

Star Care UK Ltd

Star Care UK Limited - 51-55 Fowler Road

Inspection report

51-55 Fowler Road
Hainault
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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 19 and 24 October 2016 and was announced. The registered manager was given 48 hours' notice because the location provides a domiciliary care service. This was to ensure members of the management team were available to talk to.

There was a registered manager in post. 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.

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 573 people. The service had 200 staff in their employment.

People felt the management team and staff listened to them and responded to any concerns in a positive way. They knew how to complain if they had to and felt the service was managed well. However, we found the registered manager did not submit statutory notifications to the Care Quality Commission, as required by law.

People felt safe using the service. They trusted the staff, who they said were kind and caring.

There were systems in place to ensure people were protected from the risk of abuse. Staff were able to recognise potential signs of abuse and were confident reporting concerns regarding people's safety.

We found risks to people and their environment were assessed in order to protect them from avoidable harm. Staff had a good understanding of how care and support should be provided in order to keep people safe.

People were supported by sufficient numbers of staff who had been recruited safely. The registered manager ensured enough staff were available to cover for emergencies. Staff received on-going training, and they felt supported in their roles and understood their responsibilities.

Staff were trained and aware of the procedures to follow to ensure medicines were managed safely. People received their medicines on time and as prescribed.

Records showed people had their needs assessed, and a care plan developed to meet their individual needs. People were involved in the planning and reviews of their care and support. We have made about care planning.

Staff had good knowledge of the needs of the people they cared for. They provided support in a way that

promoted people's dignity, independence and respected their privacy.

People were supported to maintain good health and had access to healthcare when required. They were assisted with their dietary and nutritional needs as requested.

The provider had suitable arrangements for obtaining consent, assessing mental capacity and recording decisions made in people's best interests. Staff demonstrated an understanding of how they would obtain consent to care.

There were systems to monitor the quality of care which included audits, surveys and quality checks. The management team visited people on a regular basis to ensure they were happy with the care and support they were receiving. Unannounced checks were also carried on staff to monitor their practice and performance.

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. Staff understood their role in safeguarding people and how to raise concerns about people's safety.

Risks to the health, safety and well-being of people were identified, managed and regularly reviewed.

There were enough staff to make sure people had the care and support they needed. Staff were recruited safely to ensure staff were suitable to work with people who used the service.

People received support with their medicine which was managed safely.

Is the service effective?

Good ●

The service was effective. Staff were trained and supported to enable them to meet people's individual needs.

Staff had an understanding of the Mental Capacity Act 2005 and sought people's consent before providing any care and support.

People were supported with their eating and drinking by staff to ensure people ate and drank sufficient quantities.

People had access to healthcare professionals, such as the GP and occupational therapists, when they needed it.

Is the service caring?

Good ●

The service was caring. Staff were aware of people's preferences and respected their privacy and dignity.

People were involved in making decisions about their care and support. They felt staff were kind and caring.

Staff supported people to enable them to remain as independent as possible.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and

care was planned to meet their individual needs which were regularly reviewed.

People were looked after by staff who had a good understanding of their needs.

People felt comfortable if they needed to complain, but did not have any concerns. They had access to information on how to do so.

Is the service well-led?

The service was not always well led. The registered manager did not always submit statutory notifications to the Care Quality Commission. There was an open and positive culture within the service, which was focussed on people.

Staff were clear about their roles and responsibilities. There were a number of policies and procedures which were available to staff for guidance.

There were clear lines of responsibility and accountability within the management structure.

People were enabled to make suggestions to improve the quality of their care. Actions were taken in response to any feedback received.

Requires Improvement 

Star Care UK Limited - 51-55 Fowler Road

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 checked 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.

This inspection took place on the 19 and 24 October 2016 and was announced. The visits were carried out by two inspectors on the first day and by one inspector on the second.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also reviewed the information we held about the registered provider, including previous notifications and information about any complaints and safeguarding concerns received. A notification is information about important events which the registered provider is required to send to us by law.

As there were some concerns raised about the service we requested the local authority to provide us with any information they held about the service and to gain their feedback of the quality of care and support provided. We also sent questionnaires to people and their relatives to seek their views about the service prior to our visits. We received 22 back from people who use the service and three from relatives.

During the inspection, we reviewed people's records and a variety of documents. These included 30 people's care plans and risk assessments, 30 staff recruitment files, staff training and policies and procedures. We also looked at accident and incident records, compliments and complaints and quality checks. We spoke with the registered manager, training manager, one care coordinator and the registered provider.

After the inspection we spoke with 20 people using the service, nine relatives and 11 members of staff to obtain their views of the service.

Is the service safe?

Our findings

People were happy with the staff and services provided and told us they felt safe with the staff who came to see them. One person told us, "I am happy with the way the staff treat me and yes I do feel safe when they are around." A relative said, "I do not have any concerns with the carers, they are very good and look after [person] well."

The provider ensured people were protected from avoidable harm or abuse. Staff were trained in safeguarding adults and undertook regular updates. They had good understanding of their responsibilities to report concerns under the safeguarding policy and procedures. They were aware of different types of abuse that people could experience. One member of staff told us, "If I see a service user being abused I will report this to the office staff or to the registered manager." Staff were confident any allegation of abuse raised with the management team would be investigated and referred to the local safeguarding team appropriately. The registered manager said, "We take all allegations of abuse very seriously." We noted the management team had facilitated recent safeguarding investigations and had also acted on their recommendations.

The provider had a whistle blowing policy in place which staff were aware of. Staff were knowledgeable about their role and responsibilities in raising concerns and the role of external agencies. One staff member told us, "I would not hesitate to use the whistleblowing policy if I see a colleague mistreating someone."

We saw care and support was planned and delivered in a way that ensured people's safety and welfare. People were kept as safe as possible as they had risk assessments in place. The risk assessments were based on the needs of the person. The assessments identified what the risks might be to them, what type of harm may occur and what steps were needed in order to reduce the risk. For example, one person had a risk assessment in place to ensure they were assisted to use a Zimmer frame because they were at risk of falling. They were also at risk of cellulitis. We saw the care plan stated care staff should "cream their legs very gently when required."

We found risk assessments were reviewed and updated to reflect any changes in people's needs. However, risk assessments for people's moving and handling requirements were not always stored in their care files. A number of the assessments were filed in other sections in the office, although they were easily found by the registered manager when we asked for them.

The provider followed safe recruitment practices to ensure staff employed by the service were of good character and suitable for the roles. We looked at recruitment records for staff and found relevant checks had been completed before staff worked at the service. We saw staff had completed an application form to show their employment history and had attended an interview. Staff files contained photographs, proof of their identity, references and a Disclosure and Barring Service (DBS). DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with people. We noted the provider followed good practice and rechecked all staff DBS on a three yearly basis.

Staff were also required to provide evidence of their car insurance where they used their car in connection with their work. They told us they had a contract, job description and understood their role. One staff member told us, "Before I started to work for the agency, I had to do a number of checks and also had to provide them with some documents." All this meant people could be confident staff had undergone a recruitment that ensured they were suitable to work with them.

People and their relatives told us the staff were generally on time and were good at timekeeping. They said staff informed them if they were running late or if they were delayed for any reason. One person said, "The carers always come on time and if they are running late, the office will ring me to let me know." A relative told us, "They [staff] come when they are supposed to and stay for the amount of time that had been agreed."

There were enough staff to ensure people were visited at the scheduled times. People, their relatives as well as staff told us they felt there were sufficient numbers of staff to ensure people were safe and their needs met. One staff member told us, "We do have enough staff." The registered manager explained staff worked in particular geographical areas and this helped with timekeeping as they had less to travel in between visits. Staff told us they were happy with this arrangement as they did not feel rush. This helped to ensure people received care and support as needed.

We looked at the staff rota for a period of four weeks and noted people were supported by the same staff who they knew well. One person told us, "I have the same carers all the time unless they are not well, then someone else would visit." When staff were on annual leave or if there was any sickness, the registered manager ensured staff who were familiar with the people covered the visits. This meant people continued to receive effective care and support. People and relatives told us they had never had any missed calls. A relative said, "The agency informed me if the carer is running late or if someone new is coming." There were systems in place to monitor if staff had arrived on time or were running late. These were monitored by staff working in the office.

People who required support to take medicines received their medicines on time and as prescribed. Where appropriate people were prompted to take their medicines. Staff were provided with information as to the medicine people were prescribed. One person told us, "They [staff] make sure I take my tablets when they come." Staff had received training on the management of medicines. A relative told us, "The carers help my family member take their medicines before they leave."

There were systems in place to make sure people were having their medicines. Staff completed a medicine administration record (MAR sheet) for each person when they helped them with their medicines. The registered manager checked the MAR sheets when they were returned to the office to ensure they had been completed accurately. Staff had received appropriate training and had been assessed as competent to administer medicines. They undertook regular updates to ensure their practice was up to date and safe. The management team also assessed the staff competencies during the unannounced checks that were carried out to observe how the staff were performing.

Is the service effective?

Our findings

People told us they received care from staff who knew what they were doing. A relative said, "The staff know what they are doing." One person said, "They [staff] are very good and they do a very good job."

People received care and support from staff who had received suitable training to carry out their duties. The service had a comprehensive programme of staff training. Training records showed staff had completed training in a number of areas to help them meet the needs people. This included safeguarding, Mental Capacity Act, first aid, fire safety and moving and handling. Training was a mix of direct face to face training and on line training. Staff told us they received suitable training to do the job and helped them to improve their practice. This ensured people were looked after well by skilled and experienced members of staff. Each staff member had a personal development plan which showed which training they had and when they needed refresher training. The provider used a software which created an automatic reminders for training needs of staff. This helped staff to keep themselves updated with their training.

New staff undertook an induction programme after which they were assessed to check if they had the right skills for their roles. We noted the Care Certificate standards were incorporated within the training and induction programme. The Care Certificate is a set of minimum standards that social care and health workers should apply in their practice and should be covered as part of the induction training of new care workers. Staff told us they received an induction which consisted of training and shadowing more experienced staff. One member of staff told us, "When I first started, I had three days induction and two days I shadowed another colleague."

Records showed staff received regular supervision, which in the main was observational supervision (spot checks) which took place whilst staff provided care to people. This gave them opportunities to meet up with their managers and reflect on their practice. During those visits we saw staff discussed the needs of the people they were supporting and whether there were any changes in their care needs. This helped the management team to continually review staff performance and their approach to people when providing support. One staff member said, "I have regular spot checks and I found them useful."

We saw staff had a minimum of six monthly appraisals during which they discussed their development and any training needs they might have. This meant staff were being monitored and to ensure they had the competencies and skills to do their work.

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. At the time of our inspection we found that the provider was working within the principles of the MCA.

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 and applications must be made to the Court of Protection. The

registered manager informed us there were no restrictions in place for anyone who used the service.

Staff had undertaken training in this subject and were aware of their responsibilities and understanding of the processes involved. The registered manager told us where people lacked capacity they would contact the local authority to ensure decisions were being made in the person's best interests. Staff always asked people for their permission before carrying out care and support and waited for their consent before proceeding with tasks. One staff member told us, "I always ask the service users' permission before I do anything."

People were happy with the support they had to eat and drink. Some people needed support with the preparation of meals and staff provided them with the appropriate assistance at mealtimes. One person told us, "They [staff] make my breakfast, lunch and evening meals." Staff were trained in food hygiene.

People were offered a choice of food and drink and were encouraged to eat healthily. Staff were aware of their preferences and this helped to ensure their dietary requirements were being catered for. Staff told us they made sure people had access to food and drink in between calls if they were unable to help themselves. One person said, "The carers always leave a drink for me before they go." Staff monitored what people were eating and drinking. If they observed any concerns, for example a reduced appetite, they would report it to the office staff so appropriate action could be taken.

People were supported to maintain their health. One person told us, "If I am not well, the carers will ask the GP to visit." Relatives told us staff kept them informed of any changes to the health of their love ones and felt staff would take appropriate actions as needed. Some people or their relatives managed their own healthcare appointments. Whilst others needed support from staff to do so and they helped them accordingly.

Staff told us if they noticed any changes in a person's health they would report them to office staff and their next of kin. They said they would contact emergency services as needed. The registered manager worked well with other health care professionals to ensure people received the care and support they needed. People's records contained information about their health and this helped staff monitor the health needs and seek advice and guidance if they had any concerns. Staff knew people they cared for well and could identify if people were not well. They completed a daily diary record of what had occurred at each visit to ensure information was passed between staff. This helped to promote continuity of care for people.

We saw records where people had been referred to other health or social care professional such as GP's. The management worked well with other healthcare professionals to ensure people's needs were met fully.

Is the service caring?

Our findings

People were able to express their views and were involved in making decisions about their care and support. They commented positively about the care and support they received. They told us they made decisions about their lives and how they liked their care delivered. For example some people said they preferred the staff to visit early morning so they had the rest of the morning to do other things. One person told us they had used other care agencies in the past and felt this service was much much better. They commented the staff were fabulous, very kind and very caring. They said, "I would rate the service eleven out ten if ten was the maximum I could give them."

Staff told us they encouraged people to make choices about the care and support they received, for example what they would like to eat or drink or if they wanted a bath or a shower. This was confirmed with people we spoke with. Staff were knowledgeable of people's needs and their daily routines and supported them accordingly. One member staff said, "[Person] does not like us to be late." Another staff told us, "[Person] likes a cup of tea as soon as we go in, before we do anything else." We saw people's care records included their views and preferences, for example, how they like things done or which tasks they needed help with. One person told us, "The carers know I like my visits early and they always come before 9 o'clock in the morning."

People had their privacy and dignity respected by staff. One person told us, "The carers always make sure the door is closed when they give me a wash." Another person said, "They [staff] treat me with respect." One staff member told us, "I always knock on people door and wait for their permission before I go in." Another staff said, "I close the curtains when I am helping someone to wash." People and relatives told us they had developed a good relationship with the staff who cared for them. Some staff had worked with people for quite a long time and got to know them very well. Relatives told us staff also spent time chatting to their family member not just carried out tasks such as washing and dressing.

Staff encouraged people to manage their own personal care and to maintain their independence if they were able to do so. For example if a person was able to make a drink by themselves, they would be encouraged to do so. However, staff would be available for assistance if they needed such as pouring the water from the kettle. This helped people to gain confidence in their day to day routines. One person told us, "I can do a lot of things by myself, they [staff] come to help me out of bed in the morning and get me back to bed in the evening. I can wash myself, I can make my own meal and I take my tablets myself."

Is the service responsive?

Our findings

During our inspection, we saw an initial assessment of people who use the service was carried out before a care package was agreed, including any risk assessments. The service ensured they had the staff available to provide care before agreeing any care packages. They received referrals from the local authority, for people who required assistance with personal care or people being discharged from hospital.

People had a copy of their care plan in their homes. It included how staff would support them and the times they would visit them. We noted care plans were reviewed and updated to reflect people's changing needs. Not all care plans were personalised to include details such as how a person wanted their care to be delivered, their personal interests, likes and dislikes and details of significant relationships, friends and relatives. However, the registered manager told us that they had recently introduced an additional document to go with people's care plans titled, "Important things I want my care staff to know about me." Out of the 30 care plans we viewed, only one contained this document. We recommend the service follows good practice and ensures people's care plans include their individual wishes and preferences.

From the records we saw, we noted people were able to highlight aspects of their lives such as how they wished to communicate, who members of their family were, their health needs and their ability to make decisions for themselves. It also included their religious and cultural requirements and any activities that that they were able to take part in or enjoyed doing. For example one person's care plan said, "I have no religious or cultural requirements. I like to do my shopping online. Carers should carry out support and treat me with dignity and respect." This information was important because it enabled people to say something about themselves or their personality and informed staff about the things they enjoyed doing.

We saw that care plans contained details of what support they wanted for each part of the day when a member of staff was scheduled to visit, such as in the morning, lunchtime or in the evening. Staff completed daily records which contained details about the care that had been provided to each person and highlighted any concerns or issues.

People could contact the service if they wanted to raise a complaint. The service had a policy and procedure for reporting complaints. People were provided with information about how they could raise complaints in an easy to read guide. They confirmed that they knew how to complain.

We noted that any accidents, incidents and complaints were brought to the attention of the registered manager. For example, any complaints that people had about their care worker were looked into. We looked at records and saw that investigations were carried out and action was taken promptly in response to each concern. We noted that people and relatives were written to, informing them of the outcomes and were satisfied with the response. Actions that were taken were detailed clearly. For example, we saw complaints about care staff not arriving at a home visit at an agreed time and another health professional having to take over to assist a person. This meant that the health professional was not able to carry out their own duties. We saw that these issues were raised with the care staff involved and they were reminded of their responsibilities to contact the office and report any changes to people's requests. The health professional

would then have been able to make different arrangements.

Is the service well-led?

Our findings

The registered office was operated by a responsible individual, who was the managing director of the service. The registered manager managed the day to day running of the service with support from community hubs that coordinated care to each of the boroughs that the service operated in. We saw that community coordinators and senior care workers or team leaders based in the outer boroughs of Sutton, Greenwich and Croydon were responsible for the delivery of care and ensuring that it was managed and was safe.

The responsible individual said, "We have a system that works. We are a very large service but we are able to manage the different locations through effective communication and dedicated staff."

The registered manager understood their role and responsibilities. They carried out quality assurance audits to check whether the service was running as it should be. However they did not always notify the CQC of safeguarding alerts, which they were legally obliged to inform us about. This was discussed with the registered manager who stated any future notifications would be sent to us without delay. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to our inspection, we received concerning information and feedback about the service. However, following our inspection, we found that people were happy with the service they were provided with and did not raise any concerns with us. One person said, "The carers are absolutely fabulous." Another person told us, "I have a very good relationship with the carers, I am happy with the agency." A relative said, "[Person] is very happy with them [staff]."

We saw team meetings were held approximately two to three times per year. The meetings enabled staff to discuss any areas of practice or concern as a group and this was confirmed by the minutes of meetings we looked at. The registered manager told us that they were infrequent because they had a large number of staff and it was difficult to arrange a suitable time to meet them altogether. We saw minutes of meetings for staff working in the different geographical areas, for example Sutton and Croydon. Items covered during team meetings included guidance for staff on documentation, timesheets, training, moving and handling, double handed calls, medicines management, professionalism and communication. We noted that the minutes were detailed and attended by most staff, although they were not always distributed to staff. The registered manager told us, "We don't circulate the minutes to all staff. We provide them with the relevant information from the meeting when we next speak to them. We have an open door policy."

Staff told us the registered manager and the management team were very approachable, supportive and helpful. One staff member said, "The manager is very good and also very supportive, I can contact them for advice or if I am not sure of something." Another staff member told us, "The manager is very nice. We have a good relationship, they are a lovely person, and it is a good place to work." People and relatives also commented positively about the management team and felt the service was managed well.

People were visited in their homes by a senior care worker to ensure that they were happy with the care and

support that was delivered and to carry out spot checks. Daily report records, which also contained information on medicines that were administered, were brought back to the office each month to be audited and quality checked. This ensured that staff had completed them thoroughly. We saw that the daily records were well written and easy to read.

We also saw that there was a system to monitor that staff were following a set schedule on their individual rotas. Staff were required to log in to a barcode system when they commenced care and support in their homes. This helped managers and office staff see that staff had arrived to carry out personal care for people at allocated times and according to the wishes of the person.

People's records were kept securely which showed that the service recognised the importance of people's personal details being protected and to preserve confidentiality. The registered manager told us they would ensure all relevant documents regarding people would be kept together, in one folder, as we identified some records were kept separately.

The registered manager sent surveys to people and relatives to seek their views and opinions. We saw questionnaires and telephone monitoring checks which had been sent out or returned from this year. The service had received compliments and feedback from people and relatives which were positive. For example, we noted that one person commented, "The carers are happy, helpful and are able to meet my needs." Another person wrote, "I am happy with the service. I get regular carers who are attentive and provide me with support."

The service also had a consultant who carried their own audit and advised the provider on any improvement they needed to make. This also helped the service as the consultant was completely independent from the management team.

The provider attended conferences and seminars which were relevant to their business and subscribed to a number of newsletters. They also had safeguarding and dignity champions and end of life coordinators who worked for them at the service. This helped the management team as well as the care staff to keep themselves up to date with the latest guidance and best practices.

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had not notified the Care Quality Commission (CQC) of incidents which had occurred within the service as required by the CQC (Registration) Regulations 2009. Regulation 18 (2) (e).18</p>