



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

27/06/2024

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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	14 November 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 one priority action area and eight areas for improvement, some of which have been achieved within the agreed timescales. Some improvements have been made to the service since the last inspection, however progress is slow. The provider has failed to take sufficient improvement action. This means people may not be safe and their wellbeing may be compromised.

A newly appointed Responsible Individual (RI) is invested in the development of the service. They are implementing plans to address deficits and are developing governance arrangements. These require further development, strengthening and embedding in practice for a better oversight to drive improvements.

At this inspection, we identified one priority action notice because the service is not provided with sufficient care, competence and skill, having regard to the Statement of Purpose (SOP). Additionally, six areas for improvement were identified, evidenced within the main body of this report. The provider needs to take urgent action to address these issues to ensure people are not at risk of harm or neglect. Where providers fail to take urgent priority action, we will take enforcement action.

Well-being

People are positive about the support they receive. Care is delivered in a dignified and respectful way and people tell us the service meet all their care needs. People like that the service is small, they have consistency of care worker. Care workers know people very well and have a good rapport with the people they support. Care is mostly delivered in the way people want and in line with their needs.

People have a voice and contribute to the development of the service. People are consulted in a variety of ways including personal reviews and regular wellbeing checks. The RI visits people in their homes to obtain views on service delivery and to consider where improvements could be made. This is an opportunity for people using the service to share their thoughts about the care they receive.

People mostly know what support is available and how this can help them achieve their outcomes. Local Authority plans of care are considered by the service to understand the person and their needs and, where possible, a member of the senior staff meets with the person before care starts so that further information can be collected. This information is then used to develop care and support plans.

People are encouraged to maintain their independence. Care workers encourage people to undertake tasks as independently as possible but provide support when it is required. This positive practice promotes people to maintaining their skills and their independence levels for as long as possible, rather than staff completing tasks for people they may be able to complete themselves with some support.

People are not consistently protected from harm. Care workers are not always safely recruited or sufficiently trained. We saw some improvements to the recording of medication; however further strengthening is required. People are at risk of receiving poor care or their well-being compromised as ineffectual systems are in place to monitor the service and identify improvements required. These are areas for improvement, and we expect them to take timely action to address this.

People are not able to receive the service in Welsh if they want it. Care workers employed are non-Welsh speakers. Despite this there is no demand for the service to be delivered in Welsh at present. The provider is aware of the 'active offer' to provide the service in Welsh and will look to address this should the demand change.

Care and Support

People told us they have good relationships with care workers. The number of care staff in the service is low, so people are supported by a consistent staff team. Care workers are familiar and know people well. People told us care workers are kind and friendly.

People's physical, mental, and emotional well-being is usually supported. Reviews of plans are now taking place at required intervals or when identifying changes in people's care needs. An electronic care management ECM system has been introduced to support care delivery. Following a recent issue only 10% of people's care & support needs, and risk assessments were available to access on the system. These were comprehensive and detailed. As an interim measure, the service is utilising historical paper-based care records, which were identified as inadequately detailed at the last inspection. This is an area for improvement, and we expect them to take timely action to address this.

People cannot always be confident they get their full allocated care times when scheduled. Call monitoring also showed care delivered up to one hour early than scheduled and with as little as one to two hours between calls on occasions. The service listens to people's issues when raised and adjust call times, but this relies on people, their family member or representative bringing this to the attention of the service. We also saw some gaps in call monitoring with no apparent follow up. Sufficient travel time for care workers is not always built in between care calls. People confirm care workers have sufficient time to deliver their care despite records showing people do not always get their fully allocated time. Care workers tell us that they have sufficient time to do their jobs safely and correctly. Better oversight of the ECM system is required to ensure people are receiving the best possible care and support. This is an area for improvement, and we expect them to take timely action to address this.

People cannot be certain the service provider has adequate arrangements in place for safe medicine administration, which leaves people at potential risk of harm. Medication practices require strengthening to ensure people are supported with their health in a competent manner. Not all care workers had received medication training in recent times, and we saw no evidence of medication competency checks for care workers. Medication administration recording (MAR) did not include all medications prescribed. For example, there was no list of prescribed creams or inhalers, and no instruction for care workers on where and when these are to be used. MAR audits are not undertaken for tracking patterns/ trends. This is an area for improvement, and we expect them to take timely action to address this.

Leadership and Management

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. Although people have access to information about the service, this needs to be reflective of the service provided.

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 people are protected from harm. Systems relating to auditing; quality of care review, call monitoring, care documentation, staff development and support are lacking. A priority action notice has been issued. The provider needs to take urgent action to address these issues to ensure people are not at risk of harm or neglect. Where providers fail to take urgent priority action, we will take enforcement action.

People do not receive support from care workers who are robustly recruited, trained, and supervised in their role. Robust recruitment processes ensure staff are suitable, have the necessary skills, experience, and character to support vulnerable people. Required information and documentation is not sourced for all care workers before they are employed. This includes proof of identity, working histories, and employment references. Some care workers support people before their Disclosure and Barring Services (DBS) check is returned. The provider does not offer sufficient ongoing support and development opportunities to care workers. This includes providing mandatory and specialist training, competency checks and consistent staff supervision which enable care workers to safely fulfil the requirements of their roles. This puts people at risk of harm and abuse. The provider must take immediate action to address these issues.

Oversight of the service needs improvement. The provider has policies and procedures in place for all aspects of the service. Improvements are needed to ensure the service is provided in accordance with these. The service informs Care Inspectorate Wales (CIW) of notifiable matters. The new RI is undertaking their role in line with the regulations. Quality of care reviews are not completed appropriately to analyse and evaluate the services performance to drive improvements. The RI is developing multiple systems to improve oversight of the service to improve the overall quality. This is an area for 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.

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.	Not Achieved
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.	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
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
15	Personal plans of care do not contain detailed information on how to support the person.	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
35	The provider has not ensured that all staff vetting is complete and appropriate.	Not Achieved
58	The service provider cannot be assured they have clear arrangements for the effective oversight of safe medication administration.	Not Achieved
16	There is no system in place to ensure that personal plans of care are reviewed every three months or sooner.	Achieved
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

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