

Star Care UK Ltd

# Star Care UK Limited

## 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 Care UK Limited is a service providing personal care to people in their own homes. The service supports older people, most of whom required support to rehabilitate to live independently often after a stay in hospital. 190 people were in receipt of care at the time of the inspection.

Not everyone who used the service received personal care. 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

Although people received medicines safely we made a recommendation regarding the way staff record medicines. The provider assessed risks to people, including those relating to medicines, and took action to reduce the risks. Staff followed best practice in relation to infection control. The provider checked staff were suitable to work with people during recruitment. There were enough staff to support people safely and people received care at the agreed times.

Staff received regular supervision to support them in their roles. Staff received an induction and training to understand people's needs and the provider was reviewing the training provided. People received the support they needed to maintain their day to day health and in relation to eating and drinking. 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 described staff positively, as kind, caring and professional. Staff treated people with dignity and respect and encouraged them to maintain their independence. People were involved in their care and also in developing their care plans. People's care was personalised to meet their needs and preferences. People's communication needs were met. The provider responded to complaints appropriately.

Two experienced registered managers were in post who were also directors of the company. People, relatives and staff told us the service was well-led and they were suitably engaged with. The provider oversaw the service with a system of checks and audits to ensure high standards were maintained. The provider followed their action plan to improve the service since our last inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (report published July 2018).

### Why we inspected

This was a planned inspection based on the rating at the last inspection.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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 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 Care UK Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

#### Inspection team

Our inspection was completed by one inspector and an 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 in the community. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

Our inspection was announced. We gave the service 48 hours' notice of the inspection visit because staff were often out of the service or providing care. We needed to be sure that they would be in.

#### What we did before the inspection

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, the local authority and clinical commissioning groups (CCGs). We checked records held by Companies House and the Information Commissioner's Office (ICO).

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with the registered manager, a care coordinator and four care workers. We reviewed three people's care records and medicines records, three staff files, audits and other records about the management of the service. We spoke with nine people who used the service and one relative.

# Is the service safe?

## Our findings

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

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

### Using medicines safely

- The provider did not always make robust records of the names, strength and dose of medicines staff administered to people.

We recommend the provider follows national guidance in relation to medicines records.

- The provider audited medicines administration records to check staff administered people's medicines as prescribed. Where we found gaps on medicines records the provider had identified these and arranged for staff be retrained.
- Staff received annual training in the safe management of medicines and the provider checked staff followed best practice during observations.
- Risk assessments were completed for each person regarding the safe management of their medicines.

### Staffing and recruitment

- At the last inspection we found people were not always supported safely due to missed calls and lateness. All people and relatives we spoke with at this inspection told us staff timekeeping was usually good which meant the service had improved since our last inspection.
- The registered manager and staff confirmed there were enough staff and they continued to recruit to increase the number of people they could care for.
- Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. Checks included obtaining an employment history with references, obtaining a criminal records check, proof of qualifications, identification and address and a health declaration.

### Preventing and controlling infection

- Staff received training in infection control and understood safe infection control practices. For example, staff used personal protective equipment (PPE) and disposed of clinical waste safely. One person told us, "They always wear gloves".

### Assessing risk, safety monitoring and management

- The provider assessed risks relating to people's care and put guidance in place for staff to follow to support people safely.
- The provider reviewed people's general risk assessments each year or more often if their needs changed.
- In our discussions with staff they demonstrated an understanding of risks to individuals and how to keep people safe.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe with the staff who supported them.
- All staff received safeguarding training during their induction with annual refresher training. Staff understood their responsibilities to safeguard people and the signs people may be being abused.
- The provider reported allegations of abuse to the local authority safeguarding team and CQC and took action to reduce recurrence.
- The provider recorded and investigated accidents and incidents. Although only one accident or incident was recorded in the last year, the provider told us they would review records to identify any patterns and to reduce the risk of reoccurrence in future.



# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; Staff working with other agencies to provide consistent, effective, timely care; helping people live healthier lives, access healthcare services and support

- The provider assessed people's needs before they began receiving care from the service. Assessments included people's backgrounds, health conditions and what they wanted to achieve from their care. The provider also reviewed any available professional reports as part of their assessment.
- The provider reassessed people each year to ensure their care plans continued to meet their needs. When people's needs changed the provider requested social services reassess their needs to ensure their care remained suitable.
- Some people made their own arrangements to see healthcare professionals involved in their care and the provider supported others in line with their care plans.

Staff support: induction, training, skills, and experience

- People were supported by staff who received the necessary training and support. The local authority identified some ways training records could be improved and the provider told us they were reviewing these.
- New staff completed an induction in line with national standards which included shadowing more experienced staff.
- Staff received regular supervision with their line manager to review their performance, people's needs and training. The provider regularly checked staff followed best practice through observations.

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

- Staff supported some people by preparing or reheating light meals according to people's preferences, including any cultural needs.
- For some people staff recorded their food and drink in line with guidance from healthcare professionals.
- Staff followed any guidance from professionals regarding people's eating and drinking needs and this guidance was clearly recorded in care plans for staff to follow.

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. At the time of our inspection this did not apply to anybody using this service.

- Staff received training in the MCA and most staff we spoke with were able to demonstrate to us they understood their responsibilities in relation to this. The provider told us they would support staff to understand the MCA further.
- The provider told us they would assess people's capacity in relation to their care where necessary, although this had not been necessary at the time of our inspection. The provider told us they were reviewing their pre-assessment forms to ensure they considered whether people may require an assessment of their capacity.
- People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

# 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 good. At this inspection this key question has remained the same. 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

- People were positive about staff and described them as kind and professional. Comments included, "My regular carer is very gentle, he is a complete gentleman," "They're very gentle and treat me with respect" and "Staff have enough time, they'll come and sit and have a chat too" and "They're very professional and helpful."
- Staff spoke about people with kindness and enjoyed caring for people. Staff built positive relationships with people and knew them well. This was because the provider arranged for the same staff to care for people each week as far as possible.

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

- Staff supported people to make decisions about their care, including decisions about when and how they received personal care, choice of clothes and food. People's overall wishes about the care they received were recorded in their care plans for staff to follow and were kept under review.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect and cared for them in a way which maintained their dignity and privacy. A relative told us, "Staff are very cautious and polite. Respect is there and that's lovely." Staff gave us examples of how they maintained people's privacy and dignity.
- Staff received training in privacy and confidentiality to help them understand their responsibilities in relation to this.
- Staff supported people to maintain their independence and encouraged them to do as much as they wanted to in their daily lives. A relative told us, "Staff encourage [my family member] to do as much as they can while dressing. They want [them] to still use [their] limbs and encourage [them] to stand. They're not rough."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question improved to good. People's needs were met through good organisation and delivery of care.

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

- At the last inspection we found people's care was not always responsive to their needs as people did not always receive care at the agreed times. At this inspection we found the service improved. People told us staff were usually on time and they had not experienced missed visits.
- The provider stopped providing care in the London borough where the main issues of lateness occurred since our last inspection.
- People's care plans were sufficiently detailed, up to date and reflected the care they wanted. People told us staff followed their care plans so they received the right care.
- People's needs and preferences were set out in their care plans, including those related to protected equality characteristics such as age and disability.

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.

- The provider was adhering to the Accessible Information Standard principles. The provider recorded details about any communication impairments and people's preferred methods of communicating. The provider told us they would produce information in a variety of formats if requested.

Improving care quality in response to complaints or concerns

- People were informed how to complain and had confidence the provider would respond to any complaints appropriately.
- Complaints records showed most issues were raised through the local authority on people's behalf. The local authority told us the provider had improved their response to complaints recently.
- The provider had suitable systems to investigate and respond to complaints and kept records of issues and the remedial action.

End of life care and support

- The provider told us they rarely provided end of life care as they mainly provided care to people who required support to rehabilitate after an accident or illness. However, the provider told us they would work with people and other healthcare professionals to plan and deliver end of life care when needed.
- Some training was available for staff on how to provide good end of life care.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was led by two experienced registered managers who were also directors of the company. People and relatives were positive about the leadership and management of the service. Comments included, "They're a very good agency, I have no complaints at all", "As far as I can see, they're well managed" and "The service is well managed, there are no problems there. I have no complaints."
- The provider had a system of audits in place to check they met the fundamental standards.
- The provider displayed the rating awarded at their last CQC inspection on their website. This was important as it helped inform people about the quality and safety of the service.
- The registered managers understood their legal responsibility to tell us promptly of events or incidents involving people. This helped us to check that the provider took appropriate action to ensure people's safety and welfare.

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

- The provider held staff meetings where they engaged and communicated with staff about service developments and staff told us these were useful.
- The provider planned people's care openly and in partnership with them and their relatives, ensuring care was centred on individual needs. The provider checked people were satisfied with their care through regular review meetings and observations of staff caring for people.
- The provider apologised to people and their relatives if investigations found people did not receive the right standard of care.

Working in partnership with others

- The provider worked with the local authority who commissioned people's care to respond to any concerns raised including complaints and safeguarding allegations.
- The service communicated with external health and social care professionals to ensure people received the care they needed.