



Inspection Report on

Five Star Home Care Limited

**Unit 5, Pro-copy Business Centre
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

21/11/2023

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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	13 June 2023
Does this service promote Welsh language and culture?	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. People we spoke with are generally happy with the service they receive.

Our last inspection identified four priority action areas and five areas for improvement, some of which have been achieved within the agreed timescales. The service provider has recently identified a new responsible individual (RI), who is awaiting CIW determination. The current RI retains accountability for the service until then. They are establishing governance arrangements and implementing plans to address deficits. Progress plans require embedding for continued improvements.

Although improvements are being made, progress is not sufficient in all areas. We found absent or out of date and inadequate information in people's care records and review. Due to this, people are still at risk of not receiving the correct care and support. We also found the service is still not being delivered through sufficient care, competence, and skill. We have assurances from the RI that plans are in place to address this.

We identified one priority action and eight areas for improvement at this inspection which are evidenced in the main body of this report. 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. Where providers fail to take urgent priority action, we will take enforcement action.

Well-being

People are provided with information about the service, so they know what to expect from the provider. The 'Statement of Purpose' (SOP) has been revised to ensure it is current and accurate. Copies are provided to people when the service commences. We saw updated versions in people's homes. Although people have access to information about the service, this needs to be reflective of the service provided. A priority action notice was issued at the last inspection. Current governance arrangements have improved and there are plans to address remaining deficits. Service delivery, as described in the SOP, remains an area for improvement at this inspection.

People are treated with dignity and respect. People are happier than they previously were with the care they receive and speak positively about the care workers who support them. People told us staff are polite and respectful in their homes. Written care documentation, including assessments and personal plans, remain poor in calibre. They are not sufficiently detailed or comprehensive and often contain conflicting information. Reviews of plans do not always take place at required intervals or identify changes in people's care needs. This is an area of improvement, and we expect them to take timely action to address this.

People cannot be confident they get the right care at the right time. Not all calls are planned with sufficient travel time in between and due to this care provision may be provided for a shorter than planned time, which may impact on people's outcomes. We saw examples of care not being delivered at consistent times. There were numerous occasions where care staff arrived at times notably different to what should have been provided. There is no current evidence the service is effectively monitoring call times and lengths. This is an area of improvement, and we expect them to take timely action to address this.

People now feel more in control of their day-to-day care. People confirmed improvements to their care calls since our last inspection. A reduction in missed calls and double handed calls being delivered as single was noted. People confirm care staff have sufficient time to deliver their care despite records showing people do not always get their fully allocated time. Care staff tell us that they have sufficient time to do their jobs safely and correctly.

People are not consistently protected from harm. Whilst we note the provider has strengthened safeguarding procedures these require embedding in practice. There is now an up-to-date safeguarding policy and appropriate safeguarding arrangements in place. However, some staff are in employment without robust recruitment and vetting procedures. People are also not consistently receiving care and support from care staff who are suitably trained. Care staff are not always receiving supervision to ensure quality care and support is given to people. The provider has developed plans to address these matters.

Care and Support

People spoke positively about their relationships with care staff. People told us care workers provide good quality care and support through a caring approach and always complete what is needed when they visit. People receive care and support from care staff they know well. Care staff are motivated in their role and want to provide a good standard of care. Care staff have access to personal protective equipment (PPE). We observed not all care workers are adhering to infection prevention control measures.

People can be confident they are supported by a service provider that has shown a commitment to working in partnership with professionals to enable people to live at home for as long as possible. Referrals are made to external health and social professionals for input as and when required. We saw occupational health consultation and involvement when changes to a person's mobility is identified.

At our last inspection, we found the provider was not keeping and maintaining accurate care records, as required. Personal plans continue to be task focused, basic and in some cases include out-of-date information. We found care documentation requires further development to ensure it is sufficiently detailed. Where necessary, risk assessments need completing, with clear instructions on how to manage the risk. Auditing and review of care records has not identified these deficits. This is an area of improvement, and we expect them to take timely action to address this.

People benefit from care and support from a service provider that shows a commitment to improving the culture of the organisation and improving the well-being and experience of people using the service. Staff, including care workers, told us they have seen improvements in the operation of the service over recent months. Care workers feel well equipped and most said they felt supported and valued in their roles.

People are supported to take their medication. Personal plans do not provide guidance to care workers on the support they are required to provide with medication. It is not always clear who should be administering medication – a family member or the care staff. Medication Administration Records (MAR's) do not reference the medications prescribed to the individual. There is also no clear audit system around medication practices in place. Medication practices require strengthening. We advised the service this is an area of improvement, and we expect them to take timely action to address this.

Leadership and Management

The provider is committed to providing a quality service and making improvements when required to improve the experiences of people who use the service. There has been changes to the leadership and management of the service. A recently appointed proposed RI has made an application to register with CIW. The current RI is acting as manager and intends to become registered with Social Care Wales (SCW), the social care workforce regulator.

Organisational oversight at the service has improved since the last inspection. The acting RI is currently highly visible within the service, we found a positive change in culture and practice. The service provider is now identifying, addressing, and acting in response to poor performance and areas for improvement. Action plans are being developed to address shortcomings. Governance arrangements have improved but require embedding and continued development.

There is clearer organisational structure with accountability, responsibilities, and delegated tasks. Weekly meetings are planned where the acting RI meets with leads of each department to maintaining oversight. Our last inspection identified four priority action areas and five areas for improvement, some of which have been achieved within the agreed timescales. Although improvements are being made, progress is not sufficient in all areas.

At this inspection, we identified one priority action area, relating to requirements in relation to monitoring and improvement. Eight areas for improvement were identified relating to care documentation & review; supervision of management; service delivery in line with SOP; quality of care review; medication; staff supervision, recruitment, and training. We expect the provider to take timely action to address these.

People do not receive support from care workers who are robustly recruited, trained, and supervised in their role. Robust recruitment process ensures staff employed are suitable to work with vulnerable individuals. Some progress has been made in these areas, an interim matrix has been developed to keep track of gaps in staff recruitment, SCW registration, training, supervision, spot checks & appraisals. However, continued oversight is required.

Interim arrangements are now in place for the monitoring, reviewing, and improving the quality of care and support for people. A new electronic call monitoring system is being implemented. This will enable more accurate and timely audits and review of care records, call times, call length & call delivery times. There is a regulatory requirement to consult with staff and people using the service. The proposed RI is scheduling introductory visits to people using the service in their homes before Christmas. They then intend to schedule regular RI visits with people as part of their quality-of-care procedures.

The provider is now notifying Care Inspectorate Wales of reportable incidents which ensures they are operating in an open and transparent manner. The provider understands its legal requirements of caring for vulnerable people. The service provider continues to work with commissioners to improve service delivery.

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
8	There are ineffectual systems in place to monitor the service and identify improvements required. These systems are required to ensure that a quality service is being delivered and action is taken when necessary.	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.	Achieved
35	The provider has not ensured that all staff vetting is complete and appropriate prior to employment commencing.	Achieved
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	Achieved

	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.	
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.	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
35	The provider has not ensured that all staff vetting is complete and appropriate.	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
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
58	The service provider cannot be assured they have clear arrangements for the effective oversight of	New

	safe medication administration.	
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
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
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.	Not Achieved
60	The provider has failed to notify us (CIW) of events set out in Schedule 3 part 1.	Achieved

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