

Star Nursing & Care Services Limited

# Star Nursing and Care Services

## 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 Nursing and Care Services is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a personal care service to both older adults and younger adults with disabilities. At the time of our inspection, eight people were receiving personal care from the service.

People's experience of using this service:

Staff had received training in safeguarding adults and knew actions to take to protect people from abuse. People received the support they required from staff at the times agreed. There were procedures in place for the management of medicines and staff had received training. Risk management were available to guide staff on how to safely support people. Lessons were learned from incidents and accidents. Staff followed infection control procedures to reduce risks of infection.

People's care needs were assessed following recommended guidelines. People were supported to meet their nutritional and hydration needs as required. People had access to health and social care services they needed to maintain good health. Staff were supported in their roles through training and supervisions.

Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People consented to their care before they were delivered.

Staff treated people with dignity and respect; and involved people and their relatives in planning their care. Staff communicated with people in the way they understood, and people were given information in formats they understood. People received support that met their individual needs and preferences.

People and their relatives knew how to complain if they were unhappy with the service. The registered manager addressed complaints in line with their procedure. Quality checks and audits took place and actions were taken to rectify areas of concerns identified. The provider worked in partnership with other organisations to develop the service.

Rating at last inspection: The last rating for this service was Good (published 19/05/2017).

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

Follow up: We will continue to review information we receive about the service until we return to visit as part of our re-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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Star Nursing and Care Services

## **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 team consisted of one inspector and an expert by experience (ExE) who made phone calls to people and their relatives. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience working with older people.

Service and service type: Star Nursing and Recruitment Agency is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a personal service to both older adults and younger disabled adults.

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: Inspection site visit activity took place on 20 November 2019. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures. We gave the service 48 hours' notice of the inspection because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did: Prior to the inspection we reviewed the information we held about service including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This 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 used this information to help inform our inspection planning.

During the inspection: We reviewed three people's care records and three staff files which included recruitment checks, training records and supervision notes. We reviewed other records relating to the management and running of the service such as the provider's quality assurance systems. We spoke to five relatives of people using the service, the registered manager, nominated individual and training and recruitment manager. Most of the people using the service had limited verbal communication so we could not speak to them.

After the inspection, we spoke to three care staff to obtain their feedback about the service.

# 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 good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. One relative told us, "I think [relative] is very safe. I wouldn't let them into the house if I didn't think [relative] was safe with them."
- Staff had completed training in safeguarding adults from abuse. Staff knew the signs to recognise abuse and actions to take. They told us they would report any concerns to the registered manager and if no action was taken they would whistle blow to relevant authorities.
- The registered manager understood their responsibilities and had followed the local safeguarding procedure in responding to safeguarding concerns including notifying the local authority safeguarding team and CQC and conducting investigation. They had also taken appropriate action such as instigating the organisation's disciplinary procedure where necessary.

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. Risks assessments covered people's physical health conditions such as diabetes, epilepsy; mental health conditions, skin integrity, moving and handling, mobility, falls and environment.
- Risks management plans were comprehensive and provided guidance for staff to reduce risk of harm to people. One management plan detailed strategy how to manage one person's behaviour. Another plan detailed actions to reduce the risk of pressure sores from developing. Where people fed through Percutaneous endoscopic gastrostomy (PEG) the risks associated were indicated and actions to reduce risks were noted. PEG tube is a medical procedure in which a person receives their food and drink through a PEG tube passed into their stomach where a person cannot receive food or drink orally due to certain medical conditions.
- Relatives confirmed staff knew how to work with their relatives to reduce harm. One relative told us about a situation that put their relative in danger and actions staff took to reduce the risk of harm to them. They said staff took prompt actions and they were happy with the way it was dealt with.
- Risks management plans were reviewed regularly to reflect changes in people's needs. Daily care notes showed staff followed guidance in place.

Staffing and recruitment

- People continued to receive the support they required from staff to meet their needs. One relative said, "There are two carers coming on all the time." Another relative told us, "We have had the same two all the time, it's only been for two months though. It's been the same two, we haven't seen other faces. They do what they need to do."
- The rota showed care hours were planned in advance and in accordance to people's care needs agreed with the commissioning authority.

- There were enough staff available to deliver care packages and staff confirmed they had enough time to support people.
- Staff informed people and relatives if they were running late; and let the office staff know too. Emergency cancellation or absence were covered by staff who were willing to do extra hours. The registered manager and nominated individual were trained and experienced; and covered care visits if necessary.
- The provider followed safe recruitment processes to ensure people were supported by staff who were fit and suitable to support them. Recruitment records included satisfactory references, right to work in the UK, employment history, and criminal records checks.

#### Using medicines safely

- The service had a medicine management procedure available and staff had been trained on safe administration of medicines.
- At the time of our inspection the service was not supporting anyone with their medicines as either people or their relatives were doing this themselves. People's care plans stated how people took their medicines and who supported them with it.

#### Preventing and controlling infection

- Risk of infection or contamination was reduced as staff had been trained on infection control and knew procedures to follow to reduce the risk of infection. One relative confirmed, "They [staff] wash their hands when doing personal care." Another said, "Staff are very good. They wear aprons and gloves; and I always see them wash their hands."
- People's care plans highlighted the procedures to follow to reduce risk to people due to specific conditions. For example, where people had PEG feeding tubes, it was highlighted that staff must always wash their hands before and after contact with the tubes; and ensure the PEG area is kept clean and dry.
- Staff told us they received personal protective equipment (PPE) from the office and they reminded to use them and follow effective hand washing procedures.

#### Learning lessons when things go wrong

- There were systems available to report of incidents and accidents; and staff knew of these systems.
- The registered manager investigated and took necessary actions to prevent reoccurrence and ensure learning from when things go wrong. For example, an incident was dealt with as a safeguarding. Following the investigation, staff was retrained to improve their practice.

# 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 remained the same. This meant 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's needs were assessed to establish what care and support they needed before the service started delivering care to them.
- The registered manager reviewed the referral document which included the needs assessment completed by the commissioning authority; and then carried out a face-to-face assessment with people and their relatives. Assessment covered people's medical conditions, physical and mental health; personal care, nutrition, mobility and environment. Recognised tools were used to establish people's needs and to assess risk levels. For example, a Waterlow assessment tool was used to assess people's needs with regards to maintaining skin integrity.
- Where necessary the input of other professionals such as occupational therapists and district nurses were sought as part of the assessment process.
- People's needs were reviewed and reassessed when there are changes in their circumstances, for example, following hospital admission.

Staff support: induction, training, skills and experience

- People received training from staff who are trained and supported to be effective in their roles. One relative told us, "I can say that yes they are trained although some are more experienced than others." Another relative said, "Yes, staff know how to do their jobs and look after [relative]."
- Staff told us, and record confirmed staff were inducted into their roles when they first started, and they had completed training relevant to their roles. One member of staff told us, "I did an induction when I started. We did both computer and face-to-face training as well. The training was good. Anytime I have to go to a new client they give me training on how to work with the client. The trainings are useful."
- Staff also received specific training relevant to the needs of the people they work with. Staff who work with people with specific need such as Stoma bag, Percutaneous endoscopic gastrostomy (PEG) feed, Catheter and Urinary drain bag care had received training in these areas. One staff member confirmed, "I have done all the training I need. I have done challenging behaviour and Stoma bag care training. If I'm struggling in any area, I let the registered manager know and they show me how to do it."
- The registered manager was a registered nurse and they also provide ongoing support, supervision and training to staff in clinical areas. Staff received annual appraisals when due.

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

- People's nutritional needs were met. One relative told us, "I pack lunch when they [staff] take relative out and they give it to them." Another relative said, "Staff know how to assist relative with their food. They do it nicely and slowly as I instructed."



- Care plans included people's needs with eating and drinking and how they feed. Some people were fed through PEG. Their care plans indicated who had responsibility for this and provided clear instructions for staff to follow on how to provide support to maintain the person's safety and well-being.
- Staff knew to report any concerns they may have about a person's eating and drinking to the registered manager.

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

- People received support where needed to access healthcare services they needed. Staff also liaised effectively with other agencies to meet people's needs in a well-coordinated manner.
- Records showed a range of health professionals were involved in people's care and staff followed instructions given. For example, instructions on how to care for people's PEG area was followed.
- Where people attended day centres or respite services, staff liaised and worked effectively with these services. People's care plans were shared with relevant agencies and roles and responsibilities were clearly defined to ensure consistency and continuity in care. For example, it was stated in one person's care plan which agency provided the second member of staff needed to perform moving and handling tasks.

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 people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff knew to obtain consent from people before delivering care. They told us they respected people's decisions about their care and if they had any concerns about a person's decision they would inform the registered manager. One member of staff said, "Before I do anything, I ask them, I give them a choice and let them decide. I give them their freedom and respect them. I involve them in everything I do, I just don't decide or tell them what I'm doing but let decide what they want."
- The registered manager understood their responsibilities under MCA. They told us they involved relatives and other professionals if they had doubts about a person's capacity to make decisions.

# 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 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; equality and diversity

- People were cared by staff who were caring and kind. A relative told us, "They [Staff] care about my [relative]. They are really kind and nice to them." Another relative commented, "[Relative] is comfortable with the staff and always happy to see them. You can hear the banter and laughter between relative and staff which [relative] really enjoys. They really like the care staff."
- People's emotional needs and what made them agitated were included in their care plans. One person's care plan stated their mood can change if the environment was not calm. It emphasised the need to maintain a calm, relaxing atmosphere and providing comfort and reassurance to the person. Staff knew people well and had developed working relationships with them. They knew people's likes, dislikes and how to support them.
- Care plans also highlighted people's background, family history and cultural, religious needs and other protected characteristics. Staff were matched to people considering their gender preference. One relative commented, "My relative now have a male carer. The interaction is good. I can see a big improvement with relative. They are calmer."
- Staff understood equality and diversity issues and respected people's cultures and beliefs and values.

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

- People and their relatives told us they were involved in planning their care and support. One relative said, "[Relative] is at the centre of the care they give. If something happens, they let me know. They talk what they do through with relative and me all the time. They respect our views and make us comfortable." Another relative told us, "[Relative] is quite strong and staff listen to them and respect their choice. Sometimes, I make or represent their views. I'm involved in [relative's] care."
- Care plans showed people and their relatives or representatives were involved in planning their care. We noted that the registered manager had allocated care staff and care visit times to meet people or their relative's requirements and preferences.

Respecting and promoting people's privacy, dignity and independence

- People's dignity, privacy and independence was promoted. One relative said, "I've never noticed anything that goes against [relative's] dignity." Another relative mentioned, "Staff give them a shower, they shut the door and make sure they [relative] are clean and fresh for when they leave. They respect them."
- Staff had completed training in dignity in care as part their induction.
- Staff told us the steps they took to ensure people's dignity, privacy and independence were maintained.
- Care plans documented what people could do for themselves and staff encouraged people to do things they could for themselves.

# Is the service responsive?

## Our findings

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

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 needs were met through good organisation and delivery.

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

- People received care tailored to meet their individual needs in an effective way. Each person had a care plan which contained information about their history, background, medical conditions, routines, needs and how their needs would be met. People and their relatives were involved in planning their care. We saw clear written instructions from relatives about their relative's conditions and important information care staff should note and how to meet their relative's care and support needs.
- Care staff told us that before they started working with a new person they had a briefing with their manager before and where possible visited the person at home for a training or induction with relatives involved so knew how to provide support to the person. One care staff commented, "Each person has a care plan in their home and the registered manager always reminds us to read it thoroughly. The care plan gives information about the person - their family, likes and dislikes, what makes them happy or sad, their behaviour and what they need and how to care for them. It is very helpful to us to know how to care for them."
- Care records showed staff supported people with their individual needs in accordance to their care plans. Care plans were regularly reviewed to ensure they were up to date and reflected people's current care needs.

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.

- People's communication needs were documented in their care plans and staff knew how to communicate with them. One person's care plan indicated signs and expressions they showed when expressing pain, happiness or sadness. One relative commented, "[Relative] is non-verbal. Their regular carer understands the way they communicate and communicates to them too."
- The registered manager told us that they would make information available in different formats and languages if people required this in line with Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise their concerns if they were unhappy about the service. One relative told us about a concern they raised. They said it was fully investigated and was dealt with to their satisfaction. Another relative said, "The office staff are always very nice and friendly when you call about anything. They are always willing to help. I'm quite aware how to make a complaint."
- Records showed that the registered manager understood their responsibilities and had investigated and

responded to complains received appropriately.

#### End of life care and support

- At the time of our inspection, there was no one receiving end of life care.
- The registered manager was experienced and told us that they would train staff and work with relevant professionals as when required to meet the needs of people if needed.

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People received care that met their needs. Relatives told us that they were satisfied with the care and support their relative received. One relative commented, "They [organisation] provide 'all-round care' and are really good. We are a happy family. Even when relative was in hospital, the registered manager visited and brought them a big teddy. They go well above their duties." Another relative stated, "They [Organisation] are good definitely. The other agency we use struggles to fill the carers places, but this agency doesn't seem to have that problem now."
- Staff were given the support they required to provide good care to people. They told us the registered manager was responsive and provided them with relevant training. There were policies and procedures available to support the effective management of the service and guide staff to deliver responsive and safe care to people.
- The registered manager was a registered nurse and had the experience to provide effective and safe care to people.
- The registered manager understood their responsibilities understand the duty of candour. Records showed they had addressed incidents, safeguarding and complaints in an open and transparent way.
- The registered manager understood their role and responsibilities in line with their CQC registration requirements including submitting notifications of significant incidents and displaying their inspection rating appropriately.

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

- People and relatives were engaged and involved in the service provided. Relatives told us registered manager and senior staff had regular communication with them to obtain their views about the service. One relative commented, "When they do the reviews, they ask about the service, and staff." Another relative mentioned, "They visit us at home and we give them feedback. We can phone them at any time too and they respond."
- Relatives also confirmed their views about the service were sought through questionnaires which they were asked to complete periodically. Results of questionnaires showed people were happy with the service.

One relative told us, "I am quite happy with the service. I do not have anything for them to improve."

- The registered manager held regular staff meetings to engage with staff and discuss service quality. Points made were actioned. For example, the need for staff to report incidents and report any concerns about people they support to the management staff.
- Quality audits were carried out regularly to identify any gaps in the service delivered. Staff files were up to dates. Care plans contained relevant information required and were up to date. Incidents, accidents, complaints and safeguarding records were all up to date.

Working in partnership with others

- The service worked closely with local service commissioners, health and social care professionals and training agencies to improve the care delivered to people. We saw emails and minutes of meetings to confirm this.
- Registered manager was a member of various local authorities provider forums where they share knowledge and good practice and provide support to each other.