

SSA Star Care Ltd

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Inspection report

Lumina Business Centre
32 Lumina Way
Enfield
EN1 1FS

Tel: 02088260183
Website: ssastar.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

SSA Star Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service supports people living with a learning disability. At the time of the inspection the service was supporting four people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Right Support

People were treated as individuals and were involved as partners in planning their care. 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. People's care was regularly reviewed to make sure their needs were being met. People had regular care staff who people got to know and build a good working relationship with.

Right Care

People were supported to maintain their independence and lead full and enjoyable lives. Staff understood how to safely encourage people's independence and support them to be in control of their care. Staff understood what was important to people and supported them to take part in activities that were meaningful to them. People's care plans looked at how the service supported people to maintain their physical, mental and emotional wellbeing.

Right culture

The service was committed to providing a positive experience for people that ensured good outcomes. There were numerous methods for the registered manager to maintain oversight and monitor the quality of care. People were supported by staff who were well trained and understood how to work effectively with people living with a learning disability.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 17 November 2021 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow up

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 safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

SSA Star Care Ltd

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

This 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 14 April 2022 and ended on 24 June 2022. We visited the office location on 14 April and 12 May 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 spoke with the registered manager. We reviewed a variety of records including three people's care plan and risk assessment and information about care reviews. We also reviewed three staff files including recruitment, supervision, appraisals and numerous quality assurance processes.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and further quality assurance records and one more person's care plan and risk assessment. We were unable to speak to people during the inspection as they were unable to communicate verbally. We spoke with three people's relatives to get their feedback. We also spoke with three care staff.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.
- Relatives' told us they felt confident people were safe with care staff that visited them. One relative commented, "If I go [to work] I don't have to worry about [person], they will do everything. They take him out and I know he is in safe hands."

Assessing risk, safety monitoring and management

- The service robustly assessed risks to people to help ensure people were kept safe.
- People's risks were assessed when people started using the service and were regularly reviewed.
- People had detailed risk assessments which provided clear guidance for staff on how to minimise risks. Risk assessments included instances where people might express distress, swallowing difficulties and safety at home and outside.

Staffing and recruitment

- There were enough staff to meet people's care and support needs.
- The registered manager was aware of the importance of routine for people living with a learning disability. People had the same care staff visiting them to promote good working relationships between people and care staff. A relative said, "[Person] does not do well with change and he has regular care staff."
- Relatives told us the service was flexible and responsive when they needed to change care visits, times or increase care visits due to things like holidays.
- Staff were recruited safely. Staff files showed a range of employment checks including two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). A DBS informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.

Using medicines safely

- There were systems and processes in place to ensure safe administration of medicines.
- At the time of the inspection, no people were being supported with medicines and relatives completed all medicines tasks.
- The registered manager told us they were prepared in case a person needing support with medicines was

referred to the service. Staff had received medicines training and a pharmacist had also been engaged to deliver more in-depth medicines training.

Preventing and controlling infection; Learning lessons when things go wrong

- Systems were in place to protect people from the risk of infection.
- Staff regularly tested for COVID-19 and were encouraged to be vaccinated. The registered manager told us all staff currently working had been vaccinated against COVID-19.
- Staff told us and relatives confirmed they used Personal Protective Equipment (PPE) when working with people. Staff were able to access PPE when needed.
- Staff had received training in infection control which was updated regularly.
- Where any issues were identified with any aspect of the service, these were discussed and shared in staff meetings.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs were assessed in line with guidance and the law.
- People received a full assessment prior to starting with the service to make sure their needs could be met.
- People's protected characteristics, such as disability and faith, were fully incorporated into their care plans. This recognised people were individuals and care was tailored to meet those needs.

Staff support: induction, training, skills and experience

- There were robust systems in place for staff support through induction, supervision and training.
- Relatives felt staff were well trained and understood how to work effectively with people. One relative said, "The staff are trained, they really know how to work with him [person] effectively. I didn't have to explain anything now. They are very good."
- Staff received a comprehensive induction including The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. New staff also worked under supervision of a more experienced member of staff before being able to work alone.
- Staff received a range of training including specialist training in autism awareness and understanding communication in autism. The registered manager told us they made sure training was embedded in staff practice through regular supervision and discussion with staff. A staff member said, "Lots of opportunities to learn new things. Lots of training. We apply new training in the work."
- Staff received regular supervision and appraisal to support them in their role.

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

- Where this was an identified care and support need, people were encouraged and supported to eat and drink.
- People's needs were clearly documented in their care plans. This included their likes and dislikes around food and drinks.
- For some people, relatives prepared food and staff heated it up. For other people, staff supported and encouraged them to make simple meals.
- Where people had a specific need around food this was documented in their care plan and clear guidance was provided to staff. One relative said, "Yes they [staff] help food, [person] has a little bit of dysphagia (swallowing difficulty). They [staff] are good and they prompt, he has little portions, they do the breakfast. Even he will tell them (what food he wants), he knows where everything is and they encourage to do things

for himself."

Supporting people to live healthier lives, access healthcare services and support

- People were supported, where appropriate to have access to healthcare services.
- People using the service at the time of the inspection were supported by their relatives to make and attend any routine or specialist healthcare appointments. However, the registered manager also told us they supported people with appointments if the family requested this.

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.

- People were being appropriately supported with decision making in accordance with the principles of the MCA.
- People were able to make simple decisions for themselves such as day to day choices like food, clothing and what to do for the day.
- The registered manager was aware that although people had capacity to make some decisions, some people could find it difficult to make complex decisions. Care files showed the service completed mini MCA assessments around things like personal care. Best interests meetings were done with relatives and, where appropriate, GPs.
- Where relatives had legal responsibility for people, care files documented this.
- Staff had received training in the MCA and understood what this meant in their working practice.

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

- People were treated well. Equality and diversity was respected and formed an important part of people's care.
- Relatives told us they felt people were well looked after and supported by staff who were compassionate and kind. Relatives said, "They treat him [person] like he's their own. There's a lot of care that is just another job. This [service] isn't like that. He [staff member] always does more than he needs to, it's a nice atmosphere when he's here" and "The carers make themselves part of the family and its comfortable. [Person] absolutely loves [staff member] and he's built a bond with him."
- People's care was tailored to people and fully respected people's individuality. Care plans reflected how people wanted to receive their care and things that meant the most to them.
- Staff were compassionate and caring and knew people well. Staff were able to explain people's day to day routines, likes and dislikes.

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

- People and relatives were involved in planning their care, as well as regular reviews of care.
- People using the service were unable to communicate verbally. Despite this, the registered manager and relatives told us people were fully involved in reviews of care. People's communication methods such as body language and pictures were used as a way to engage people as much as possible. A relative commented, "They do review his care, they do. And with [person] if he is not happy with his support workers there will be tears in his eyes, but not with this agency!"
- The registered manager recognised people often understood more than they were able to express and felt it was important to involve people to understand what good care looked like for them.

Respecting and promoting people's privacy, dignity and independence

- People were recognised as individuals and encouraged to be as independent as possible whilst respecting their privacy and dignity.
- People's care plans clearly documented what people were able to do for themselves. This included what people could do regarding personal care, making meals and day to day decisions. Staff told us how important it was to encourage and support people's independence to promote self-confidence.
- Relatives were confident in staff ability to promote independence. One relative said, "They [staff] train him [person] in his areas of independence, they help him go to regular places such as training him where toilets and things are."

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

- People's care was designed to meet their individual needs and preferences.
- Care plans were person centred and detailed how people wanted to receive their care. There was a focus on what people were able to do for themselves and guidance for staff on how to encourage people.
- Each person had an easy read care plan tailored to them. These gave information in pictures and large font around what was important to the person and what their day to day lives were like.
- Where there were any changes in people's care and support needs, we saw care plans were immediately updated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were fully explored and documented in their care plans. Communication was fully explored during people's pre-assessments and further updated as staff got to know people.
- People had regular care staff who got to know the person and developed a clear understanding of how each person communicated.
- Relatives were extremely positive about how staff were able to communicate with people who were unable to communicate verbally. One relative said, "[Person] is non-verbal, and it's not easy to understand him but [staff member] knows. [Person] just has to have a certain look and [staff member] knows. He's gone above and beyond to understand [person]." Another relative commented, "They know [person's] strengths and they [staff] bring them out. He's visual so he learns, they communicate well with him."
- Staff had received training in communicating with people with a learning disability / autism.

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

- People were encouraged to maintain a social life and do things they liked.
- People's care plans documented what people enjoyed doing. People were supported to attend college, attend day centres, see friends and go out to places they enjoyed.
- Relatives told us staff, where this was an identified need, supported people with activities both inside and

outside their homes. Relatives said, "They go out a lot, he's in the park all the time, he didn't like this before but now it's good and he gets the open air" and "It's more care in the house, [staff member] spends the day with [person] on a Saturday and does things around the house. We arrange respite and [staff member] goes with him. It's nice we don't have to worry!"

Improving care quality in response to complaints or concerns

- There were systems and processes in place to manage and respond to complaints.
- At the time of the inspection, there had been no formal complaints. The registered manager told us relatives called if there were any issues and these were addressed immediately.
- Relatives were provided with information on how to complain when their loved ones started using the service. A relative said, "Yes, they gave a handbook when we started, everything is in the book I think, including how to make a complaint."

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted a positive culture for people living with a learning disability. People were empowered to live full and active lives by committed and caring staff.
- Relatives knew who the registered manager was and were positive about the support they received from them. Comments included, "From the first day everything she tells me, she calls me and tells me what is happening. I think she is open and honest and it [the service] is run well" and "Everything is positive with this agency!"
- We received consistently positive feedback from relatives about how staff maintained the quality of people's lives. People had consistent care staff and were able to build a rapport with them. Staff knew people well and understood their likes and dislikes and how to communicate effectively with them.
- People were placed at the heart of their care and were involved in all aspects of care planning.
- Staff told us they felt supported by the registered manager and were able to ask for support when needed. A staff member said, "Yea, she's super, really nice. I've never called her and not got a response."
- There were regular staff meetings. Staff told us they felt able to raise any concerns or ask questions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had good oversight of the service and there were various methods to monitor and improve the quality of care.
- There were regular audits of the service. This included people's monthly care plan audits, staff file audits, ensuring feedback monitoring had been completed, infection control audits and staff spot checks. Where any issues were identified, these were documented and information on how this would be addressed was provided.
- There was good oversight of staff training and when refresher training needed to be completed. This ensured staff were up to date with best practice.
- At the time of the inspection, there had been no incidents where duty of candour applied. However, the registered manager was aware of the principles of the duty of candour and the importance of being open and transparent should anything go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People and relatives were fully involved in the service and how care was planned and delivered.
- The registered manager had several ways of gathering feedback on the quality of care. This included monthly telephone monitoring. Feedback from the previous month had been positive. The registered manager told us, "I don't wait for every month, feedback is an ongoing process." The registered manager also completed 'Home Monitoring' where they visited the person's home and spoke with people, relatives and observed care.
- Where any learning from working with people was identified, this was discussed in staff meetings and staff supervisions.
- The service worked in partnership with other agencies such as local authorities and healthcare services. This was in the form of referrals, assessments and regular care reviews.