



Inspection Report on

Five Star Home Care Limited

**Pro-copy Ltd
Parc Ty Glas Llanishen
Cardiff
CF14 5DU**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

27/06/2023

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About Five Star Home Care Limited

Type of care provided	Domiciliary Support Service
Registered Provider	Five Star Home Care Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	12 October 2022
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Five Star Home Care Limited is a domiciliary support service for adults, aged 18 and over. The service offers care and support to people in their own homes in the Cardiff area. The responsible individual (RI) for the service has overall accountability for the service.

People are generally complimentary about individual care workers. We received some mixed feedback from people about how happy they are with the service. Some were happy, whilst others reported improvements are needed in relation to call times, professionalism, and staffing.

There are currently ineffective management arrangements in place at the service. Systems are not always in place to ensure quality of care and to enable support to be provided consistently. We found unsatisfactory recruitment selection and vetting systems in place and insufficient oversight and governance of the service. This service is not supporting people safely and urgent action is needed to protect people and to improve outcomes.

CIW has issued four Priority Action Notices and identified five additional areas where improvement is required. Immediate action is required to address the areas of non-compliance. CIW will reinspect the service to ensure compliance is achieved within the specified timescales.

Well-being

People are provided with information about the service. A 'Statement of Purpose' and 'Service User Guide' form part of the information the service gives to people, so they know what to expect from the provider. We saw copies stored on people's care files in their homes. Although people have access to information about the service, this needs to be reflective of the support provided. Information contained within these documents are not always reflective of the service being provided. We have, therefore, issued a priority action notice for the service to be provided as outlined in the SOP. The provider must take immediate action to address this issue.

The service does not provide the Active Offer of the Welsh language: this means being proactive in providing a service in Welsh without people having to ask for it. They had failed to identify several people using the service who are first language Welsh speakers.

People generally speak positively about care staff and most reported feeling safe and supported when they are with the carers. People know the responsible individual of the service well as they, also, provide regular support people require. People told us they do not always know when a carer is coming; get their calls at a time they prefer; get their calls on time and rarely get their full call duration. People did, however, confirm that carers, despite being rushed, generally did meet all their care needs. Some people reported that care staff, on occasion, claimed to have insufficient time to undertake longer personal care tasks such as showering, due to time pressures.

Safeguarding arrangements are insufficient to ensure people are appropriately protected. This has a potential impact on their safety and wellbeing. Issues of a safeguarding nature had not been reported to the appropriate safeguarding team or relevant authorities, including ourselves, as legally required. There are some policies and procedures in place to support staff to achieve the aims of the service and to support people; however, we found these needed to be embedded into practice. There is no clear cycle of quality assurance and review to be able to provide assurance that the service is supporting people appropriately and that their personal outcomes are being met. There are widespread and/or significant shortfalls in outcomes for people. People's human rights are not being met. Immediate action is needed to improve people's safety and well-being.

Care and Support

Some care workers are passionate to make a positive difference to people's lives. People told us care workers treat them with dignity and respect. There needs to be improvement to the care documentation used by the service to describe people's care and support needs to achieve positive outcomes. Care documentation fall short in documenting people's views, and their personal outcomes. Care documentation do not always capture changes in people's needs or abilities, which could increase the risk of people receiving improper care and support. Auditing and review of care documentation has not identified all current care needs are included or spot where there is missing appropriate risk assessments. Care and support is not always designed through involvement with people nor is it continually tailored to achieve their personal outcomes.

Feedback on staff morale was mixed. Some told us staff morale is low; they feel pressured to work additional hours due to staff shortages and sickness. We discussed this with the RI who informed us recruitment is on-going.

Care staff told us the calls are not always scheduled to start at people's preferred time. When comparing the scheduled calls with logged data, we found different times and different people compared to the scheduled calls. Call start times were frequently logged as starting earlier or later than scheduled, and frequently shortened calls times than that allocated. We found the re-scheduling and shortening of calls because of poor scheduling of rotas has resulted in poor outcomes for people's well-being.

There are widespread and/or significant shortfalls in the care and support provided and people do not experience positive outcomes. Improvements are required to ensure people are protected from abuse and harm. People are at risk of harm due to low staffing levels, unreported safeguarding concerns and lack of external reporting of incidents. The RI is present at the service and engages with staff and people who use the service, but oversight of the service operation on a day-to-day basis needs to be improved. The provider must ensure that referrals are made to the local safeguarding team when required and notifications are made to us (Care Inspectorate Wales CIW) in line with regulatory requirements. Immediate action is needed to improve people's safety and well-being.

Leadership and Management

Overall, the provider has a vision of the support it wants to provide, and a positive regard to each person receiving support. Five Star Home Care Limited is a relatively small service. The RI is at the service daily and forms part of the care team, delivering care weekly. The manager has been absent from the service for several months, and there is no identified formal arrangements for a manager to cover the role, in the interim.

During the inspection, we found the provider was not keeping accurate records, as required. Clear and effective audit systems, which should identify and ensure the ongoing development and improvement of the service, are not in place. There are no quality-of-care systems in place to monitor and develop the care delivered. This has resulted in deficits in delivering care in line with the SOP. This could compromise the quality of care delivered and mislead people using the service or thinking about using the service, and other stakeholders.

Safeguarding of people using the service is not sufficient. Issues have arisen which should have been shared with the safeguarding team. The matters had also not been appropriately recorded. The RI agreed to source safeguarding training. The lack of embedded organisational processes and policies is placing people's health and well-being at risk.

People do not receive support from care workers who are suitably vetted; are suitably trained; and supervised. The service provider has not evidenced they have assured themselves of the suitability of care staff prior to working at the service. This includes suitable references; a current DBS check; exploring gaps in employment. Staff files evidenced no induction records; infrequent supervision, spot checks and competency checks; and few staff members have completed a recognised qualification, relevant to their role. The training matrix kept by the service was not kept up to date to and did not evidence service user specific training such as skin integrity. The provider must ensure that the workforce is able to register with Social Care Wales (SCW the workforce regulator), which is mandatory, seven care staff are registered.

There are widespread and or significant shortfalls in the way the service is managed and led. This does not provide a culture to support delivery of positive outcomes for people. Little or no learning from practice is implemented to improve the service. The service provider has not taken any action to secure improvements from the last inspection, and, at this inspection, we have issued four priority action notices (PAN). Immediate action is needed to improve people's safety and well-being. CIW will reinspect the service to ensure compliance is achieved within the specified timescales.

The RI has not demonstrated sufficient level of scrutiny or oversight of the service. They have insufficiently carried out their duties with diligence to drive improvement within the service. They RI has failed in their role to:

- Overseeing the management of the service;
- Identify deficits identified at this inspection;
- Complete an annual return as legally required
- To undertake the regulatory requirement to evaluate the quality of care, such as RI visit reports and six-monthly quality assurance reports;

The provider has failed to identify, prevent and address the adverse problems arising at the service This could lead to people using the service being placed at risk of harm. The service provider must make improvements to understand what is required of them by law. The service provider has not ensured notifiable events are reported to CIW as required without delay. The provider has failed to submit an annual report as legally required. People cannot feel assured that the service regulator has oversight of significant incidents that occur. We expect the service provider to take urgent action to address the regulatory breaches and these will be re-tested at the next inspection.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
6	The service is not being delivered in line with the Statement of Purpose or organisation's policies and procedures. The service provider has failed to demonstrate sufficient governance and oversight of the service to ensure that people are protected from harm. Systems relating to auditing; Quality of Care review; call monitoring; care documentation; staff development and support are lacking.	New
66	The provider has not supervised the management of the service sufficiently to ensure the proper management, quality, safety, and effectiveness of the service. The service provider must ensure calls are scheduled effectively to ensure they can be made on time, allow time for the agreed care needs, and last for the commissioned length of time.	New

27	The provider needs to ensure that there are safeguarding procedures and policies in place, which are up to date, and followed by staff.	Not Achieved
35	The provider has not ensured that all staff vetting is complete and appropriate prior to employment commencing.	Not Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status
36	The service provider does not ensure that staff are supported in their role. Staff do not receive regular supervision, and competency checks. Staff do not always complete initial and refresher training on core subjects and service user specific training appropriate to meet the needs of individuals.	New
15	Personal plans of care do not contain detailed information on how to support the person.	Not Achieved
16	There is no system in place to ensure that personal plans of care are reviewed every three months or sooner.	Not Achieved
60	The provider has failed to notify us (CIW) of events set out in Schedule 3 part 1.	Not Achieved
80	As part of the quality assurance monitoring, the provider has failed to include aggregated data regarding complaints, notifications, incidents and safeguarding matters.	Not Achieved

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