

Star Care UK Ltd

# Star Care UK Limited - 51-55 Fowler Road

## Inspection report

51-55 Fowler Road  
Hainault  
Essex  
IG6 3XE

Tel: 02085026660

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01 May 2019

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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

### About the service:

Star Care UK Limited provides personal care to people living in their own homes in different boroughs around the London area. At the time of our visit, they were providing personal care to 330 people.

### People's experience of using this service:

Staff understood what constituted abuse or poor practice and systems were in place to protect people from the risk of harm. Potential risks to people's health and well-being were identified. However, information in the risk assessments could be more comprehensive.

Appropriate measures were in place to ensure staff assisted people to take their medicines safely. People were supported to have their nutritional needs met and there was guidance in care records as to how to meet these.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice. People were able to express their views and were involved in making decisions about their care.

Staff received training and support to deliver a good quality of care to people and a training programme was in place to address identified training needs. People's privacy and dignity were respected. Staff were caring in their approach and had a good understanding of people's likes, dislikes and preferences.

There were assessments undertaken and care plans developed to identify people's health and support needs. People were supported to maintain good health and to access healthcare services when they needed them. There was a positive relationship between people and staff who supported them.

The provider ensured there were enough staff to meet the needs of the people who used the service. Staff recruitment processes were robust.

People and their representatives felt the service was well managed and staff felt supported. There were effective management systems to monitor and improve the quality of service provided. The service worked in partnership with other health professionals to ensure people received effective care and support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

At the last inspection the service was rated good (report published 1 February 2017).

### Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

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## **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. This inspection was planned to check 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 Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector. Support was provided in making calls to people who used the service by our National Customer Service Centre.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the provider or registered manager would be in the office to support the inspection. The inspection took place on 1 May 2019.

#### What we did before inspection:

We reviewed information we had received about the service from the provider since the last inspection, such as serious injuries. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We also contacted 20 people who used the service to seek their views about the service. Six of them put their relatives on the phone to speak to us about the service.

During our inspection:

We spoke with the registered manager and the registered provider. We reviewed a range of records. This included seventeen people's care records and multiple medicine records. We looked at eight staff files in relation to recruitment and staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

After the inspection:

We spoke with five members of staff to ask them questions about their roles and to confirm information we had received about the service during our inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care and support provided by staff who visited them. One person said, "Yes I do feel safe when they[staff] come." One relative told us, "Yes, it certainly is providing safe care."
- There was a policy for the safeguarding of people. We saw staff had received training on safeguarding procedures. They knew the course of action to take should they suspect an incident of abuse had taken place. The registered manager encouraged staff to raise concerns in the confidence that they would deal with them in an open and professional manner.
- There were records in place to monitor any specific areas where people were more at risk and explained what action staff needed to take to protect them. However, we found the risk assessments regarding moving and handling could be more comprehensive. This was discussed with the registered manager who agreed to review them. People's risk assessments were reviewed on a three-monthly basis; however, it could be sooner if there was any change or a new risk had been identified.

Staffing and recruitment

- The registered manager ensured there were enough staff employed to meet people's needs. Most of the time, people were supported by the same staff teams to help give continuity of care, unless someone was not well. One person told us, "I am lucky with the carers I've got, they are lovely."
- There had been some concerns raised regarding the duration of some visits to people as staff were not staying for the whole length of time. The service was currently working with the local authority concerned and staff to ensure this did not happen anymore. We noted they had made improvement in this area. One person said, "The carers are occasionally late, depending on traffic. They always tell me if they will be late or early the next day, they are good like that."
- The provider undertook safe recruitment procedures. We saw background checks had been carried out on staff before they started to work for the service to make sure they were suitable to work with vulnerable people. For example, we noted references from past employers were taken up and criminal records checks were carried out. One person told us, "We have a couple of carers we would like to keep permanently, they are our favourites. They are all good."

Using medicines safely

- The service had suitable arrangements in place to protect the people using the service against the risks associated with the unsafe management of medicines. Where people needed assistance to take their medicine the staff helped them. One person told us, "I have a medication tray and can take my evening medication myself. The carers just make sure I take them." From the medicine administration records (MAR) we sampled, we found people received their medicines as prescribed.

Preventing and controlling infection

- The service had a current infection prevention and control policy. Staff were provided with appropriate personal protective equipment (PPE) such as disposable gloves and aprons. Staff recognised the importance of maintaining good infection control procedures and they had received training in infection control.

#### Learning lessons when things go wrong

- We saw accidents and incidents were recorded so any patterns or trends could be identified, and action taken to reduce the risk of reoccurrence.
- There were procedures for staff to follow in an emergency, such as when to call for an ambulance if a person was not well. One member of staff explained how they recently called the emergency services, following advice from the registered manager for one person, as they were not well.



# 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.

Good: 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

- Before a person started to use the service, an assessment of their abilities and needs was always undertaken by the registered manager or a member of the management team. Where people had culturally diverse needs identified, those needs were planned for in their care plans. We saw people and their representatives had been involved in the process.

Staff support: induction, training, skills and experience

- People were cared for by staff who were supported to deliver care and support safely and to an appropriate standard. One person told us, "Yes, they [staff] are very good and know what they are doing." Staff received appropriate training and professional development. They were informed on a regular basis of any training they needed to complete and were offered the opportunity to obtain further qualifications appropriate to the work they performed. Staff commented the training courses were good and informative.
- Staff were given appropriate supervision and support which helped to ensure they were able to provide effective care. Supervision records showed that a range of issues were discussed during those meetings, including training needs.
- New staff received an induction, which covered their familiarisation with the service, people who used the service and the provider's policies and procedures. They also undertook some training during this period as well as shadowed more experienced staff until they were confident to work on their own.
- People were supported to have enough to eat and drink. One person said, "The carers do breakfast and sometimes lunch - they are kind and do what I ask for." A relative told us, "I leave lunch for the carers to give to [family member], and they also always give [family member] a choice of snacks and drinks – e.g. if they want a yoghurt or a coffee." People's dietary requirements and preferences were recorded, and this gave staff guidance on how to support them.

Staff working with other agencies to provide consistent, effective, timely care

- People's needs were kept under review and advice was sought from external care professionals, when appropriate. The service worked closely with other health professionals to help ensure people had access to the services they required to maintain their health. For example, we saw one person was referred for an occupational therapist assessment as they were finding it harder to walk. One person said, "[Staff] took me to see my GP last week and they were very obliging. What I need, they do for me."

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.

We checked whether the service was working within the principles of the MCA and found them to be compliant.

- Staff ensured they gained consent from people before carrying out any tasks for example when assisting them with personal care. One person said, "They [staff] remember things and when my hairdresser is coming they ask if I need my hair washing." People were able to make day to day decisions about their lives.

# 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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with respect by staff. They spoke positively about their experience of receiving care and support from staff. One person said, "Yes, they[staff] treat me very kindly and for my birthday I got sweets and birthday cards, and they also send me holiday postcards."
- The provider ensured people were treated equally, regardless of their abilities, their background or their lifestyle. One member of staff told us, "I treat each client as an individual and ensure their wishes are met."

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

- People were involved, where able, in decisions about their care which helped them to retain choice and control over how their care and support was delivered. People felt staff cared for them as they wanted. They were offered choices about how they wanted their care delivered.
- Staff knew people they supported well. They were aware of their likes and dislikes, and how they liked their needs met. For example, one member of staff told us what one person preferred to eat for their breakfast and lunch.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity. They gave examples of how they promoted this. For example, one member of staff told us, "When I am providing personal care to a client, I always close the door, draw the curtains and make sure the client is covered."
- Staff encouraged people to maintain their independence as much as possible, in all aspects of life and daily activity. They explained how they promoted people's independence, such as encouraging people to wash their faces if they were able to do so.
- Staff were very aware of the importance of confidentiality. They knew to whom they could share confidential information with. One member of staff told us, "I don't disclose information to people who don't need to know this information. If someone asks for information, I will talk to my manager first."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: 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 said the service responded to their needs and commented positively about the care and support they received from staff. One person told us, "The carers are very good." A relative said, "All carers are very friendly, the care is good."
- People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. Care plans were well organised and reflective of the care and support that people were currently receiving. There was also information about specific health conditions that detailed the actions staff needed to take to ensure the person were safe.
- The care needs of people using the service were reviewed regularly and their care plans were updated accordingly. People's needs were re-assessed such as after a period of admission to hospital, to review their care needs and to make sure staff were able to continue to meet those needs.
- People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated. Staff supported people to remain active and do things they enjoyed.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication methods assessed to ensure staff met their individual needs. For example, if people were unable to speak, staff would use gestures and observe the person's body language and facial expressions.

Improving care quality in response to complaints or concerns

- There was information available to people who used the service and their representatives about how to raise complaints and concerns. People told us they would talk to the registered manager or staff member if they had any complaint. One person told us, "I will contact [registered manager] if I need to make a complaint." We saw complaints were fully investigated and outcomes of investigations were shared with the complainant to their satisfaction. Unless there were exceptional circumstances, the service always responded within the agreed timescale.

End of life care and support

- Staff had the knowledge and skills to care for people who were approaching the end of their life. The registered manager liaised with specialist health professionals to ensure people live as well as possible until

they die with dignity.

# 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.

Good: 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

- People and their representatives told us they felt the service was managed well and they could speak to the carers or a member of the management team when they wanted. One person told us, "The manager has been to visit me a while ago and I have phoned the manager when I needed to."
- The registered manager and provider operated an open-door policy where people, staff, relatives and other professionals could contact them if they had any concerns.
- Staff told us the registered manager was easy to talk to and was available for advice at any time. One member of staff said, "The manager is good, they make themselves available when I need to talk to them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were regular meetings held for staff to share their views and experiences and for the registered manager to cascade information about things happening in the service. From the minutes from the last meeting we saw that a number of areas were discussed including people's needs. Staff told us they found these meetings very useful.
- People and their representatives were also kept informed of any changes happening with the service.

Continuous learning and improving care

- Effective systems were in place to quality assure the services provided, manage risks and drive improvement. There were processes in place to get formal feedback from people who used the service and their relatives through satisfaction surveys. There was an action plan in place where people had commented on any improvement. One person told us, "Yes, the manager calls for feedback usually about every three months to see if everything is satisfactory."
- The office staff also carried out regular spot check on staff to ensure people were receiving care and support as they had requested or agreed.

Working in partnership with others

- The management team had good links with the wider community and worked in partnership with other agencies to help ensure a joined up approach to people's support.
- The provider was a member of UKHCA (UK Home Care Association) and this helped them to be kept up to date with the latest regulations and practices.