

Starcare Limited

Starcare Rural

Inspection report

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Date of inspection visit:
21 August 2019
29 August 2019

Date of publication:
25 September 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Starcare Rural is a domiciliary care agency providing personal care to 176 people across the geographical areas of Cheshire West, Knowsley and Sefton. Not everyone who used the service received personal care. The Care Quality Commission (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

Staffing levels had improved since the last inspection, however people still consistently feedback that staff were not always punctual and often running late. There was increased communication from the office to inform people if staff would be arriving late.

People felt that they received good care and used words including 'kind', 'caring', 'friendly' and 'respectful' when describing staff. However, one person stated they had not built up a relationship with staff due to the number of different carers visiting.

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 had been involved in developing their care plans and signed documentation to evidence this.

The provider had introduced new care plan documentation since the last inspection. We found these were person centred and very detailed. Staff spoke positively of the impact these have had.

Systems to ensure the safe administration of medicines had improved and risks to people's health and care needs were appropriately assessed. The management team were responsive to any issues that arose during the inspection.

Governance had improved, and new systems were in place to monitor the quality of the service. The registered manager had left recently. Although a new manager had been appointed, they were not yet registered with the Care Quality Commission.

Recording of incidents had improved and records showed that these were reported in a timely manner to relevant authorities.

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 11 March 2019) and there were

numerous breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations, however the service remains rated requires improvement.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Starcare Rural

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 one inspector and two 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.

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 recently appointed a new manager who was not yet registered with the Care Quality Commission. This means that the provider is 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 24 hours' notice of the inspection. This was because we needed to be sure that the provider and manager would be in the office to support the inspection.

Inspection activity started on 21 August 2019 and ended on 29 August 2019. We visited the office location on 21 and 29 August 2019.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and 18 relatives about their experience of the care provided. We spoke with 11 members of staff including the provider, director of operations, manager, service co-ordinator, senior care workers and care workers.

We reviewed a range of records. This included 15 people's care records and multiple medication records. We looked at nine staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. With prior agreement, we also visited three people at home to gather their views and check care records.

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection the provider had failed to demonstrate that they employed sufficient numbers of staff to meet the needs of people in line with their care plan. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was no longer in breach of regulation 18, however the improvements made need to be sustained.

- Staffing levels had improved, and records showed a decrease in the numbers of 'late call's' to people. However, we were consistently told whilst staff never missed care visits and provided good care, they were frequently late. One relative told us, "Carer's are reliable and punctual most of the time, sometimes it is hit and miss, but they always come."
- We were told by the local authority that complaints received by them had reduced and one relative said, "Things have definitely improved over the last six months." People also told us they were now called by the office if staff were running late.
- Staff felt that improvements had been made and told us Starcare Rural allowed for travel times between calls, but this didn't always happen. One staff member told us, "Travel time varies. There is a gap between but not always realistic. A lot better than it was though". We discussed travel time with an office-based staff member who arranged rota's. They explained care staff work in small geographical teams and they roster care visits within a small 'patch' to minimise the impact of excessive travel time.
- Recruitment procedures were safe. Pre-employment checks were carried out on all staff to ensure their suitability for the role.

Using medicines safely

At our last inspection we recommended the provider reviewed its medicines management to ensure that it was based upon best practice guidelines. The provider had made improvements.

- The medicines policy and documentation had been reviewed, and new systems were in place to monitor medicine records.
- Medicines were only administered by staff who had received training and each person now had a medication risk assessment which identified their care needs.
- Where people required medication to be given as and when required, often referred to as 'PRN'

medication, they now had a separate protocol in place for this.

- We were told by people receiving care that staff administered medicine on time and we saw records in people's homes were comprehensive and accurately completed.
- We raised one issue with the management team regarding the recording of medicines. This was immediately responded to and we were told that new documentation would be implemented.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse and people confirmed that they felt safe and secure in their home environment.
- Staff received training and were able to describe the actions they would take if they suspected a person was being abused.
- Records showed where concerns had been raised, these concerns had been reported and fully investigated.

Assessing risk, safety monitoring and management

- The service managed risks safely. Risk assessments viewed were written specifically with the needs of each person at the forefront. For example, risk assessments included health and care needs as well as environmental risks to people within their own homes.
- Care plans clearly directed staff in the use of the equipment and to report any issues or concerns to the office.
- Risk assessments and care plans were reviewed regularly and held up-to-date information for staff to follow. Staff were aware of the risks and how to manage these safely.

Preventing and controlling infection

- There were systems in place to protect people from the risk of infections. We saw on visits to people's homes that equipment was clean and well maintained. One relative told us, "[Staff] wear aprons and gloves when helping [name] with personal care and always leave everything clean and tidy."
- Staff had access to infection control training and a policy to support them in their role.

Learning lessons when things go wrong

- Staff demonstrated that they understood how to record, manage and report incidents and accidents safely.
- There was a system in place to monitor and review accidents and incidents. Accidents and incidents were reviewed regularly by the management team.

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.

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

At our last inspection we recommended the provider ensured that they met the requirements of the MCA in the assessment and recording of mental capacity and best interest decisions. We checked whether the service was working within the principles of the MCA. The provider had made improvements.

- People's care records contained assessments of their capacity to make decisions and people had signed their care plans to demonstrate their consent. We found one discrepancy in a care plan which was discussed with the provider and immediately addressed.
- Staff received MCA training and were able to describe how they would support a person refusing care. One staff member told us, "Yes it can happen. I will try and talk people round, especially around food and medication. It's about being their friend for that moment, so people respond to you better." Staff also told us how they would seek support if the person continued to refuse care.
- People confirmed that staff seek consent before providing care. One relative told us, "Consent, they absolutely do ask".

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

- People's needs were assessed before they received a service. Senior carers completed introductions to discuss care needs and any preferences or specific wishes. This assessment also considered any input or guidance from other professional involved in a person's care.
- This information was used to develop the care plan and risk assessments.

Staff support: induction, training, skills and experience

- Training records demonstrated the staff received the necessary induction and ongoing training they needed to do their job and staff confirmed that they felt the training assisted them.
- People told us they felt staff were well trained. One person told us, "I believe they are well trained and very professional with a good working attitude." New staff were also supported by more experienced staff when first visiting a person in their home.
- Staff received an appropriate level of support for their role through regular supervision and appraisal.

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

- Staff were aware of nutritional and dietary needs and information was clear within care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked consistently with other agencies and arranged specialist health referrals when required. Any advice or change in care needs was clearly reflected in care plans. The manager told us, "If person goes to hospital, we call the hospital to let them know we are [the person's] carers. We would ask any changes to care and if so, a senior [carer] would meet the person at home and update the care plan. Staff would also get a phone call regarding any key changes."
- Relatives confirmed they were kept informed if a person was ill or needed to seek medical advice. One relative told us, "I work away so this service is a great comfort at times when I am unable to see [name]. [Name] has not been well but they keep me updated on [name's] daily health. This is very reassuring."

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.

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

- Most people told us they felt well treated and supported by Starcare Rural. One relative told us, "[Name] looks forward to their visit each day, they cheer [name] up and the carers always explain what they are doing. When we, as a family wanted to change some of them because of minor issues, [name] insisted on keeping the regular carers who [name] regards as friends."
- The rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination.
- An Equality and Diversity policy was in place which had been reviewed to reflect current legislation and staff had received training.

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

- Care plans demonstrated that people were involved in making decisions about their care and the review of any personal outcomes. We also saw that families had been involved when appropriate.
- People confirmed they could ask for a review of their care plan when they wanted. One person told us, "I call the office if I need to amend my care plan." Another person told us, "They are good at adapting to my changing requirements."
- People had a choice of the gender of staff they wanted to support them.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity. One person told us, "They have a great effect on my recovery, the carers are friendly, always smiling when caring for me. I am very happy with their help. I believe my dignity is always respected."
- Staff told us how they respected people's privacy and dignity by asking permission before providing care and closing doors.
- People were supported to maintain their independence. Staff encouraged people to do as much for themselves as they could and were on hand to help if needed. One person told us, "I appreciate them each day for the help they give to my wife in a happy respectful way. They work hard and are so professional. We still enjoy our independence because of their help and they even help me with some things around our home and personal help". Another person told us, "I feel much better with their help after each visit and the pleasant environment they help create and in which they work. I could not live independently alone if they did not visit and help with my daily routine. I can recommend all of them with confidence as they treat me well and in a dignified manner".

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 through good organisation and delivery.

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

At our last inspection the provider had failed to ensure that they did everything reasonably practical to make sure they provided person centred care appropriate to meet people's needs and preferences. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Since the last inspection, the provider had introduced a new care plan template which included 'This is Me' paperwork. This was a person-centred document that contained information such as personal histories, preferences and cultural needs. Staff spoke positively about new care plans telling us, "Its sectioned better and can get to information quicker" and "It is great as it tells you about the person". Staff told us how they had learnt information about people which had enabled new conversations and a greater understanding of people's needs, particularly those people living with dementia.
- We found that care plans had been comprehensively updated and reviewed and whilst some were still in development, they were clear to read and reflected people's needs accurately.

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 communication needs had been assessed and care plans detailed the support people experiencing a disability or sensory loss needed to communicate effectively.
- The manager told us that information could be made available in different formats if requested.

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 took part in activities on a regular basis.
- Starcare Rural also arranged a number of social events throughout the year and people were encouraged to attend and participate to reduce the risk of social isolation.

Improving care quality in response to complaints or concerns

- Since the last inspection, the complaints policy had been reviewed and systems to manage complaints had improved. Records showed that complaints had been responded to appropriately.
- People receiving care and relatives confirmed that they were aware of the complaints process. Family members we spoke with had not made a formal complaint but told us they knew how to do it. One relative told us, "If I was worried or unhappy, I would ring the office."

End of life care and support

- At the time of the inspection, the service supported a number of people at the end stages of their life.
- Care plans were sensitive to the needs and wishes of people receiving end of life care.
- Staff received training and confirmed they felt supported by the provider when providing end of life care to a person.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant that governance systems to support the delivery of high-quality, person centred care had improved, however the management and leadership was inconsistent.

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

At our last inspection the provider had failed to operate effective systems to assess and monitor the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had introduced new systems and documentation to improve good governance. New audits had been introduced to monitor the quality of the service and documentation had been developed to improve care plans. Some of these systems were new and still being embedded, however were effective in addressing the issues raised in the last inspection.
- People receiving care and relatives told us that although lateness of visits was still a concern, they now felt communication had improved and they were better informed. Systems were in place to monitor late calls and these showed the number of late calls were decreasing.
- The level of complaints against the service had reduced and people fed-back that they felt concerns were listened to. One relative told us, "I think the company and the staff are well managed as they responded to my [concern] in a timely fashion to resolve a previous issue for which we were all grateful."
- Staff had a clear understanding of the vision of the service and their role in delivering this. One staff member described it as, "It is to make people stay independent in their own homes and keep people secure and safe."
- The provider was responsive to issues that arose during the inspection and took immediate steps to rectify any shortfalls.

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 the provider had failed to notify the CQC of key events within the service. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- We found that appropriate notifications were now submitted to the CQC by the provider in a timely manner and detailed records were maintained.
- The manager understood their responsibility for notifying the CQC of events that occurred within the service.
- At the time of the inspection, the registered manager had left and, although a new manager had been appointed, they were not yet registered with the CQC.

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

- Systems were in place to engage with people and gather their feedback regarding the service.
- Relatives confirmed they had completed surveys for their opinions or for any suggestions for improvements.
- Staff felt engaged and motivated and participated in team meetings. Staff we spoke to explained there had been a lot of changes since the last inspection however they felt these were all positive.
- The provider recognised the commitment of staff through annual awards evenings and there was an opportunity for staff members to attain badges based on their performance. These were issued following nominations by their colleagues to recognise good practice. Staff spoke of these with a sense of pride.
- The manager worked closely with external professionals to ensure consistently good outcomes were achieved for people.