

Star Care

Star Care

Inspection report

Unit 58 Station Road Workshops
Station Road, Kingswood
Bristol
BS15 4PJ

Tel: 01179076375

Date of inspection visit:
08 November 2016

Date of publication:
19 December 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an inspection of Star Care on 8 November 2016. The inspection was announced, which meant that the provider knew we would be visiting. This is because we wanted to ensure that the provider, or someone who could act on their behalf, would be available to support the inspection. When the service was last inspected in June 2014 no breaches of the Health and Social Care (Regulated Activities) Regulations were identified.

Star Care provides personal care and support to older people in their own homes in the Kingswood and Keynsham areas of Bristol. At the time of our inspection there were 29 people receiving personal care and support from Star Care.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's medicines were not always managed safely. The recording of medicines was not effective and systems were not in place to check medicines administration. Recruitment processes were in place but they were not consistently completed. Risk assessments identified potential risks to people but did not always give guidance to staff on how risks could be reduced.

The service was not always effective because staff had not received key training such as safeguarding, medicine awareness and the Mental Capacity Act (MCA) 2005. The training staff received was not always consistent. Staff had an induction when they joined the service and were supported through regular supervisions.

People spoke positively about the quality of care and support given by Star Care. Care was delivered on time and in accordance with people's wishes. Staff were kind and caring and treated people with dignity and respect. People had developed good relationships with care staff.

The service was not always responsive as care records did not give enough detail about people and how they wished to be supported. People had access to the complaints procedure and felt comfortable in raising any concerns. The service responded to people's changing needs and were flexible in their approach. Feedback from people was gained about the service they received from Star Care which was very positive.

The service was not always well led as no audits were undertaken to monitor the quality of the service provided. In addition we found a safeguarding notification had not been sent to the Commission as required. People and staff spoke highly of the registered manager. Staff felt supported and valued in their role. A positive team culture was in place which ensured person centred care was delivered. Staff were kept informed of any changes and regular meetings took place.

We found three breaches of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. In addition, a breach of the Care Quality Commission (Registration) Regulations 2009 was also identified. You can see what action we told the provider to take at the end of the full version of this report.

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 not always safe. People's medicines were not always managed safely.

Safe recruitment procedures were not consistently completed.

People told us care was delivered safely and on time.

Staff had knowledge of safeguarding procedures and how to respond to suspected abuse.

Risks to people and the environment were identified and assessed.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff did not receive regular or consistent training.

Staff had not always completed training on the Mental Capacity Act (MCA) 2005. Staff were not always confident in their knowledge and understanding of the MCA.

Staff received an induction and regular supervision to support them in their role.

People's health needs were met.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us staff were kind and caring and treated them with respect.

Staff supported people in a way that upheld their privacy and dignity.

Staff were knowledgeable about maintaining confidentiality.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans did not contain enough information about people or their individualised needs.

The service was flexible to people's changing support needs.

The provider had a complaints procedure in place which was accessible to people.

Is the service well-led?

The service was not always well-led.

A notification had not been sent to the Commission as required.

Audits of the service to monitor the quality of care were not being conducted.

The provider promoted a positive working culture and staff were supported and valued.

Feedback was sought from people about the care and support they received from the service.

Regular meetings were in place to communicate and share information

Requires Improvement 

Star Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

During our inspection we went to the Star Care office. We spoke with the registered manager, two senior managers and three staff members. After the inspection visit we undertook phone calls to 17 people and relatives who received care and support from the service.

We looked at five people's care and support records and five staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

People were not always safe as the recording of medicine administration was not always sufficiently detailed. The Medicines Administration Record (MAR) being used did not list the individual medicines the person was currently taking. Instead carers would write 'dossette' and sign to say they had administered the content of the dossette box. However, there was no up to date list of people's medicines to show what the dossette box actually contained. A dossette box organises medicines into separate compartments for different times and days of the week. Therefore, it was not clear what medicines or what dose had been administered. This meant there was a risk that people may not have been receiving their correct medicines at the correct time. Also, we found that the provider did not have an effective system for ensuring that medicine records were monitored and kept in line with current regulations. The registered manager told us that MARs were meant to be returned to the office when they were fully completed from people's homes. However, there was no system in place for this and no checks that this had been done. Out of three people's care files we reviewed, none had a complete set of archived MARs. One person had no MARs at all filed. Another person had no MARs from 2015 or 2016. The third person's file had MARs up until July 2016 but none since. Therefore, we could not accurately see what medicines people had been administered and there was no system to check if people's medicines had been given as directed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment processes were in place, but we found several instances where this had not been fully completed. Staff had completed an application form prior to their employment and provided information about their employment history. References had been obtained by the service, but we found one person who only had one reference on file. They had recently worked with vulnerable adults. When people have worked previously in health and social care or with children or vulnerable adults it is a regulatory requirement that satisfactory evidence of their conduct in this role is sought. Staff files showed that an enhanced Disclosure and Barring Service (DBS) check was completed. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. However, three of the file files we reviewed did not contain any photographic identification.

The provider had policies in place for safeguarding and whistle blowing. Staff had received information in regards to safeguarding as part of their induction programme. However, not all staff had received training in safeguarding. Staff we spoke with understood what safeguarding was, potential signs of abuse to be aware of and the provider's procedure for reporting concerns. One member of staff said, "If there were any issues, I would report them to the office." The provider had records showing when concerns had been identified they had reported them to the local authority safeguarding team.

People said they felt safe because they did not experience any missed calls and it was uncommon for a carer to be late. One person said, "They are generally on time, the office rings to me let me know if they are going to be late. Never missed a call." People told us that carers stayed for the agreed amount of time and

understood their needs and requirements. One person said, "They get me into bed everything is done and not rushed." We reviewed records to show that people had signed when a visit had been made to document that staff had arrived on time and stayed for the correct duration of time. Staff informed us that they had enough time to get between calls and it was effective covering a smaller geographical area as the organisation was small. One staff member said, "It is beneficial being smaller."

People told us that the provider had at times been short staffed. However, people told us this did not impact them and their care and support was always delivered. One person said, "They could always do with a bit more staff. I know they have had some problems lately. I have noticed this, but it has not affected me." The registered manager told us they were now fully staffed and covering holiday and sickness should be less problematic.

Risks to people were being identified and assessed. This included assessments in areas such as moving and handling. We did highlight to the registered manager that in some assessments the information for staff on how to reduce the risk was minimal. For example, one person's risk assessment identified them as at high risks of falls. However, the assessment did not give detailed guidance to staff on how to reduce this risk. The registered manager said this would be addressed. Environmental risk assessments were also completed to ensure that the care and support could be delivered safely. This highlighted areas such as furniture, lighting and mobility equipment.

The provider had an accident and incident form which was kept in the person's folder within their home. Staff we spoke with knew where this form was located should they have a need to complete it. One staff member said, "We fill out an accident form and give this to the office. This would also get written in the daily notes." The provider had a business contingency plan in place to address disruption to the service such as utilities failure, adverse weather conditions and emergency situations such as flooding or major road closures.

Staff said they had the right personal protective equipment (PPE) in order to carry out care and support safely. One staff member said, "we carry PPE with us and can collect any more we need from the office." One person said, "They wear gloves and aprons. They give me a bath and do it very well every time."

Is the service effective?

Our findings

The service was not always effective because there was no overview of the training staff had received. Therefore, it was not always clear what training staff had completed. This was not in line with the provider's policy from April 2016 that stated, 'A training matrix will be available, up to date and complete, which will ensure that all training is in date, relevant and meets all the regulatory requirements.' We were told by the registered manager that staff completed mandatory training as part of the induction process. However, staff had not consistently received the same training. For example, one new staff member had received training in medicines awareness, moving and handling and health and safety. Whilst another member of staff had received training in first aid, health and safety and manual handling. We found some key areas of training had not always been covered. For example, safeguarding, Mental Capacity Act (MCA) 2005 and medicines. When staff had received training in previous roles it was not always documented. For example, one staff member had a nationally recognised qualification in care and manual handling training but this was not available to view. This meant that staff's training from previous roles may be out of date or require refreshing. Training specific to the needs of people, such as dementia had been completed by some staff members but not all staff had consistently received it. When practice had been observed to ensure staff's competency for example, in administering medicines this had not always been recorded. The registered manager had identified the need to record this and we saw a new document that was planned to be introduced.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

All the staff we spoke with confirmed they had received an induction. This was not yet aligned with the Care Certificate, although the provider was working to implement it. The Care Certificate is a modular induction which introduces new starters to a set of minimum working standards. The services' induction gave new staff information around areas such as health and safety, communication and person centred care. All new staff shadowed a more experienced member of staff as part of the programme. One staff member said, "I shadowed someone for about two weeks." One person told us, "New carers are escorted around by an experienced carer."

Staff told us they had regular supervision with the registered manager. One member of staff said, "Supervision's happen regularly." We reviewed supervision records and saw that areas such as training and development, areas to improve upon and staff well-being were discussed. One staff member said, "Supervision is good, it is good to make sure everyone is on the same page." However, there was no overview of when staff members had received supervision. This made it difficult to check whether staff had received supervision on a regular basis. We also noted that one new starter to the organisation in June 2016 had not yet received a supervision at the time of our inspection but was due one in November 2016. It is important to fully supervise a new member of staff to ensure they are working in line with the provider's policies and procedures and to the expected standard. The registered manager said this would be addressed.

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 found that staff were not always confident in their knowledge and understanding of the MCA. However, staff could demonstrate how they facilitated people to make choices and be supported in their decision making. For example one member of staff said, "I offer choices, I show them different outfits and give people time to decide what they want."

People told us they consulted about their care and support and consent was always obtained. One person said, "If they are going to do something specific they will say we are going to do to so and so, is this OK?" A relative said, "They always ask him or me what needs to be done."

People told us their health needs were met and that when support had been needed this had been provided. For example, one person described to us about an occasion when they had been getting short of breath. They told us how the member of staff had remained calm and called the emergency services. The person said, "The carer rang for an ambulance. The carer stayed with me. They dealt with it well, didn't get into a fluster. They are very good." Another person said, "The care workers always remark if they see anything wrong." However, we did note that the detail provided in care records about people's health conditions and how to staff should support and manage these was minimal. The registered manager was reviewing care plans and said improvements would be made.

Staff provided assistance to some people in the preparation of food and drinks as detailed in their care record. One person told us, "They get my breakfast and a cup of tea and I am happy with this." Another person said, "They ask me what I would like and give me choices. I am quite happy. I mainly have microwave meals and they put my meals properly on a plate."

Is the service caring?

Our findings

The feedback we received from people was that staff were caring. People told us that staff were helpful and kind. One person said, "My carers are excellent." Another person said, "They are as good as gold." A relative said, "They are very kind and caring people and they look after us very well indeed."

We viewed several compliments the service had received. The compliments we reviewed spoke highly of the service and the caring nature of staff. One person wrote, "I consider I am indeed very fortunate to be accepted and receive such care and attention from management, office staff and most of all my carers." Another person said, "With our gratitude for everything you did for Dad, which we know often went above and beyond what would normally be required. We are truly thankful to you all for the love and kindness you have shown."

People told us they had good relationships with staff members. One person said, "Most of them we have a laugh and a joke with. All the carers are very good personality wise." Another person said, "They are excellent. They are tolerant if necessary and certainly very cheerful. We chat and connect with one another." A relative said, "They are all really nice, they come in cheerful and happy and we have a chat with them about our lives. They are great."

People told us that staff upheld their privacy and dignity. Staff could give examples of how they supported people in a way that maintained their privacy and dignity. For example, by ensuring doors were closed and people had towels and dressing gowns available when being supported with personal care. One relative said care and support was given with, "Dignity and affection." One person said, "When I am getting out of the shower they are ready for me and hold a towel up for me."

Staff were knowledgeable about maintaining confidentiality within their role. One member of staff described this as, "Not passing on information to other people. If it needs to be brought up I will inform that person that I need to inform the office." One person told us, "Carers have told me we are not allowed to discuss my friend who they look after as well, due to confidentiality."

Care and support was given in a timely manner and people did not feel hurried or rushed. One person said, "I wouldn't change Star Care for anything." Staff told us they had enough time to complete the care and support as detailed within people's care records. One staff member said, "We do local calls, we always have enough time."

People told us they felt listened to and their choices respected. For example, one person said, "Wednesday is my shopping day I will discuss with the young lady about my choices and she gets me these and my magazines." Another person said, "They always fit in around my suggestions." Staff knew people well and could describe people's preferred routines. For example, how people liked their food prepared. People received consistent care from staff members they felt comfortable with. For example, a member of staff told us about a person who could sometimes feel anxious. The member of staff said, "I reassure her, I talk her through the process and reassure her that she is safe."

Is the service responsive?

Our findings

The service was not always responsive to people's needs as care records did not contain enough information and detail. A pre assessment of needs was completed by the registered manager before a care package commenced. These were a comprehensive assessment to find key details about the person and the type and level of care they required. Four out of the five care records that we reviewed had not had the pre assessment form fully completed. This meant that significant information for example, people's religion, preferred language, preferred name and GP details had not always been recorded.

Care records did not always provide detailed enough information that care staff may need to support people safely and effectively. Information that had been gathered as part of the pre assessment process was not always then documented in people's care plans. For example, we saw in one pre assessment form that a person's communication needs had been described but this information was then not transferred into the care plan. This information is beneficial so staff are informed how to communicate in the person's preferred way. Care plans gave little information about a person's background, hobbies, family and previous employment. This is useful for staff to be aware of so they can initiate conversations of interest to the person and be sensitive to people's needs. One member of staff said, "The care records could be improved." The registered manager told us they had identified that care plans needing redeveloping and were currently reviewing these.

We saw that care plans were reviewed regularly to ensure the support being given still met people's needs. People told us that the registered manager had made visits to check on staff and they were happy with the care they received. One person said, "The manager does come occasionally, she comes to make sure the girls are doing what they are supposed to do and I am happy with what is going on."

People had received a copy of the complaints procedure and told us they would feel comfortable to raise a concern if needed. People told us issues they had raised had been responded to sensitively and promptly. For example, when people had asked for changes in their care package or with the staff members attending to them, the provider had been responsive. One person said, "I said to the manger I want a visit not too late in the morning and not too early at night. This was sorted out." Another person said, "I have asked for two carers not to come and they have respected this."

The provider kept a log of complaints. The service had received three complaints since January 2016. We saw that complaints were followed up and investigated. The complaints logged had been dealt with in a timely manner and the complainant was satisfied with the outcome. However, detailed information on the action taken to resolve and reduce the issues reoccurring had not been recorded.

Staff completed daily notes about people. This gave information about the care and support people had received that day. For example, what they had been feeling like, what they had been involved in and any personal care given. This assisted staff in being well informed and continuing any further care needed.

Is the service well-led?

Our findings

The service was not always well-led as a safeguarding referral had been made to the local authority in March 2016 which the Commission had not been notified of in line with regulations. The registered manager was not aware that the Commission needed to be notified of safeguarding concerns.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

We found that the service did not currently undertake any internal quality assurance monitoring. For example, in medicines, care records or accidents. Audits help to check the quality and standard of the service being provided and identify areas that require improvement.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, staff and relatives spoke positively about the registered manager about how the service was led and run. One person said, "The manager is so approachable and logical, we get on really well." A relative said, "She is very nice, I am happy, she seems to know what you need before you do." A member of staff said, "The manager does a good job. She is thoughtful, kind and understanding."

Staff said that Star Care was a good company to work for and they felt well supported and valued. One staff member said, "The manager is really good at looking after the service users and the staff. She is flexible." Another staff member said, "They do support us well."

Staff said they worked well as a team and this meant they provided good care for people. One staff member said, "We are a close team, so we give person centred care to our service users." Another staff member said, "We work as a team, we want the best for our service users." In addition another member of staff said, "We are a lovely, caring team. We work closely so we can give a personal service."

Information was communicated effectively to staff. Important messages to staff were put into a 'memo' which was sent to staff members through the post on a weekly basis with the rota for the upcoming week. Staff told us that any changes in the rota or in the care and support to people was communicated to them through a Short Message Service (SMS) text or a telephone call from the office. One member of staff said, "I always feel I am up to date." There was a communication book for senior staff members to convey important messages to one another. These were signed when read. Any issues dealt with out of office hours was also recorded in this book.

Regular team meetings were held. Staff spoke positively about the meetings saying they could contribute suggestions and ideas. One staff member said, "I can raise anything in the meeting." We reviewed recent staff meeting minutes and saw that areas such as staff working practices, recording of documentation, confidentiality and service users care and support needs were discussed.

A survey had been conducted in November 2015 to gain feedback from people about the service they received from Star Care. Responses from the survey had been collated and analysed in order to identify if any areas needing change or improvement. The results were very positive with, 60% of people said they were very satisfied with the service overall and 40% of people quite satisfied. The analysis showed that people were supported in a way that was caring, respectful and effective. For example, 80% of people said they were, 'Encouraged to maintain my own independence where possible,' 100% of people said, 'I am treated gently and carefully with respect by my support worker,' and 90% said, 'I feel confident that my support worker knows what they are doing.'

The provider monitored any support visits that were late. The results from the satisfaction survey showed that carers arrived on time. We saw that late calls were recorded in the complaint book where necessary and the follow up action senior staff had taken. For example, a courtesy call to the person to apologise.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Regulation 18(2) (c) The provider had failed to notify the Commission, as required of a safeguarding notification.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (2) (g) The provider had not always ensured medicines were managed safely and properly
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) (a) The provider did not operate effective systems to monitor and improve the quality of care provided.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 (2) (a) The provider had not always ensured that staff had appropriate training and learning to

undertake their role.