



## Inspection Report on

**Stars Domiciliary Care Ltd**

**Homestyle Domiciliary Care Ltd**  
**10 Garth Drive Brackla Industrial Estate**  
**Bridgend**  
**CF31 2AQ**

## Date Inspection Completed

**25 March 2022**

25/03/2022

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## About Stars Domiciliary Care Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	S.T.A.R.S. Domiciliary Care Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	27 February 2020
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People and their representatives are happy with the service they receive and speak highly of the staff and management. Individual's plans are person-centred and focus on positive outcomes for people. Routine reviews ensure changes are recognised and plans remain up to date. Regular spot checks and supervision supports ongoing good practice. The recruitment process is robust and ensures care workers suitability for the role. Care workers understand their safeguarding responsibilities and know the process for raising concerns. The service has policies and procedures that underpin safety and good practice. Governance and quality arrangements are good and demonstrate the responsible individual (RI) has clear oversight of service provision.

## Well-being

People are treated with dignity and respect. Care workers are trained to meet the needs of the people they support and have positive relationships with them. Feedback from people and their representatives relating to care workers and the service's management was complimentary. Care workers appear confident and enthusiastic about their roles and enjoy working for the service.

People have as far as possible control over their day-to-day lives. People access activities that are individually tailored, promote social interaction and community presence if appropriate. Care documentation is person centred, it reflects people's individual circumstances. Care documentation contains a good level of personal information which gives care workers clear guidance relating to people's likes, dislikes and how they would like their care delivered. Care workers are familiar with people's needs, wants and routines and know how best to support people to achieve their personal outcomes.

The service protects people from harm and abuse. All staff receive training to support their understanding in how to safeguard people. Recruitment checks are robust and staff files contain the necessary information. Up to date policies support the service to maintain good practice and assist in keeping people safe. The service uses personal protective equipment (PPE) effectively and staff undertake infection control training. There are effective systems in place to record accidents and incidents and report safeguarding concerns.

## Care and Support

Accurate and up to date personal plans and risk assessments are in place and evidence how care workers should meet people's needs. Care staff have access to the personal plans before providing hands-on care to ensure they are aware of what is required of them. Plans benefit from regular updates to ensure information remains accurate and risk assessments provide clear guidance around potential risks. Care staff complete daily electronic recordings to evidence tasks are undertaken in line with personal plans. The use of electronic feedback forms helps care staff to report any changes or concerns in a timely manner and a clear audit trail evidences when action is taken.

People are supported to do things that matter to them. During the inspection, we spoke to two people who were accessing the community 'Star Centre' where they attend to participate in a variety of activities. People told us of the things they do and enjoy, they said "*I like to go shopping*", "*I like to go walking with the staff*" and "*they help you as much as they can*".

There are measures in place for assisting people with their medication, if needed. A medication policy and procedure is in place to provide guidance to staff, which has been reviewed. Staff have medication training, and management check care workers' competence. We viewed samples of medication administration record (MAR) charts, which were complete and accurate. Staff enter all administered medication on the electronic system. Monthly quality assurance audits take place, we saw evidence of these checks being done.

The service takes all reasonable steps to identify and prevent the possibility of abuse. Staff recognise their personal responsibilities in keeping people safe and told us they would report any issues of concern. They are aware of the whistleblowing procedure, and said they felt confident approaching the manager if they needed to. Care workers told us they had undertaken training in safeguarding and there is a current safeguarding policy for all staff to access and follow.

## **Environment**

We do not consider the environment as part of a domiciliary care service inspection, other than the suitability of its office premises: the service operates from office premises, which are easily accessible and close-by parking. STARS keeps records and documents securely, and there is space available for meetings, private conversations, staff training and supervision.

## Leadership and Management

The vision and ethos of the service are clear. A Statement of Purpose sets out the service's aims, values, and support available. We found this to be consistent with the service provided. A written guide is available for people in the service, containing practical information about the home and the support provided. CIW received a concern regarding the leadership and management of the service, however, during this inspection we found no evidence to support it. People, family and professionals give positive feedback about the care provided. There is regular communication between the manager and responsible individual. Comments received from agencies working with the provider include *"STARS are a highly valued service"*, *"The communication is good and they are flexible and accommodating when working with the individuals I support"* and *"I have always found the team to be very professional and person focused. I have been kept up to date with any changes regarding a client's needs. They have also been keen to work closely with me to try and achieve best outcomes for the individuals I support"*.

The service provider has effective governance arrangements in place to ensure people receive good quality care and support. Records show the RI visits regularly to oversee the service, complete audits and meets with people who use it, their relatives and other professionals. We saw clear reports that capture what people have fed back. The manager and quality assurance officer also oversee/undertake regular reviews and audits of the service, captured in a monthly report, which is checked for progress.

People are supported by a dedicated care team who are recruited, trained and supported in their roles. Staff files contain the legally required information and show appropriate recruitment and vetting procedures are followed. New staff members complete a programme of induction. All staff have on-going training, to meet specific needs of people they support. Staff say they are happy with the training available. Care staff speak positively about the regular formal and informal supervision support they receive from the management team. Staff spoken with and online feedback showed they feel valued in their roles and were complimentary of the manager. Comments included, *"Management are really supportive with opportunities to develop skills and training"*, *"Approachable team of management and a supportive staff team"* and *"I get on great with them, no problems whatsoever"*.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
N/A	No non-compliance of this type was identified at this inspection	N/A

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
N/A	No non-compliance of this type was identified at this inspection	N/A

**Date Published** 26/04/2022