

## Star Domiciliary Care Limited

# Star Domiciliary Care

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Star Domiciliary Care Limited. This service provides care to older people living in their own homes. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, eight people were receiving personal care as part of their care package.

People's experience of using this service:

People were supported safely and had appropriate risk assessments in place to ensure any risk was minimised. Risk assessment were reviewed.

People felt safe while being supported by the staff team. People knew how to raise any concerns they had.

Staff had received training in safeguarding vulnerable people from abuse. Staff were confident they could report any concerns and they would be acted upon.

Staff were recruited safely. Appropriate pre-employment checks were in place to ensure staff were suitable to work with vulnerable people.

Medicines were safely managed. Staff were trained to administer medicines and regular checks were made to ensure people were receiving their medicines as prescribed. Staff received regular competency checks of their ability to administer medicines safely.

People were supported to receive a diet that reflected their choices. People received an assessment of their needs prior to using the service to ensure they could meet the person's needs.

Staff received training and supervision to enable them to carry out their job role. However, supervision was not always regular. Staff told us they could raise any questions with the registered manager at any time.

Staff understood the importance of supporting people to make their own decisions and reported any concerns around people's mental capacity to the registered manager.

People told us they felt well cared for. Relatives also felt the staff team were caring. Staff gained consent from people to enter their property to deliver care and support. Care plans were reflective of people's needs and were reviewed to ensure they remained accurate.

Complaints were responded to in a timely manner with outcomes shared. People and relatives knew how to make a complaint.

People could be supported at the end of their life. Staff were trained in end of life care and the service

worked with other professionals to ensure dignity.

Audits to monitor the service were regularly completed but had not identified the need to manage people's personal money.

Staff felt well supported by the registered manager. Relatives told us the registered manager was responsive.

The registered manager completed unannounced spot checks on staff to ensure they were carrying out their role effectively. The registered manager sought feedback on the service and responses were positive.

Rating at last inspection: Requires Improvement (report published 2 February 2018)

Why we inspected: This was a planned inspection based on the rating of the last inspection. The service has now improved to be rated as overall good.

Follow up: We will continue to monitor all intelligence received about the service and will re-inspect as part of our inspection process.

## 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 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 well-led.

Details are in our Well-Led findings below.

Good ●

# Star Domiciliary Care

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Star Domiciliary Care Limited is a domiciliary care agency and provides personal care to older people in their own homes.

The service had a manager registered with the Care Quality Commission. This meant that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff or providing care and we needed to be sure that they would be available.

Inspection site visit activity started on 5 February 2019 and ended on 6 February 2019. We visited the office location on 5 February 2019 to see the registered manager and to review care records and policies and procedures. We visited one person's home on 6 February 2019 and made telephone calls to people who used the service, their relatives and staff members.

#### What we did:

Before the inspection we asked the provider to send us their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. What the service does well and what they plan to improve. We also reviewed other information about the service including notifications. A notification is information about important events which the provider is required to send us by law.

At the registered office, we spoke with the registered manager. We spoke with three care workers, one person supported by the service and two relatives. We reviewed care records for three people who were supported by the service. We also reviewed information relation to the management of the service such as policies and procedures, compliments and complaints, checks of quality and safety, staff recruitment and training.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection in December 2017, this key question was rated as "Requires improvement". We found guidance was not in place to support people with "As required" medicines and there was no evidence of checks on medicines. At this inspection we found the service had taken steps to improve the management of medicines. Therefore, the rating had now improved to "Good".

### Using medicines safely

- Where people required support with medicines, this was captured in their care plan.
- There was guidance to support staff to administer "As required" medicines such as Paracetamol. This was an improvement since the last inspection.
- People received their medicines as prescribed. Medicines were recorded once they had been administered.
- Staff had received training and competency checks to ensure they were able to administer medicines safely. All staff we spoke with said they felt competent to administer medicines.
- The registered manager completed checks on medicines to ensure they were being administered and recorded correctly. This has improved since the last inspection.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe being supported by the service. A relative told us "[Relative] is safe and well looked after. They contact me if there is anything. [Relative] listens to [staff member] more than me."
- Staff had received training in safeguarding vulnerable people from abuse. All staff told us they felt the registered manager would act on any concerns they raised. One staff member said, "I would report anything concerning, and it would be listened to."
- Relatives told us they could raise any concerns with the registered manager at any time.

### Assessing risk, safety monitoring and management

- Risks to people were assessed and reviewed to ensure people remained safe.
- People's properties were assessed to ensure staff were able to support people safely.
- Staff could describe how to keep people safe from harm. One staff member told us it was important to ensure they left the property as they found it as a person had a visual impairment and they needed to know that items they needed were always kept in the same place.

### Staffing and recruitment

- Staff were recruited safely and received the appropriate pre-employment checks prior to commencing their role
- People and their relatives told us staff generally turned up on time. If staff were late, they were always

informed.

- Staff told us they had time between calls to travel from property to property and had time to complete the care and support people needed.

Preventing and controlling infection

- Staff had received training in the management of infection control. Personal Protective Equipment such as gloves and aprons were available at people's properties.
- We observed a staff member follow good hygiene practices when cooking food for a person.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed to look for patterns and trends.
- Any concerns with people were reported to the local authority or family. Relatives told us they were informed of any incidents or illness.



# 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.

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

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

- People received a full assessment of their needs prior to using the service. This was to ensure they could meet people's needs.
- Care plans confirmed how people wanted to be supported and captured people's choices and preferences in relation to personal care and with eating and drinking.

Staff support: induction, training, skills and experience

- Staff received an induction to the service and were given the opportunity to shadow more experienced staff members.
- Staff received training to enable them to carry out their role. The majority of the training was delivered via e-learning but staff felt more face to face training would be beneficial.
- Staff could describe how to support people with different needs, for example where people needed support with moving and handling or eating and drinking.
- Staff received supervision but it was not always regular. However, all staff we spoke with said they could ring the registered manager at any time for support.

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

- We saw people received support with their meals and were able to choose their choice of food and drinks.
- Peoples likes and dislikes in relation to food and drinks were recorded in care plans.

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

- Any concerns around supporting people were reported to the GP, the local authority or other relevant professionals.
- Daily communication notes showed that staff supported people to attend health related appointments and reported any information back to the persons next of kin.

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 made in their best interests and be as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In

care homes, and some hospitals, this is usually through an MCA application called the Deprivation of Liberty Safeguards (DoLS). When people are living in their own homes, they can still be deprived of their liberty but an application needs to be made to the Court of Protection (CoP).

We checked whether the service was working within the principles of the MCA and whether any restrictions on people's liberty had been authorised and if any conditions of the authorisation were being met.

- No one being supported by the service was in receipt of any authorisations from the CoP.
- People told us and we saw that staff gained consent to enter properties and deliver care and support.
- Any concerns around capacity to consent were referred to the local authority for further input.
- Staff had received training in mental capacity and understood the requirements of the act.

# 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.

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

Ensuring people are well treated and supported; equality and diversity

- People and their relatives told us people were treated with kindness and respect.
- We observed kind interactions between staff and a person they were supporting which included appropriate humour and response to the person's needs.
- Staff received training in equality and diversity and told us they observed people's cultural needs. People could request the same sex carer if they preferred.
- The registered manager completed regular unannounced spot checks of staff to ensure they were following the care plan and to speak with people the service supported.

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

- The register manager and the staff team supported people to make decisions about their care.
- We observed staff encouraging a person to make decisions around how they wanted their care and support to be provided during a home visit.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they encouraged people to do as much as possible for themselves.
- People's independence was promoted. Relatives told us this enabled their relatives to remain in their homes.
- Staff told us and we saw they knocked on doors and gained permission to enter each person's property.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were detailed and contained information for staff to follow to effectively support people.
- Care plans were regularly reviewed and updated where required. People and family members were involved in the reviews to ensure the information contained in the care plans remained factual and up to date.
- People's needs were identified including those with protected characteristics such as disability, ethnicity and gender.

Improving care quality in response to complaints or concerns

- People and relatives were aware of the process should they wish to make a complaint.
- Complaints were responded to in a timely manner with outcomes shared.
- Relatives told us they would have no hesitation in raising a complaint with the registered manager. One relative told us, "Oh yes, it would be fine to raise anything with [registered manager], I know they are always at the end of the phone. They [registered manager] even delivers care.

End of life care and support

- No one was receiving support at the end of life during our inspection.
- Staff had received training to enable them to support people at the end of their life.
- We saw the service were able to support people at the end of life and worked with palliative care services to ensure end of life care was planned in line with peoples wishes and to support them to manage pain where required.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in December 2017, this key question was rated as "Requires improvement". We found guidance was not in place to support people with "As required" medicines and this had also been identified at the previous inspection. Also, there was a lack of robust audits completed to ensure the quality of the service. At this inspection, we saw there had been improvements to the safe administration of "As required" medicines and audits were now in place. Therefore, the rating has now improved to "Good".

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager completed audits to monitor and improve the service. Audits included medicines checks, that daily notes were completed and ensuring care plans and risk assessments were reviewed and up to date.
- We saw that the service supported one person with the management of money. A clear record was kept of receipts by the staff team but there was no record of any further audits. We recommend that this is completed as part of the regular audits.
- The registered manager recorded when spot checks on staff had taken place. Spot checks were unannounced and ensured staff checked the care plan, administered medication safely and supported each person with respect and dignity.
- Staff told us they found the registered manager to be supportive and responsive. One staff member told the registered manager was "Very kind."
- Relatives told us the registered manager was responsive and would return any calls they made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff and relatives told us they felt the service was well-led.
- The registered manager understood their responsibilities and was involved in the delivery of care and support to people.
- Staff told us they were given time to read peoples care plans and given the option to ask any questions to the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- People and relatives had their views sought on the service. Responses were positive.
- Staff feedback was sought and four responses had been received recently. Three out of the four responses were very positive.

- Staff told us and we saw the manager communicated in a variety of ways including, verbally, written and via text message.

#### Working in partnership with others

- The registered manager worked with local authorities to ensure people placed at the service could have their needs safely met and to ensure they met the requirements of any local authority contracts.