures. However, there was not a risk mitigation plan or care plan to provide clear guidelines to staff. Information was spread across different records. We saw in the risk assessment that the person should only have pureed food, but one entry in the daily notes recorded the person had a sandwich. This meant the person was not being adequately protected from the risks associated with their swallowing.

Systems had not always been used effectively to assess and mitigate risks to the health, safety and welfare of people. This placed them at risk of harm. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were a range of other risk assessments which included falls, stoma care and infection control.
- Where risk assessments and plans were in place to help keep people safe, these were regularly reviewed and updated to reflect any changes in their circumstances.

### Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to help protect people from abuse.
- People and their relatives indicated people felt safe with the care staff.
- Staff had received safeguarding training to help ensure they had the ability to recognise when people were at risk of abuse and knew how to respond to help ensure people remained safe.
- No safeguarding concerns had been raised since the service had become operational. However, there were systems were in place to manage these appropriately if needed. The registered manager understood their role around safeguarding and knew how to raise a safeguarding alert.

### Staffing and recruitment

- The provider had enough staff to help ensure people's care and support needs were met.

- People using the service received support from the same staff which provided consistency of care.
- The provider followed safe recruitment procedures to help ensure new staff were suitable for the work they were undertaking. Staff recruitment records included completed application forms, references, identity checks and confirmation that Disclosure and Barring Service (DBS) checks had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- The provider had a medicines policy and procedure in place. However, at the time of the inspection, the provider was not supporting anyone with their medicines.
- Training records confirmed that staff had received training on the administration of medicines.

#### Preventing and controlling infection

- The provider had appropriate systems to help prevent and control infection, including the spread of COVID-19.
- Staff completed training around infection control and were supported to follow government guidance.
- Staff were provided with personal protective equipment (PPE) such as gloves and masks to help protect people from the risk of infection.

#### Learning lessons when things go wrong

- The provider had systems in place to learn when things went wrong, including processes for investigating incidents and concerns and discussing these with staff.
- There had not been any incidents, accidents, complaints or safeguarding alerts raised since the provider began operating.



# 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.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

- Both people had the capacity to consent to their care and one person we spoke with confirmed they had been consulted about their care plan. The provider did not get written consent from people, but agreed they would in future.
- The provider had an MCA policy and staff received training on the principles of the MCA.
- People's choices were respected. One person said, "[Staff] do what I want them to do."

Staff support: induction, training, skills and experience

- Staff were supported through induction and training. The registered manager told us staff supervision was undertaken but we did not see written evidence of this.
- Staff completed annual training to keep their knowledge and skills up to date. This included training the provider considered mandatory such as safeguarding, medicines and infection control.
- They told us they felt well supported and one staff member said, "[The registered manager] is supportive. They are always at the other end of the phone."

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

- The provider assessed people's needs prior to starting the service to confirm these could be met. These assessments formed the basis of people's care plans.

- People confirmed the provider discussed their needs with them as part of the initial assessment.
- People's choices were recorded, for example their preferred method of communication.
- Care plans were reviewed and updated when there was a change in the person's needs and the provider liaised with other relevant agencies to help ensure people's needs were met.

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

- People were supported to have enough to eat and drink. The provider completed a needs assessment in relation to any dietary support needs of people.
- At the time of the inspection, staff did not have to prepare meals for anyone.

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

- People's healthcare needs were assessed and recorded in people's care plans.
- The provider was able to liaise with health and social care professionals as required to support people with their healthcare needs. However at the time of the inspection, neither person receiving care from the service required this support.
- The provider worked in partnership with people's families to help ensure people were cared for in a way that met their health needs.

# 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

- The provider ensured people were well treated and supported. One person told us, "I am very, very pleased with the care. Staff are very kind. They are excellent." A relative said staff treated their relative with respect by asking what the person would like and explaining what they were doing.
- Individual needs such as people's religion and personal history were recorded in the care plan. This meant care workers had guidance to help ensure people received care according to their wishes and needs.

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

- People and relatives told us they were consulted in decision making and received care in their preferred way. One relative said staff asked the person what they wanted and talked through every single task with them, so the person was involved in how they received their care.
- Staff confirmed they asked people how they would like their care and provided choices such as the person choosing what they wanted to wear or eat.
- As it was a small service, the registered manager was in regular contact with people using the service and therefore received ongoing feedback of people's views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and they were supported to maintain their independence where possible. People and relatives confirmed this.
- Staff told us how they made the environment secure and tried to ensure the person was aware of what they were doing when they were providing personal care.
- Care plans had guidelines for how to complete personal care tasks with personal preferences.

# 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

- Care plans contained information and guidance for staff to help meet people's needs and preferences. This included information about people's social history, family, likes / dislikes and hobbies which provided staff with context and areas of interest when communicating with the person.
- A relative told us a consistent core group of staff meant staff understood the person's needs well.
- Care plans were written with involvement from people and were reviewed appropriately.

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 communication needs were assessed, and care plans recorded information about these needs, including if they required assistive aids such as glasses or a hearing aid.
- Staff had completed training around communication, so they were aware of people's differing communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the time of the inspection, neither person required support around activities in the community.
- Being supported by the same care workers meant people could build meaningful relationships with staff.

Improving care quality in response to complaints or concerns

- The provider had suitable systems for addressing complaints but had not had any complaints since they registered with CQC.
- People and relatives said they knew how to make a complaint but had not had to. One person said, "I know who to ring regarding a complaint" and a relative confirmed the registered manager responded very quickly to any concerns.

# 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.

Continuous learning and improving care

- The provider had quality monitoring processes in place, but these were not always effective as they had not enabled the provider to identify and address the issues we found during the inspection.
- The provider's systems for assessing and monitoring risks were not always operated effectively because assessments were incomplete and did not provide care workers with appropriate guidance to manage risks.
- The provider did not always record their monitoring processes such as spot checks and supervisions which meant there was not always evidence of learning and service improvement.

Systems were not always effective in assessing, monitoring and mitigating risks to the health, safety and welfare of people using the service. This was a breach of regulation 17(1) 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

- There was a person-centred and open culture. People and their relatives were satisfied with the service they received.
- The registered manager told us they tried to be available and approachable, so people felt comfortable talking with them and raising any concerns.
- Staff were positive about how the service was run and about the support they received from the registered manager. One staff member told us, [The registered manager] is open minded and always lets us express ourselves. If we have concerns, they will come and support us."

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

- The registered manager was aware of their responsibilities under duty of candour including the requirement to notify appropriate agencies such as CQC if things went wrong. They told us it was good to acknowledge when things went wrong, to be open with people and to explain how the situation will be resolved.
- People and their relatives knew who to contact if something went wrong. However at the time of the inspection, no complaints had been raised

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff understood their roles and responsibilities. The registered manager worked closely with staff in the day to day running of the service, which helped to ensure staff had the required support to deliver a good quality of care

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

- People and staff engaged with the service and the provider worked in partnership with people and their families to help ensure good outcomes for people.
- People and relatives confirmed the provider asked for their feedback through phone calls and home visits.
- People's diverse needs such as language were considered as part of the assessment process.

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals to help ensure people had appropriate support.
- The registered manager told us they attended a provider forum run by the local authority. This helped to keep them up to date with current guidance and practice.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not always assessed or done all that was reasonably practicable to mitigate the risks to the safety of service users.</p> <p>Regulation 12(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always have effective systems to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17(1)</p>