

Starcare Limited

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Inspection report

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16 November 2020

19 November 2020

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02 December 2020

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Ratings

Overall rating for this service	Good ●
Is the service safe?	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

Starcare Limited is a domiciliary care service. At the time of the inspection 262 people received support from the service, with 261 of those receiving personal care. The CQC only inspects where people receive personal care. This is to 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

Some people told us they did not always know which staff would be attending, if the call was going to be late and said they did not have a regular carer. The registered manager explained that factors such as the impact of the COVID-19 pandemic had, at times, impacted on staff absence which in turn had affected call times on occasion. We have made a recommendation that the registered provider reviews systems in place, to ensure there is a consistent approach and that audit systems include assessment of consistency of staff.

Quality assurance systems had been improved since the last inspection and were, overall, effective. However, medicines audits had not always identified issues noted within the inspection. The registered manager took immediate action to address this.

People received their medicines from trained and competent staff. Procedures were in place to protect people from abuse and people told us they felt safe with the staff who supported them. Staff were aware of the procedures to follow to prevent and control the spread of infection and received specific guidance about the COVID-19 pandemic. Risks associated with individual's needs were assessed and regularly reviewed with measures in place to mitigate these. Recruitment procedures were safe.

People were treated with dignity and respect. People told us that staff were "kind" and "polite."

Each person had a personalised care plan which was detailed, person-centred and included assessment of people's specific communication needs. We saw that people had been involved in planning their support. People were aware of who to contact if they had any concerns.

People and relatives were positive about the culture of the service and staff. Staff felt supported in their roles. There were opportunities for people to provide their views of the service they received.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 June 2019) and there were multiple breaches of regulation. At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 7 June 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing, person-centred care, governance and informing CQC about significant events as required.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Starcare Limited on our website at www.cqc.org.uk.

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 caring?

The service was caring.

Details are in are 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 ●

Starcare Limited

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and three Experts 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 a short period notice of the inspection. Due to the impact of the COVID-19 pandemic we were mindful of the amount of time inspectors were on site. Therefore, records and documentation were requested before and following the site visit and were reviewed remotely. Inspection activity began on 11 November and ended on 27 November 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

During the inspection

Due to the risks of Covid-19, we did not make home visits to people who used the service. Instead we sought feedback from people, their relatives and members of staff by telephone. We spoke with 25 people who used the service and 18 relatives about their experience of the care provided. We also spoke with ten members of staff, the nominated individual and registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records including multiple care and medicine records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek information from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we found that the registered provider was in breach of regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because there were insufficient staff deployed to meet people's care needs at all times. At this inspection we found that sufficient improvement had been made and the registered provider was no longer in breach of this regulation.

- The majority of people told us their calls were never missed, staff stayed the allotted time and they did not feel rushed. We were told, "The staff really take their time and are so kind" and "The staff are nice and polite and take their time."
- There was a system in place to monitor call times which alerted the office staff if support staff were running late. Records reviewed evidenced call timings were closely monitored and followed up.
- We received mixed feedback about timeliness of calls and consistency of staff. Some people said their calls were always on time and that they had regular staff to support them. People told us, "They [staff] have always come on time, never late" and a relative said, "They [staff] come when they are supposed to. There is a half hour leeway."
- However, some people reported they received a less timely and consistent service, although there was an acknowledgement that things had improved in recent times. One person told us "Used to be [late] but the last five to six weeks have been OK."
- The majority of people were satisfied with the care and support they received.
- We discussed this feedback with the registered manager. We were advised that factors this year, had, at times, impacted on call times, including the COVID-19 pandemic, changes to local authority commissioning and alterations to local traffic systems. This was in addition to emergencies that arose requiring staff to stay with a person until emergency services attended. However, systems were in place to monitor and the situation had improved.
- Safe recruitment procedures were followed.

Using medicines safely

- At the last inspection, we made a recommendation that the registered provider reviewed medicines management to ensure it was based upon best practice guidance.
- We reviewed a sample of medicines management records and found areas for further improvement in record keeping which had not been identified during audits. We have commented further on this in the well-led section of this report. We discussed our findings with the registered manager who took immediate action to address these and introduced improvements.
- People who required assistance to take their medicines were supported by staff who had received training

and had their competency regularly checked.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place to protect people from the risk of abuse. Staff had received training, understood their responsibilities and felt able to report abuse should the need arise.
- People told us they felt safe with the staff who supported them. People's comments included, "Very safe. They [staff] are so caring. The way they speak to you is nice"; "Yes, I'm safe. Very helpful and secure. Trustworthy" and "It's reassuring to know they [staff] are coming in and I don't worry about them."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Accidents and incidents were recorded with managerial oversight to identify themes and trends, capture learning and to prevent reoccurrence. Staff were aware of the procedures to follow.
- People's risks were assessed and recorded in detailed risk assessments with measures in place to mitigate the risk.
- Staff received training in order to use equipment safely. People told us staff were competent and they felt safe. Comments included, "I'm hoisted, and it's managed well. Their practice is safe" and "[Name] is hoisted and transferred. It's safe."

Preventing and controlling infection

- Systems were in place to prevent and control the spread of infection. Procedures considered the specific risks presented by the COVID-19 pandemic.
- Staff had access to plentiful supplies of appropriate PPE and were aware of current requirements.
- People told us, "They're [staff] are brilliant with that [PPE]. They come in with all their PPE on and make sure it's OK. If they put cream on, they change their gloves and they wear visors and masks."
- People had been kept up to date with changes occurring during the pandemic. One person said, "Individual carers keep me informed about the pandemic."

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was protected.
- Positive relationships had developed between people using the service, families and staff. We were told, "I do like to see them, the staff know me and they are very kind and polite" and "We are quite happy, they [staff] are dedicated people."
- People's emotional well-being was assessed, supported and formed part of care planning. The manner in which people would be supported to maintain their emotional health was clearly recorded in their care plan.
- People were well supported to maintain and improve their independence as much as they were able. Care plans provided guidance to staff about how to promote people's independence and staff were aware of its importance.
- Systems were in place to handle and store information securely.

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

- People, and where appropriate their families, were involved in developing care plans and the ongoing review of their support needs.
- People told us, "I had a chat about what I needed help with, and we have reviewed it recently" and "I just give my opinion all the time and they [staff] do listen to me."

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated fairly and without discrimination. Policies provided guidance to staff about characteristics protected by law such as disability, religion and race.
- Staff were considerate of people's personal values and beliefs.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we found that the registered provider was in breach of regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because care was not always planned and delivered in line with a person's needs and wishes. At this inspection we found that sufficient improvement had been made and the registered provider was no longer in breach of this regulation.

- People told us, and records reviewed evidenced, that calls were carried out for the agreed duration and, the majority were within the half hour leeway of call time.
- Some people told us they were supported by regular staff and had been informed if staff were delayed. Comments included,, "I get the same ones mainly" and "There's not usually changes. I have double carers so if one is off, another comes. If they're running late, they'd tell me – give me a ring."
- However, some people said they were not always informed of who would be attending, if the call was going to be late and they did not have a regular support worker, although there was acknowledgement of recent improvement. It is fair and proportionate to take into consideration the impact of the COVID-19 pandemic as noted in the Safe section of this report.
- Feedback from staff and people using the service was inconsistent as to whether it was the support worker or office staff's responsibility to inform people if their call was delayed.

We recommend that the registered provider reviews systems in place to ensure there is a consistent approach to informing people of staff who will be attending and of delays in planned call times and that audit systems include assessment of consistency of staff.

- Each person had a care plan and individualised risk assessments which were detailed and regularly reviewed. Care plans were person-centred, providing a clear description of the person's likes, dislikes, aims and support needs.
- People told us they had been involved in discussions about their care plans and that staff knew them well. We were told, "I was involved in setting everything up at the start. We do have fairly regular reviews" and "I sorted my care plan with them [staff], and they do refer to it when they visit which is good I think."
- Feedback from external professionals included, 'They [Starcare Limited] have always been proactive in working with [Organisation] in resolving any concerns or adapting a package of support to better meet a client's needs' and "They [Starcare Limited] have always been very supportive of taking patients on when they have capacity, either as part of a hospital discharge or as part of a crisis in the community to prevent hospital admission."

Improving care quality in response to complaints or concerns

- Policies and procedures were in place to handle and respond to complaints and were followed.
- Involvement of other agencies was sought where appropriate.
- People told us they would, "Contact the office" if they had any concerns.

End of life care and support

- Staff provided care to people at end of life stages with support provided by the District Nursing team.
- People's end of life wishes were discussed and, where appropriate, Do Not Attempt Resuscitation (DNAR) decisions had been implemented.

Meeting people's communication needs; 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

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 specific communication needs were assessed and incorporated into their support plans.
- The COVID-19 pandemic had impacted upon people's ability to socialise and take part in some activities. The registered manager told us that additional activities had been put in place for people including "Wishing Trees". It was one person's wish to have tea and watch a film with their support worker and this was arranged for them.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. We feel it is fair and proportionate to acknowledge the impact of the COVID-19 pandemic.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found that the registered provider was in breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because CQC were not informed of significant events that had occurred at the service. At this inspection we found that sufficient improvement had been made and the registered provider was no longer in breach of this regulation.

- CQC had been informed about events which occurred within the service and the rating from the previous inspection was displayed as legally required.
- An external professional told us, 'I have always found their [Starcare Limited] management, seniors and carers to be forward thinking, conscientious and willing to learn and develop in line with new ways of thinking and working.'

At our last inspection we found that the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because audit systems were in place, but they failed to highlight or address all of the issues identified by the inspection process. At this inspection we found that improvements had been made and the registered provider was no longer in breach of this regulation, although further improvements were required in relation to quality of audits completed.

- Quality assurance procedures had been improved since the last inspection and were, on the whole, effective. However, medicines audits had not identified the issues noted during the inspection. We discussed our findings with the registered manager who confirmed that additional training and guidance would be provided to staff undertaking audits, they would also have increased oversight.

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

- People and relatives were positive about the culture of the service and staff supporting them. We were told, "[Relative] is happy and relaxed with the staff"; "I like the way they [staff] do things, they put thought into it" and "They [staff] treat her very well. They are really good with her and have a good rapport going."
- Staff took pride in their roles and felt well supported. We were told, "They [management] are brilliant, you

can always phone them, nothing is too much trouble" and "We are all proud of being on the front line. When we were clapped it was really humbling. Staff love the job."

- Staff spoke of their aim to provide high quality support. We were told, "All calls are person-centred because they are all individual. I try to support independence; it keeps their mental health good and gives autonomy. I encourage people to take part of what is happening, so it is not a service done to them."
- The registered provider had introduced several schemes to support and show appreciation for staff's work in what has been a difficult year.

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

- Quality surveys were distributed providing people, relatives and staff an opportunity to share their views of the service.
- Some people said they did not complete the surveys as they found it difficult to do so. However, well-being calls were carried out allowing people to express their views and have input into their care planning. The registered manager provided an example of where this had improved an outcome for a person.
- Policies provided guidance to staff about treating people fairly, including those with characteristics protected by law. People felt they were treated fairly by staff.

Working in partnership with others

- Positive relationships had been built with external professionals. The registered manager told us they were proud of the relationships with social workers adding, "We have received good feedback from the Occupational Therapists about information staff give them, staff knowledge. It's a relationship of trust."
- Responses received from professionals contacted also confirmed the value of these relationships. We were told, 'I have always found them to be professional and co-operative' and 'They [Starcare Limited] have been an integral part of a working relationship where we have been able to work to achieve appropriate and safe packages of care for the individuals involved.'