

A STAR CARE AT HOME LTD

37 Westminster Road

Inspection report

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08 February 2019

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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

37 Westminster Road, known as A Star Care at Home, is a domiciliary care service providing a service to 35 people living in their own home. This announced inspection took place on 5, 6 and 8 February 2019.

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

People referred to the service as A Star Care at Home and therefore we have used that name in this report. Not everyone using A Star Care at Home 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.

Staff had been trained in safeguarding people. There were procedures in place to follow in an emergency. Staff knew what action to take if they identified any safety concerns during their work.

General risks posed to individuals were identified so staff had the information they needed to support people safely. Staff and records confirmed that there were enough staff to meet people's care needs.

The service followed a recruitment process which ensured staff were recruited safely. Staff had received training to ensure that their skills were updated with current knowledge and there were plans to expand this training in the future.

People's care needs were regularly reviewed to ensure the care provided was up-to-date. Staff had an awareness of the Mental Capacity Act and the principles of the Act.

Staff were caring and treated people with dignity and respect. People's choices and independence were respected and promoted and staff responded with kindness, maintaining people's dignity.

People felt listened to and could speak with care staff or the registered manager if they wanted things changed. People trusted staff would do all they could to help. People and relatives felt they could speak with the registered manager about their worries or concerns and felt they would be listened to and action would be taken.

Where people had specific health care needs these were clearly identified and showed how people should be supported. Staff worked closely with family members to replicate any care routines and to ensure people's needs were being met appropriately.

Audits of the service, company policies and procedures and staff practice all helped to evidence how the

service was meeting the regulations. The quality assurance records that we saw demonstrated how the registered manager maintained oversight of the service.

Feedback that had been sent to the agency via surveys, a website, emails, cards and letters was extremely complimentary. Everyone we spoke with said they would recommend the service.

The registered manager strived for continuous improvement and communicated this to staff. Staff were motivated to provide good quality care to people and their approach and practice reflected the values of the service.

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

Risks were recorded so the safety of people was maintained.

People received visits when they needed them. Staff time was well managed.

Lessons were learned and improvements were made so that people were kept safe.

Is the service effective?

Good ●

The service was effective

People thought staff were skilled and competent.

Where people could make their own decisions their wishes were respected and acknowledged.

Staff helped people to stay healthy and promoted their wellbeing.

Is the service caring?

Good ●

The service was caring

People got to know staff that provided their care and support well; care was consistent.

People were happy with the way they were treated. Staff were kind and caring in their approach.

People had formed positive and caring relationships with staff.

Is the service responsive?

Good ●

The service was responsive

People could say if they wanted things changed. The service was flexible.

People's interests, likes and dislikes were recorded and considered when planning their care.

People were aware of the complaints procedure but had not needed to make one.

Is the service well-led?

The service was well-led

Quality assurance processes evidenced how the service was meeting the regulations.

The company culture was open and honest. Staff felt valued and appreciated and morale was high.

The provider worked in partnership with people's families and other people involved in their care.

Good ●

37 Westminster 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

The inspection team consisted of one adult social care inspector. An expert-by-experience assisted with the inspection by making telephone calls to people and their relatives on 6 February 2019. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Information was gathered and reviewed before the inspection by looking at notifications the provider had made to us about important events and the Provider Information Return (PIR), as well as asking for the views of local commissioners of the service and the local safeguarding teams. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We gave the service 24 hours' notice of the inspection visit because it is small and the manager could be out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 5 February 2019 and ended on 8 February 2019. We visited the office location on 5 and 6 February to see the manager and office staff and to review care records and policies and procedures. We visited people in their own homes on 8 February 2019 to gather their views about the care being provided.

The service provides support for 39 people. During our inspection we spoke with 10 people using the service and three relatives over the telephone and visited a further five people in their own homes. We spoke with four staff and the registered manager. We reviewed the care records of four people to see how their care was

planned and delivered. We looked at recruitment, training and supervision records for four staff. We also looked at records which supported the registered manager to monitor the quality and management of the service.

Is the service safe?

Our findings

People we consulted during our inspection of A Star Care at Home told us that they felt safe when being visited and supported by staff. They told us, "I feel very safe"; "I am safe. I know who to contact if I don't" and "I can speak to anyone if anything is bothering me. There is never a problem." Family members we spoke with were also very complimentary of the service their relatives received.

Systems and practice followed by staff safeguarded people from harm because they were based on policy and ensured procedure was followed. Systems monitored people's needs and reported and recorded any identified concerns. Staff were trained to identify and report any safeguarding incidents and told us they felt confident anything reported would be followed up by the registered manager.

Staff were using mobile phones to log in and out of calls. An application added to workers' mobile phones meant that care workers had access to a live rota on their handsets. The care needs of the people being supported, for example information about risks, medicines, equipment used and any other information specific to the person, were communicated to staff via an app on their mobile phones.

People's risks in their daily lives and when being supported with personal care and health were assessed and managed to ensure they were safe. The provider carried out assessments of risk which involved the person, their family and staff before a package of care was put into place. These were updated following any identified changes in need. Any changes that were required to maintain a person's safety were discussed and recorded to ensure that potential risks were minimised. Staff could explain what action they should take in the event of an emergency and there were clear procedures in place that staff could follow to ensure people's safety.

People told us there were enough staff to meet their needs safely and said, "Staff are on time and regular" and "I never worry about them not coming to see me." Staff confirmed there were no concerns in covering the calls they had. Records we looked at indicated that there were sufficient numbers of staff to ensure people had their calls on time and we staff had time allocated for travel in between scheduled calls. Staff were deployed to work with people so that their time was efficiently managed and people received visits when they needed them. All people spoken with confirmed there had been no missed calls.

Staff were safely selected and recruited and documentation we saw on files confirmed this. The local authority had identified an issue with regards to some staff references in a monitoring visit undertaken in 2018. The provider had responded positively and had addressed this at the time of our inspection by pursuing additional character references.

The service used an electronic monitoring package that incorporated an alert system so that any late or missed calls were identified in real time. Any necessary follow up action was then taken by the registered manager or the care coordinator based in the office. Care workers were given a 20-minute window after the start of the scheduled call in which to attend and log in using their mobile phone. After the 20-minute window had passed if a care worker had not logged in this then triggered an alert at the office. At the time of

this inspection no calls had been made outside of the alert window, however we were assured that people were kept safe due to this alert system and the follow-up calls that would be made in the event to reassure people.

People we spoke with told us that there was good communication between them and the office. Staff had received training in infection control and procedures were in place to prevent cross infection, for example the use of protective equipment such as aprons and gloves. People were protected from the risk of infection or poor food hygiene practices.

Staff supported people with their medicines and these were administered as prescribed. All staff told us that they had received training in medication so people were supported with their medicines safely and competency assessments of staff confirmed this. Checks were made to make sure people received their medicines safely from the staff. The prevention and control of infection was managed appropriately to ensure People confirmed that staff hygiene practice was safe.

The registered manager demonstrated that lessons were learned and improvements made to the service so that people were kept safe. Since the service was first registered in January 2018 audit processes had been introduced so that the quality of care could be better measured. The service had also nominated a member of staff to take on a safeguarding 'champion' role.

Is the service effective?

Our findings

Everyone that received support from A Star Care at Home had an assessment of their needs completed prior to support commencing. This included assessment of personal care needs, the safety of the environment, any risks involved and whether the person could safely manage their own medicines. Care plans and risk assessments provided the necessary information to enable staff to offer people the right amount of help to meet their specific daily care needs. A hard copy care plan was created that mirrored the electronic care plan and taken to people's properties.

The registered manager maintained training records for each member of staff ensuring that they were appropriately skilled to perform their duties. Records showed staff new to care were trained in accordance with the Care Certificate, which offers guidance on the basic skills and knowledge needed to work with people requiring health and social care support.

People spoken with felt that staff had been well trained and considered staff were all skilled and competent. Staff we spoke with told us that they felt they were provided with the appropriate training to deliver effective care and support for people. Staff were formally supervised and had an appraisal of their performance. We saw evidence of this in records held on staff personnel files and staff confirmed when we spoke with them they were given the opportunity to discuss training opportunities in supervision.

People we spoke with were happy with how they were supported with their meals. One person we spoke with told us, "I choose my own food. Staff look after me and what I eat. I feel involved with everything."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 people lack mental capacity to take 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 with appropriate legal authority.

At the time of this inspection, we saw that where people using the service had the mental capacity to make their own decisions and consent to their care, their wishes were respected and acknowledged. One person relied on the support and told us, "Staff are very good at what they do and they always ask me first. I make my own decisions." Staff understood the importance of seeking consent from people before delivering support and provided us with examples when people were asked if they were happy to be assisted with personal care or if they wanted to do it for themselves. Staff spoken with were aware of the MCA and the principles and involved people in making decisions about their care. Staff told us if they had any concerns about a person's capacity to make decisions they would inform the registered manager.

We discussed with the registered manager about obtaining information from relatives who hold legal responsibility for people's property and finances, health and social care and updating care records accordingly. The registered manager told us they would action this as a priority.

People told us that in the main their relatives supported them to attend medical appointments, however care workers helped them to stay well, arranging for them to see a GP or collecting a prescription for them. Staff providing support were vigilant and reported back any changes in people's presentation or behaviour to their line manager. We were assured staff looked out for people and promoted their wellbeing.

Is the service caring?

Our findings

All the people spoken with told us they were pleased with the care and support provided. People and family members were happy with the way they were treated and told us that all staff were kind and caring in their approach. People we spoke with told us they were supported by staff who were respectful and met their care needs. People also confirmed that staff respected their wishes, consulted with them and maintained their dignity and preferences as people wanted.

This service was relatively new and was a small service with a close-knit staff team. People who used the service told us staff were always on time, very helpful and they had continuity of care because they had the same staff. People got to know the staff that provided their care and support well; care was consistent.

All the feedback we received as part of this inspection was extremely positive. People told us staff went the 'extra mile' and this was reflected in the comments we also received from other families and professionals involved with the service. One person told us, "I would be lost without them." A professional we contacted told us, "I really do think this care agency goes above and beyond for their clients and incorporates patient centred care at all times."

One relative told us about the difference this service had made to their family member's life and said, "Since [person's name] has received care from A Star Care at Home it is very noticeable that her mood and general wellbeing has improved significantly." Another talked about the 'wonderful rapport' their family member had with their regular care workers and said the service had eased the pressure they had been under. A third relative told us, "They [staff] are very good with [person's name] and that's what matters to me." It was apparent from our conversations with people and their relatives that positive and caring relationships with staff had been formed.

People's diverse physical, emotional and spiritual needs were met by staff who were provided with appropriate, detailed information to enable them to meet people's identified needs. People told us that staff listened to their views about the care and support they needed and undertook to deliver it in the way they wanted. People told us this made them feel 'included' and 'in charge'.

The registered manager and staff were knowledgeable about equality and diversity as staff training covered these principles. Staff took time to ensure people were provided with care that supported and encouraged them to regain and maintain their independence as much as possible. People weren't rushed and one relative confirmed this and told us, "They never hurry [person's name]; they allow [person] all the time that they need to settle down."

We noted there were no male care workers employed by the service and discussed this with the registered manager. The registered manager told us that they were trying to recruit male carers so that in the future people could have a choice with regards to the gender of their care worker. Despite not having any male care workers the manager told us this hadn't been a problem, as all clients were happy to receive support from female care workers. During our visits to and in our conversations with people, this was never brought

up an issue and everyone was extremely grateful for the support and care they received from all staff employed at A Star Care at Home.

The service operated from residential premises but had all the right equipment to ensure confidentiality was maintained. Records were stored out of sight in lockable cupboards and drawers and the security of electronic data was maintained by using personal passwords. Information was only shared with other people involved in the person's care when appropriate to do so.

Is the service responsive?

Our findings

People using the service and relatives told us they felt that the provider was responsive to people's needs. A person we spoke with told us, "They (staff) know what I like and what I don't" whilst another said, "If I've got any concerns I can speak up. I can see the manager."

We saw evidence of the flexibility of the service. A relative had contacted the service on one occasion to ask if a bed call could be done earlier as their family member was tired and this request was facilitated. Another person we spoke with was due to have home improvements the week after our visit. The service had offered to assist with aspects of personal care at an alternative address and this provided reassurance to family members, who were extremely grateful for the continued support.

All the people we spoke with told us that care staff always asked what they wanted to do and were respectful in their home. People told us staff encouraged them to be as independent as possible. People told us they felt listened to and they could speak with care staff or the registered manager if they wanted things changed. We saw that the service had on a few occasions changed people's care worker, as per their request. People trusted staff would do all they could to help.

Care plans were person-centred, aligned with risk management and provided staff with clear instructions on how to support people with their needs. This helped staff to ensure the care provided was personal to the individual. Reviews took place to ensure if and when people's needs changed the changes were captured so that amendments to the care provided could be implemented.

Where people had specific health care needs these were clearly identified and showed how people should be supported. Staff had identified any communication support needs that people had. These were recorded in people's care plans, along with details about how staff should communicate effectively with them. We saw how they also worked closely with family members to replicate any specific communication methods and to ensure people's needs were being met appropriately.

There was an electronic staff roster system that linked with an application on staff's mobile telephones. This meant staff were informed of the visits they were to undertake on a daily basis. If they wished, people using the service and their relatives could also access this application so that they could see who would be visiting them and when. Relatives also had the facility to view daily notes and communicate with staff providing care and support to family members by leaving messages. It made them feel reassured and involved and they were kept up to date. The application also helped the service in the management, monitoring and recording of visits.

Staff we spoke with knew the people using the service well. Staff kept a record of people's social history, interests, likes and dislikes. These were considered when planning people's care. Staff supported some people to take part in activities or do household tasks. We saw the service identified what people wanted to do with their time and supported them in the best possible way to achieve good outcomes that matched their interests and needs. One person had been supported to attend a special family event in London. The

care and support provided by the company had been invaluable to other family members, as they had also been able to enjoy the occasion.

The registered manager had systems in place for people and relatives to provide feedback about the care and support being provided. People and relatives told us that they had regular contact with the staff, manager and office and that there was always someone available to talk to. We looked at some of the feedback that had been sent to the agency. There were numerous compliments about the service provided and the staff providing the care.

The service had received no formal complaints or concerns at the time of this inspection but the registered manager outlined the way these would be handled and provided a policy to support this. Relatives, staff and people using the service felt confident that the registered manager would do their best to try and sort any concerns out if any were raised. All people using the service were aware of the complaints procedure. We were satisfied that in the event of a complaint being made this would be taken seriously, investigated and addressed appropriately.

We had received a concern prior to this inspection about the service's approach to a person's end of life care. From discussion with the registered manager and after seeing documentation we found that this complaint was unfounded and that end of life care was sensitively and responsively supported. The registered manager planned for staff to receive additional training in relation to supporting people at the end of their lives, so that people received quality care in the way they desired.

Is the service well-led?

Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was also the registered provider and as the 'registered person' they have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was consistently managed and well-led. Since the provider's initial registration in January 2018 we could see the progress that the registered manager had made with regards to the management and oversight, the organisation and the caring culture of the service. This had been cascaded to all staff employed by the company and staff we spoke with demonstrated a positive attitude and were committed to providing a person-centred service. As this was the first inspection of the service there was no rating to display on the premises. There had been no notifications sent CQC, as is the law, as nothing had occurred at the service to warrant one. The registered manager was aware of when a notification needed to be submitted for example in the event of an incident, accident or serious injury.

We looked at the quality assurance systems in place to ensure people experienced safe and appropriate care. At this inspection we found the registered manager had made progress with regards to introducing audits of the service, quality assurance and the development of staff practice. Along with company policies and procedures these all helped to evidence how the service was meeting the regulations. The quality assurance records that we saw, including six monthly reviews of care and spot checks on staff performance, demonstrated how the registered manager maintained oversight of the service and we were shown processes they planned to implement to further improve the service. The provider was responsive to our feedback during the inspection and took on board any suggestions to help improvement the service.

The provider used electronic call monitoring. Through this the registered manager could monitor the timeliness of calls and any issues in relation to staff undertaking scheduled visits. The system alerted the provider if any calls were over 20 minutes late to help reduce the likelihood of a missed call occurring. Staff were also alerted in real time via the application when any changes were made to a package of care so that the support provided was always correct and the most appropriate. We judged that the service was meeting the regulation in relation to good governance.

The service operated from a residential address. The registered manager told us that this helped to reduce overheads and they were able to reward the staff with a higher rate of pay. We saw the hourly rate of pay for all staff was above both the national minimum wage and the voluntary living wage. Staff we spoke with felt valued and appreciated as a result and morale was high. Staff told us they felt supported and valued by the manager. All staff spoken with told us they felt they could approach and speak with the registered manager at any time for advice.

All the people using the service and their relatives were complimentary about the care provided by the staff that supported them. Everyone we spoke with thought the agency was well managed. People felt actively involved in the planning and reviewing of their care and they felt in charge of the support provided to them.

We saw that surveys were sent to people using the service for their views about the service provided. We looked at the surveys completed by people using the service and by staff and saw that all responses were positive. All the people we spoke with as part of this inspection would recommend the agency to other people. One person told us, "A star care is what you get with this service." A relative we contacted via email commented, "It is without hesitation that I can recommend A Star Care at Home."

The provider worked in partnership with people's families and other people involved in their care such as social workers, district nurses, the clinical commissioning group (CCG) and local authority officers. At the time of this inspection they had volunteered to pilot the 'Red Bag' scheme for the CCG with their clients and were in the process of distributing a red bag to all. The red bag keeps important information about the health of a person in one place, which is easily accessible to ambulance and hospital staff. It contains standardised information about the person's general health, any existing medical conditions they have, medication they are taking, and their current health concern. This would ultimately benefit the person should they be admitted to hospital as it means they receive a quick and effective transfer and appropriate care and treatment.

The registered manager's aim was for a culture of continuous improvement and this was communicated down to support staff whenever possible. Staff were motivated to provide good quality care to people and their approach and practice reflected the values of the service.