

Starcare Limited

# Starcare Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service: Starcare Limited is a Domiciliary Care Agency providing personal care to adults with physical and mental health needs. At the time of the inspection they were supporting 277 individuals.

People's experience of using this service:

We identified four breaches of regulations. These were in relation to good governance, person centred care, staffing and notifications.

We were made aware that a significant number of staff had recently left the service which was adversely affecting the delivery of care. Currently, peoples' visits were not always planned in line with their needs and preferences wishes. Staff did not consistently arrive when expected and did not always stay for the full duration of the call. This impacted negatively upon the safety and wellbeing of those people concerned.

Care plans and risk assessments were available to support staff in providing the correct level of personalised support. People and relatives said that they were involved in the planning of their care but were disappointed that not all staff read or followed them.

The overall governance of the service was not robust and not everyone received a service that was person centred. It had failed to ensure that issues were not only highlighted but also resolved and improvements sustained.

We have made a recommendation about the management of medication. People were supported with their medicines but improvements were needed to record keeping and the planning of visits.

We have made a recommendation about the assessment and recording of mental capacity. People were supported to have maximum choice and control in how they wanted their support to be delivered. However, records and systems in place did not support this practice.

Staff received adequate training and support. People were confident in the ability of staff to provide the physical support that they needed. Some improvements were required in the approach staff took to supporting people living with dementia and mental health needs.

The registered provider was keen to stabilise the service and to make improvements. They reflected and acted upon feedback following the inspection.

The majority of people we spoke with were satisfied with actual support they received from the staff that visited them and felt it met their needs. They were complimentary about the staff and felt they were professional, caring and respected their dignity.

Staff told us they felt very much supported by the organisation and they were valued as employees. There

were good systems in place to ensure that staff had the opportunity to speak about their work and to meet with others.

Rating at last inspection: This service was rating Good at the last inspection (report published 15 October 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We have requested an action plan from the registered provider as to how they plan to address breaches in regulation and make improvements to the service.

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.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always Responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always Well Led.

Details are in our Well Led findings below.

**Requires Improvement** ●

# Starcare Limited

## 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:

This inspection was carried out by an adult social care inspector, an assistant inspection and two experts 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 homes. Not everyone using this 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 consider any wider social care provided.

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:

The service was given one days' notice of the inspection site visits because some of the people using it required notice that we would be contacting them for their views. We also needed to be assured that someone was in the office to support the inspection.

Inspection site visit activity started on the 2 April 2019 and finished on the 11 April 2019.

We visited the office location on 3, 4 and 11 April 2019 to see the registered manager, the registered provider and office staff; and to review care records and policies and procedures.

What we did:

We gathered information by looking at records and speaking to people. This included reviewing the notifications we had received from the service. We looked at records around the management of the service such as accidents and incidents, safeguarding, complaints, rotas and timesheets, audits and quality assurance reports. We also reviewed staff files and training records.

We contacted the local authority and other commissioners of the service but received no feedback.

The views of 33 people using the service, 26 relatives and nine members of staff were also considered.

Following the inspection, we invited the registered provider to provide us with additional information such as a selection of time reports, support plans and staff meeting minutes.

# Is the service safe?

## Our findings

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

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

Staffing and recruitment.

- ☐ A significant number of people stated that at present the punctuality of care staff was poor. Some described a variable experience whereby some weeks were better than others. No one reported missed calls.
- ☐ Records from January 2019 - March 2019 indicated that not all visits were planned as initially agreed with the person. There was variance throughout the week in the agreed, planned and actual time of calls. We were given examples where it had impacted on a person for example: not receiving medication or food on time or missing out on social activities. Earlier records showed a more consistent pattern in rota planning.
- ☐ At present staff were having to pick up extra calls due to staff shortages and sickness which had an impact on their ability to get to visits on time and or having set people to support.
- ☐ The registered manager and registered provider told us that in the last few months a significant number of staff had left to take up alternative employment without fulfilling their notice period. This had a detrimental impact on the service being provided. They were recruiting into these posts as quickly as they were able and had offered enhanced pay rewards to staff. They had stopped taking new business to ensure that they could cover current commitment.
- ☒ Checks were undertaken to ensure that staff who worked at the service were of suitable character and had the necessary skills.

This failure by the registered provider to demonstrate that they currently employed sufficient numbers of staff to meet the needs of people in line with their care plan is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely.

- ☐ Recording systems were in place but were not always in line with best practice. Medicine Administration Records (MARs) were not always signed, checked and countersigned by a second person to ensure they were correct.
- ☐ MARs did not contain all the information needed to ensure that staff were aware of how to administer medicines safely.
- ☐ Care plans reflected the support people required but failed to address their mental capacity or consent regarding medication being given by care staff.
- ☐ Some medicines were taken 'as required' but there was insufficient information to direct staff to the circumstances in which this medication should be given or offered. Where a variable dose was prescribed, there was no guidance as to how much medication should be given.
- ☐ The registered provider was in the process of reviewing, with commissioners, the support to those people

requiring 'time specific medicines'.

- ☐ Staff had received training and competency checks regarding the safe administration of medicines.
- ☐ Staff were vigilant in checking that a person had the correct prescribed medication available.
- ☐ Whilst there had been no significant impact on people using the service, improvements were required to ensure the safe management of medicines. A review of medicines management had been completed and implemented by the registered provider prior to the inspection. However, the inspection highlighted further issues that needed to be addressed.

We recommend that the registered provider review its medicines management to ensure that it is based upon best practice guidelines.

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

- ☐ People felt less secure with unfamiliar care staff or when their care was not on time. Views reflected included "The only time I don't feel safe is when I get a carer I don't know", and "I don't always feel my [relative is safe] as I have no confidence of the carers getting there on time".
- ☐ People felt safe with care staff who knew them well. Comments included "I am safe with my carers they give me confidence" and "I've never had to worry about being not safe because the carers are so good."
- ☐ An on-call system was in place and people were provided with the name and telephone number of staff who they could contact in the event of an emergency. People and their relatives told us this service was not always consistent
- ☐ Staff had completed training in safeguarding adults and understood safeguarding issues.
- ☐ The service had policies and procedure to guide staff and help to keep people safe.
- ☐ The service had recognised safeguarding concerns and had reported these appropriately to the local authority. However, the outcomes of investigations were not always clear.
- ☐ Service records were kept secure and electronic records were password protected. Paper records were stored securely in line with the relevant data protection law.

Assessing risk, safety monitoring and management.

- ☐ Risks were not always minimised as call times were variable and some support was not being delivered at the specific times required.
- ☐ Risk assessments were in place to help care staff reduce the risks to people.
- Aspects of a person's support were risk assessed such as moving and handling, nutrition and medication administration. Additional assessments needed to be considered for risks such as choking, seizures, and the safe use of bedrails.

Preventing and controlling infection.

- ☐ Staff were aware of the principles of infection control and had access to personal protective equipment.

Learning lessons when things go wrong.

- ☐ The registered provider had been quick to implement several new processes and checks following learning from an inspection of another location.
- ☐ Following a safeguarding investigation reflection and changes to practice had taken place to ensure that the risks of reoccurrence were minimised.



# 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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent

Ensuring consent to care and treatment in line with law and guidance.

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 they 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. We checked whether the service was working within the principles of the MCA and whether any restrictions on people's liberty had been authorised by the Court of Protection. At the time of the inspection no person using the service had any restrictions placed on their liberty.

- ☐ Assessments undertaken did not determine if the person had given informed consent to support or whether decisions had been made in their 'best interest'. There was no decision specific assessment of a person's capacity around specific aspects of their care and support for example medication management.
- ☐ The service had given consideration as to whether a person had a delegated power of attorney (LPA) in place. An LPA is a way of giving someone the legal authority to make specific decisions.
- ☐ People confirmed that staff sought their consent and gave them choices whilst delivering their support.

We recommend that the registered provider ensure that they meet the requirements of the MCA in the assessment and recording of mental capacity and best interest decisions.

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

- ☐ A full assessment of people's needs was not always undertaken prior to commencing the service.
- ☐ People and relevant others including family members and other health and social care professionals were involved in the assessment and planning of people's care. Relatives confirmed this and comments included "My [relative] has a care plan and I was fully involved in it" and "The care plan is reviewed and when that happens I am asked if I am happy with everything".

Staff support: induction, training, skills and experience.

- ☐ Although staff had completed training in dementia care, a number of relatives felt that not all staff had the necessary skills, approach or experience to provide an effective service to people with mental health needs or those living with dementia.
- ☐ People who used the service and relatives had confidence in the abilities of the care staff to meet physical needs. Comments included "The staff are all very good", "They appear to be well trained as they carry out their jobs very effectively" and "They are very confident in what they do".

- □ Staff completed a thorough class room induction prior to working with people using the service and were supported to complete the care certificate.
- □ Staff worked alongside another member of staff until they were deemed as competent to work independently.
- □ Staff told us they completed a wide variety of training and this enabled them to undertake their role.
- □ Staff told us, and records confirmed, they were well supported in their role through supervisions, spot checks and annual appraisals.

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

- □ Staff supported people either by preparing meals for them or assisting them to do this.
- □ Some relatives told us staff did not always promote the principles of 'healthy eating' and did not support people with a balanced or varied diet although food was provided.
- □ For some people, the registered provider had introduced the concept of a 'Food First' approach to treating poor dietary intake. They informed us they would extend this and revisit the concept with staff to improve this aspect of care delivery.

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

- □ Some relatives expressed concern that the food and fluid intake of people was being affected by the poor routine. Records confirmed that on occasion people received their meals late or there was inadequate time in between calls.
- □ Positive examples were given as to the effectiveness of the support. Examples included a relative who told us "The service did help me get the people out who provide bracelets and necklaces and key pads etc. They were very helpful and made things much easier for me so that my relative is safer when there is no one around."
- □ Care staff were noted to have responded proactively when they observed a person to be unwell and sought out medical help.

# 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 did not always feel well-supported, cared for or treated with dignity and respect.

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

- ☐ People and relatives' comments about the current reliability, continuity and consistency indicated that care was not in line with people's wishes. One relative commented "We now have lots of different carers and [relative] doesn't know them and this upsets them as they have dementia" and another said, "My relative keeps saying who on earth are all these different young girls".
- ☐ Some people and relatives told us that staff often spoke to them about the pressures of getting to visits on time and running late. One relative said "My [relative] does not need to know that staff are running late, or are really short on time. It makes them feel bad and so they tell the carers to go early."
- ☐ Others told us their care was constantly being interrupted with staff taking calls from the office. They had been privy to confidential discussions about other people.
- ☐ People spoke highly of their regular staff and had developed a good rapport with them. A selection of comments included "I cannot fault the staff, they are all so kind and demonstrate respect for my needs", "They listen to me and give me all the help they can. They go out of their way to be kind" and "The carers are very polite and I have never heard any of them swearing" and "The regular carers are very good they are very kind and respectful. I cannot fault them."
- ☐ We looked at how the service complied with the Equality Act 2010 and how the service ensured people were protected from discrimination because of any characteristics that are protected under the legislation. Staff understood the importance of equality and what this meant when meeting people's individual needs.

Respecting and promoting people's privacy, dignity and independence.

- ☐ Some people told us their experience as not as positive when unfamiliar care staff had to cover a call. Comments included "Occasionally we have had 'stand in' carers and their attitude appears to be that they don't really want to be visiting. My relative has picked up on that" and "These carers have been in a rush, they just get in and out as quickly as possible and their attitude appears to be that everything is too much bother". Another person said, "There is a different group of staff: there are carers and carers that care".
- ☐ People said they did not know who was going to be visiting them and this caused some anxiety. Comments included "They do not tell me when a stranger is coming and I think they should let me know" and "I like to know who is coming as care is personal but they don't always let me know and sometimes it's someone I have never met before".
- ☐ People said that their privacy and dignity was respected by the care staff during the delivery of personal care. People's comments included "The care I receive is impeccable", "I am respected and cared for", "My carers always listen and help me" and "I feel lucky to have a small and dedicated team".
- ☐ Personal records about people were stored securely and only accessed by staff on a need to know basis.

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

- Care records indicated that people had been involved in the assessment and planning of care. Where possible people, and those important to them, were involved in reviewing and updating care plans. One relative summarised in saying "They made sure there were no risks as when we put the care plan together they asked a lot of questions about the care needed so I know they are determined to keep my relative safe".
- Reviews were undertaken throughout the year which provided people with an opportunity to express their views about the care.
- People confirmed that they could express a choice about the gender of their care staff or could request that a staff member no longer attend if they did not feel comfortable with them.

## Is the service responsive?

### Our findings

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

People's needs were not always met.

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

- ☐ Visit times were not always consistent with people's wishes. The registered manager was not able to ensure that rotas were planned in a way that afforded a continuity of time or staff. Some people said this impacted on their wellbeing.
- Visits were not always long enough to ensure that the person's identified outcomes could be achieved in a way that did not compromise their dignity and wellbeing.
- People, relatives and records indicated that staff did not always stay for the full duration of the call. Some relatives said that staff "Failed to use their initiative" "Think out of the box" to fill the time with meaningful tasks or just provide social support and were quite happy to leave early. Staff acknowledged they were under pressure to complete calls on time meaning some calls were not as planned.
- ☐ A 'continuity' report was provided by the service based on how many carers it was acceptable for a person to receive in a week. For example: a person living with dementia required familiarity yet it was viewed as acceptable for them to have 29 different staff in a month.

The registered provider failed to ensure that they did everything reasonably practical to make sure they provided person centred care appropriate to meet people's needs and preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- ☐ Each person had a care plan based on assessments completed. These contained a good level of detail regarding the practical support required and relevant personal information. Not all care plans outlined the impact of a mental health diagnosis on a person, how this affected them day to day or how it influenced the support they required.
- Some people and relatives said that staff did not always take the time to read these plans and so the correct level of support was not provided.
- ☐ The service had taken some steps to implement the Accessible Information Standard. Some, but not all, assessments identified and record the communication needs of people for whom English was not a first language or those with a disability or sensory loss. However, staff could explain us how they adapted their communication to meet people's needs.
- ☐ Staff sometimes went 'over and above' to ensure that people's needs were met. An example of this was providing support to someone in hospital as staff knew them and could anticipate their needs better than unfamiliar nursing staff. Others were supported by staff, in their own time, to attend community or social events.
- ☐ The service was in the process of reviewing the content of all care plans.

Improving care quality in response to complaints or concerns.

- ☐ People and relatives reported a variable response to concerns raised. Several people and relatives told us

that they had raised a concern but it had not been fully resolved or they had not received feedback as to the outcome. Others informed us that their concerns had been addressed and resolved to their satisfaction.

- We spoke to some people who had recently left the service and they told us that this was because issues with their care could not be resolved
- A log was kept of formal complaints along with the outcome. These records indicated that four formal complaints were logged between March 2018 and March 2019.

End of life care and support.

- Some staff had been given the opportunity to undertake further training in end of life support.
- There had been some lovely compliments to the service from relatives following a period of end of life support to their loved one. The lives of people who had passed away were celebrated through a 'star care angel' notice in the monthly newsletter.

# 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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- ☐ Not everyone felt that their care was planned in a way that was personal to themselves. They were complimentary about the standard of care and support provided but felt their routines were not always considered.
- ☐ The registered provider had committed to inform people if staff were going to be more than 15 minutes late but this did not consistently happen. Comments included "I call the office when no one has come on time but I do not always get an answer so I just have to wait and see."

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

- ☐ Managers and staff understood their responsibilities to provide a good service. However, the quality of the service was not always effectively managed through robust on-going monitoring processes
- ☐ The oversight of the service failed to identify some of the concerns highlighted on this inspection such as medicines management, care planning, regulatory responsibility and the organisation of person centred care.

This lack of robust systems and processes to ensure that the service met the requirements of the Health and Social Care Act 2014 was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ The registered manager and registered provider had not been clear about with regulatory requirements such as reporting to CQC.
- ☐ They had failed to submit to us notifications of key events in the service such as safeguarding or serious injury. This meant that the CQC was not able to monitor the events that affect the health, safety and welfare of people who used the service. The registered persons acknowledged this and had refreshed their knowledge on reporting to the CQC.

The failure to notify the CQC of key events within the service was a breach of Regulation 18 of the Care Quality Commission(Registration) Regulations 2009.

- ☐ The registered provided informed us that policies had been updated in March 2019. The Medication policy required further review to reflect legislation and guidance.
- ☐ Additional posts had been created to increase the senior team. This aimed to provide increased cover for

absences and to reduce the need to change staff and rotas.

- ☐ The registered provider was working with their IT provider to make changes to ensure greater monitoring and control of the rotas as well as a better oversight of call duration.
- ☐ The registered provider had limited new business whilst these issues with staffing were being addressed. They were working hard to restore continuity whilst ensuring that people received an ongoing service.
- ☐ Staff were positive about the registered manager and registered provider. They were rewarded for good performance and felt valued.

Working in partnership with others:

- ☐ The service worked closely with community health professionals to support people with nursing or complex needs.
- ☐ There were processes in place to obtain the views and opinions of people and family members about the service.
- ☐ Staff were engaged and involved through meetings, newsletters and events. Staff said that they were always kept up to date with important information about the service.



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	Regulation 18 Registration Regulations 2009 Notifications of other incidents  CQC were not informed of significant events that had occurred at the service.
Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Care was not always planned and delivered in line with a persons needs and wishes.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There were audit systems in place but they failed to highlight or address all of the issues identified by the inspection process.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There were insufficient staff deployed to meet people's care needs at all times.