



# Inspection Report on

**A Star Support Services**

**Compass House  
Bagillt Road  
Greenfield  
Holywell  
CH8 7EY**

## **Date Inspection Completed**

14 & 21 October 2022

14/10/2022

**Welsh Government © Crown copyright 2022.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About A Star Support Services

Type of care provided	Domiciliary Support Service
Registered Provider	A Star Support Services Ltd.
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection since the service was registered under Regulation and Inspection of Social Care (Wales) Act 2016
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

People are happy with the care and support they receive from care workers. They are knowledgeable, respectful, caring and meet people's needs. People told us care staff are never late and calls are never missed. Support is provided in an un-hurried and dignified manner by a friendly staff team. There is good continuity of care, with people supported by small numbers of care staff. People's care documentation is detailed, giving staff appropriate instruction on how to deliver support. Care Plans are reviewed regularly.

People receive good support from a well-managed service. An enthusiastic staff team are recruited safely, supervised regularly, and trained to meet individuals' support needs. Managers undertake detailed audits of the service on a regular basis, quality assurance processes are in place and the views of those receiving a service are actively sought. The Responsible Individual (RI) has good oversight of the service.

## Well-being

People told us they are treated well, with dignity and respect. They are happy with the support they receive. People said care staff are friendly and care workers told us they viewed people's personal plans before providing care and support. People's care and support documentation is detailed, reviewed regularly, and gives staff adequate instruction on how to support individuals. Care staff told us this documentation gives an accurate reflection of the individual and their needs. People are supported by small teams of staff who develop good, appropriate relationships with them. The service supports people to achieve their goals and outcomes. People have many opportunities to contribute to decisions about their life. This includes regular reviews of personal plans, house meetings and surveys about the service.

The service has good measures in place to ensure people receiving a service are protected from harm and takes safeguarding individuals seriously. Recruitment practices are robust and care staff are trained in areas such as safeguarding. There is a comprehensive range of policies and procedures in place for staff to follow. Care plans mirror the requirements set out in accompanying documentation provided by health care professionals. Risk assessments are detailed and reviewed regularly.

## Care and Support

The service provider considers a range of views and information about prospective clients. People are consulted regarding their care needs and preferences prior to the service commencing to ensure the service can meet their needs. Care staff we spoke with said they view personal plans, prior to the service commencing to ensure they are familiar with the requirements of the person. Pre-admission paperwork is detailed, person centred and presented in an easy-to-read format. In the shared supported living properties care staff and people told us anyone new will come for several “taster” sessions before they move in. We saw personal plans which are reviewed and written in conjunction with the individual and presented in an easy-to-read format. These personal plans are detailed, person centred, and goals and outcomes focused. People using the service confirmed they are consulted about what care and support is required and this is undertaken in the way in which the person wants their support delivered. We spoke with people who had been employed by A Star to help in the office, with one person requesting to be paid like a member staff. A Star have put them on their payroll so they could have more of a sense of belonging and feel like a full-time member of the staff team.

People are provided with good quality care and support which is tailored to the needs of the individual. Detailed personal care plans are in place and give comprehensive instruction to care staff on how to support people. They are reviewed in line with regulations and care staff told us they are made aware of any changes to people’s personal plans. Care plans mirror information contained in the service’s own pre-admission assessment documentation and information provided by professionals on how to support the individual. People we spoke with told us they receive the care and support they require. We saw evidence of people living in the shared supported living properties engaged in a lot of different activities. People we spoke with told us staff discuss their support with them. One person told us: *“I get the care I need... I get the support that I need... I get to choose the food I am going to eat and can decorate my room how I want.”* Care workers we spoke with confirmed care plans are detailed and gave them the information and instruction they needed to undertake their role. They also confirmed care plans are updated with any changes to the care and support people may require and they are informed of any changes. We also found risk plans to be detailed, comprehensive and reviewed at appropriate intervals. We saw the manager interacting positively with one service user, evidently familiar with the person and their needs. The Responsible Individual (RI) interacts in a positive way with a number of people, it was clearly evident they liked the RI, who knew them well.

## Leadership and Management

Comprehensive management arrangements ensure effective oversight of the service and the required policies and procedures are in place. We saw evidence of regular and comprehensive audits of all aspects of the service. The Responsible Individual (RI) has oversight of the service, has regular meetings with managers and undertakes an annual survey with stakeholders. The RI undertakes the three-monthly review of the service and the report produced is detailed, however it does not evidence that the RI is visiting the services formally during this process. The RI has told us this will be implemented following on from this inspection. Both quality assurance in line with regulations and the providers own quality assurance are undertaken which shows the provider actively seeks the views of people who use the service. Care staff told us managers are approachable and supportive. One care worker told us its *“The manager is the best manager I have ever had. They take issues seriously and sort them out. I see the RI and he is always available”*. The provider also takes complaints seriously and we saw evidence of complaints being received and followed through by managers thoroughly and appropriately. We saw evidence of compliments which had also been received. Policies and procedures in areas such as positive behaviour support are in place, are comprehensive and reviewed regularly.

We saw several staff files which evidenced robust recruitment processes. Knowledgeable staff are provided in appropriate numbers to support people. Care staff told us they receive a lot of training which is regular and appropriate for the people they support. We saw training records which confirm this, with training in areas such as safeguarding, medication and dementia being undertaken. We saw evidence of regular staff supervision, appraisals, and team meetings, which care staff confirmed took place. Care staff and people using the service told us they were supported by small groups of care workers. Staff rotas confirm people receive good continuity of support from small teams of care staff.

The provider takes safeguarding seriously and has good mechanisms in place to safeguard the individuals they support. The safeguarding policy reflects current national guidelines and regular safeguarding audits take place. There are safe systems for medicines management being followed with policies in place for staff to follow. The provider has comprehensive infection control policies and procedures and manages the risk of infection well.

### 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** 20/12/2022