Star Care UK Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out this announced inspection on 21 March 2018. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that staff would be at the office. This was the first inspection of the service since it was registered with the Care Quality Commission (CQC) in June 2017.

Star Care UK Limited provides personal care to people living in their own homes. It provides a service to adults including people with physical disabilities and dementia care needs. The service mainly provides personal care for people during scheduled visits at key times of the day as well as supporting people with their medicines and meals. At the time of our inspection 79 people were receiving a personal care service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Registered providers must notify the CQC about certain changes, events and incidents that affect their service or the people who use it. The provider did not notify CQC of notifiable events such as allegations of abuse. This meant the provider did not enable the CQC to have full oversight of the risks associated with the service.

People were satisfied with the care they received, although some people told us that the service was not always reliable. Staff did not always arrive on time for their scheduled visits and on occasion had not turned up at all.

Staff knew the people they supported well. People who needed help taking their medicines were appropriately supported by staff. Staff had received training in how to recognise and report abuse. They knew how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

Staff treated people with respect and asked people how they wanted their care and support to be provided. People's rights were protected by staff who understood the main principles of the Mental Capacity Act 2005 (MCA). People were involved in their care planning and how their care was provided.

People's care plans provided staff with direction and guidance about how to meet people's individual needs. Care plans were regularly reviewed and any changes in people's needs were communicated to staff. Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person.

Appropriate checks were carried out on staff before they began to work with people to ensure that only applicants suitable for the role were employed. Staff received relevant training and supervision. However staff supervision consistent was inconsistent.

There were systems in place to obtain people's views about the quality of care they received. However, they were inconsistent. People knew how to make a complaint if they needed to. There were systems in place to monitor the quality of the service provided and to seek people's views about the service. However these systems were not as effective as they needed to be.

We found breaches of the regulations in relation to the provider's failure to establish and operate effective systems to assess and monitor the quality of care people received and the provider's failure to notify the CQC of notifiable events. You can see what action we asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

Staff were sometimes late to support people and this impacted the quality and safety of the care people received.

Risks to people were assessed and staff had guidance on how to manage the risks identified

Staff were recruited using an appropriate recruitment process which was consistently applied.

Medicines were effectively managed. Although the systems in place to review medicine administration records required improvement.

Is the service effective?

Good

The service was effective.

Staff had the skills, knowledge and experience to deliver the care people required. However, staff supervision was inconsistent.

Staff understood the main provisions of the Mental Capacity Act 2005.

People were supported to maintain their health. People who required it were supported to have a sufficient amount to eat and drink.

Is the service caring?

Good

The service was caring.

Staff were caring and treated people with respect. People were supported by a consistent staff team who knew them well.

People were supported by staff to be as independent as they could and wanted to be. People were involved in their care planning and in making decisions about their care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were satisfied with the quality of care they received except for the fact that staff sometimes arrived late. People's care plans were accurate and up to date.

The system in place for obtaining people's feedback was not well organised. People knew how to make a complaint and felt able to do so.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

The systems in place to assess and monitor the quality of care people received were not as effective as they needed to be.

The provider failed to submit statutory notifications to the CQC.

Staff were aware of their responsibilities.

Star Care UK Limited

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 checked 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 inspection took place on 21 March 2018 and was announced. We gave the service 40 hours' notice of the inspection visit because the we wanted to be sure the registered manager would be at the registered office. Before the inspection, we reviewed the information we held about the service. This included registration information as well as feedback from people using the service, safeguarding information and information sent to us by two local authorities which commission the service.

The provider had submitted a 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 took this into account when we made the judgements in this report.

The visit to the registered office was completed in one day and was conducted by a single inspector. During the inspection we spoke with the responsible individual, registered manager, a care co-ordinator, field supervisor and training co-ordinator. We looked at nine people's care files and five staff files which included their recruitment, training and supervision records. We also reviewed the systems in place to assess and monitor the quality of care people received as well as the provider's policies and procedures. After the inspection we spoke with ten people who use the service, two relatives and three care workers.

Requires Improvement

Is the service safe?

Our findings

People did not always feel safe using the service. This was because staff sometimes arrived late and sometimes missed scheduled visits. This meant that care was not always delivered in accordance with people's care plans which put their health and welfare at risk. Three of the ten people we spoke with told us they had experienced late visits and a missed call recently. People told us, "They are quite often late which means I have to wait for my breakfast. It has improved recently though", "I've had to complain because they don't turn up at the time my plan says they should and they're supposed to be here to help me with my medication. Sometimes they are up to an hour late. I keep telling them how important it is that I take my medication at a regular time after I've eaten. It has been better since I complained and they're very good once they're here" and "One day nobody turned up at all. I was just left waiting and it was quite upsetting because I need assistance for my comfort breaks. I didn't get a phone call to tell me nobody would be coming".

Both local authority representatives we contacted told us they had received complaints from people about staff arriving late. Staff told us their rotas did not always allow for realistic travel times between scheduled visits, which meant they were sometimes late. The provider did not have a system in place to monitor staff attendance at people's homes which indicated there was a lack of good governance. A staff member told us the office staff relied on people using the service or their relatives to let them know if their care worker had not arrived at the agreed time. If staff were delayed because of traffic or needing to stay longer at their previous visit management did not always let people know or find replacement staff in a timely manner. We raised this with the registered manager who told us that staff who were reliant on public transport sometimes found it difficult to get to some people's homes which were not close to transport links. The provider was in the process of recruiting drivers to help care staff get to scheduled visits on time.

Apart from the people we spoke with who had experienced late and missed calls, people and their relatives, told us they were happy with the care provided and believed it was a safe service. They told us, "I have every confidence in them", "I feel safe with my carers", "I'm very happy with them" and "I feel very safe". A relative commented, "I'm usually here but I have no qualms in leaving [The person] with them if I have to go out." Safeguarding was covered during the induction process for new staff. Staff knew and understood their responsibilities to keep people safe and protect them from harm. They were knew the signs of potential abuse and the relevant reporting procedures inside and outside of the organisation.

People's individual risks in relation to their environment and specific health conditions were assessed and recorded. Risk assessments covered areas such as people's mobility, skin integrity or manual handling needs. Staff were aware of the risks people faced; they told us there was sufficient information in people's care plans to enable them to manage these risks. Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

The service operated safe recruitment practices and appropriate checks were carried out before staff were

allowed to work with people alone. Staff were only recruited after an interview to assess their suitability for the role, receipt of satisfactory references and criminal record checks had been carried out. Staff were also required to provide evidence of their identity and right to work in the UK. This minimised the risk of people being cared for by staff who were unsuitable for the role.

The number of staff required to deliver care to people safely was assessed when people first began to use the service and also when a change in their needs was identified. Records confirmed that the number of staff a person required to provide care was supplied according to their assessment. People told us they received care and support from the right number of staff. Where two staff members were required to support a person safely, people told us they arrived at the same time and worked together well.

The arrangements for the prompting and administration of medicines were clear and communicated effectively to staff. Care plans clearly stated what medicines were prescribed and the level of support people would need to take them. Staff had been trained in administering medicines which helped them to be aware of good practice in relation to supporting people with their medicines. Medicine administration records (MAR) were completed when people were supported with their medicines. The MAR we looked at were fully completed. However, the provider did not have adequate arrangements in place to check that people were receiving their medicines as prescribed because there was not a consistent system of auditing people's MAR.

Good

Is the service effective?

Our findings

People's needs were assessed before they began to use the service with their and or their relatives input. The assessments considered people's personal care, health, mobility and social needs in line with national guidance such as the Department of Health guidance on care and support planning. These assessments formed the basis of people's care plans. People's needs were re-assessed when there was a change in their circumstances or needs.

People told us the care they received was consistently good in helping them to maintain their health and well-being. People commented, "I'm looked after very well and I'm happy with my carers", "I can't fault their care", "I have nothing but praise for them" and "I've been much better since I've had carers coming in". A relative told us, "They are wonderful we couldn't do without them." Staff supported people to access healthcare appointments if needed; they liaised with people's relatives to get health and social care professionals involved in people's care if their health or support needs changed. This included healthcare professionals such as GPs, occupational therapists and district nurses to provide additional support when required.

People's dietary requirements, preferences and how they wished to be supported with this were identified during the assessment process. This information was documented in people's care plans, as well as how people preferred their meals to be prepared. People told us the meals prepared by staff were based on their specific preferences.

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.

We checked whether the service was working within the principles of the MCA. An assessment of a person's capacity to make decisions was part of the initial assessment process. The registered manager told us that when they had concerns regarding a person's ability to make a decision in relation to their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the MCA.

Staff had not received MCA training from the provider. However the staff we spoke with had received training from their former employer and understood the main principles of the MCA. They understood the importance of allowing people to make their own decisions and the action they would take if they felt a person lacked capacity to make a particular decision. They told us they always assumed people had mental capacity to make their own decisions; they asked people for their consent before providing care or support and they respected people's choice to refuse support. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support.

The provider supported staff to provide effective care. New staff members received an induction. This included training as well as familiarisation with the provider's policies and procedures. Training included practical sessions on how to safely use equipment such as hoists. The provider conducted competency checks with staff to check that they understood their training and had a system in place to check when staff training was due. This helped to ensure that staff training was up to date

The systems in place to support staff included staff meetings and one-to-one and work-based supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. One staff meeting had been held since the service had been in operation. The registered manager told us one-to-one supervision meetings took place approximately every six months and staff working practices were checked during unannounced visits by field supervisors, although the main purpose of these visits were to obtain people's feedback. Staff felt supported by the management and that they could approach the field supervisors and registered manager at any time to discuss issues related to their role. The registered manager told us they planned to increase the frequency of one-to-one supervision meetings. We will check this at the next comprehensive inspection.

Good

Is the service caring?

Our findings

All the people we spoke with made positive comments about the staff who supported them; they told us staff were caring in the way they supported them. People commented, "These carers are very nice I think", "They are a nice bunch, very caring", "I'm happy with them" and "My carers are lovely".

As far as possible people received support from the same care workers. People appreciated this consistency and told us it had allowed them to develop meaningful relationships with staff. People commented, "I've always had the same carer and she's lovely. She can't do enough", "My carer is very nice. She's like part of the family" and "[Care worker's name] comes every day and I look forward to her coming. We have a good chat while she's here." Relatives told us, "We're very happy with them. [Person's name] has the same carer most of the time. She's wonderful. She looks after [Person's name] very well.

Care was planned to ensure people's privacy was respected. We saw in one persons' care plan that their family had agreed to put curtains in the person's room after staff identified that the person's privacy was at risk. People told us their privacy was respected at all times when staff were in their home. One person told us, "I don't always want my family around when I'm getting undressed. My carer knows this and politely asks them to leave while she's helping me." Staff members commented, "[The person] likes to get undressed by himself so I don't go in until he calls me" and "The bathroom door is always closed when I am supporting [the person]." A relative told us, "They [the staff] are very respectful."

We received mixed views on whether people's dignity was maintained. People told us, "They are respectful in the way they approach me", "They are quite considerate", "I don't have any complaints" and "They do their best to make me feel comfortable". A person who had experienced late calls told us, "It's not a nice feeling watching the clock and waiting for them to turn up." A relative told us "I know he doesn't like it when they are late. He gets quite upset; it's quite demeaning."

People were involved in planning their care. Care plans contained information about people's level of dependency. Staff were encouraged to prompt people to do as much for themselves as they could to enable them to retain control and independence over their lives. For example one person's care plan stated, "I am able to wash my face so please allow me to do this." Although most people were prompted or assisted to take their prescribed medicines when they needed them, people who were willing and capable of managing their own medicines safely were actively encouraged to continue doing so. People's assessments considered their need for entertainment and community participation in an attempt to ensure people did not become socially isolated.

Staff respected people's choices. Care records detailed people's likes, dislikes and preferences. People felt in control of the care they received and told us that they made the decisions about their care and support. One person said, "They [staff] always ask me what I want." Another person told us, "I let them know what I want them to do and they do it." A relative told us, "They [Staff] are very willing and will do as we ask. We treat them with respect and they do the same." Staff told us, "I always ask the people I work with what they want me to do because every day is different" and "I have to listen to people and let people make their own

decisions otherwise that would be very rude."

Requires Improvement

Is the service responsive?

Our findings

People were satisfied with the quality of care they received but it was not always responsive to their needs as it was not provided at the time people required, as highlighted in the "Safe" section of this report. However, people commented, "They do a good job and I'm very happy with them", "I think they are wonderful. They do everything I need them to and they always do it willingly", "They are a great help" and "I only have praise for them. I'm grateful". People who had experienced late or missed calls told us they were satisfied with the care provided once staff arrived. They commented, "Once they're here I can't fault them; they're very good. It's just not knowing what time they are going to turn up that bothers me. I really like them" and "Don't get me wrong, it puts me out when they turn up late but they do do a good job when they get here and they do everything they need to".

Each person had a care plan, which was personalised to them, and recorded details about their specific needs and how they would like to be supported. Details of people's daily routines were written in relation to each individual visit they received. Each care plan included details of the person's preferences, family relationships and people involved in their care as well information about their medical history. This information helped staff to understand people's backgrounds and values.

Staff told us care plans contained the information they needed to provide care and support for people. Any changes in people's needs were updated in their care plans and communicated to staff by phone or text messages Staff were encouraged to update the office staff as people's needs changed and they told us that management acted promptly on any information given. Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide personalised care. A relative told us, "If there is anything extra my husband wants to be done, they are happy to do it."

There was an appropriate procedure in place to record, investigate and respond to complaints. People told us they were aware of how to make a complaint. Complaints were acted upon and learnt from with care and support being adjusted accordingly. One person told us they had complained about staff punctuality and that this had subsequently improved. Staff were aware of their responsibility to enable people using the service to make complaints or raise concerns.

Requires Improvement

Is the service well-led?

Our findings

The provider did not always notify the CQC about certain incidents which had adversely affected the health, safety and well-being of people using the service as required by law. Information received from a local authority which commissions the service indicated that at least four incidents had been treated as issues of safeguarding relating to allegations of abuse. The provider did not notify the CQC about the allegations of abuse at the time they were made. This meant the provider did not enable the CQC to have oversight of and could not fully monitor any risks associated with the service.

This failure represents a breach of Care Quality Commission (Registration) Regulations 18 (Notifications of other incidents) 2009. Since our inspection, the provider has started to submit statutory notifications.

There had been a sudden increase in the number of people using the service recently after several people had transferred to Star Care from another local care agency. The provider's procedures and systems were not sufficiently robust to effectively manage the increase in the number of people using the service. The provider had systems in place to regularly assess and monitor the quality of care people received. The purpose of providers having such systems in place is to identify areas of the service which require improvement and drive improvement in the quality and safety of the services provided. The systems in place included obtaining people's feedback, audits of people's daily care records and medicine administration records and conducting unannounced spot checks to observe staff delivering care to people.

These systems were not as effective as they needed to be to ensure that people received consistently good care; they had no identified the areas which we identified during our inspection as requiring improvement or had not made the required improvements promptly. For example, the registered manager told us that people's records of care were returned to the service's offices monthly for office staff to check that care was being delivered in accordance with people's care plans. When we requested the records of care for the people whose care plans we had reviewed, only four of the nine daily records were available and they were all for September 2017. We raised this with the registered manager who told us that where people receive one care visit per day their records of care book took longer to be full and therefore there was a delay in them being returned to the office. A staff member told us that records of care were checked by field supervisors when they visited people's homes. However, they did not make records of these checks. This meant the provider did not have a consistent and effective system to review people records of care in order to check that care was being provided in accordance with people's care plans.

The system in place to gather feedback from people on the quality of care they received needed to be developed and improved. The provider had a system in place to obtain people's feedback. However, there was a lack of consistency in staff understanding of how the system worked and how often people's views were gathered. The registered manager told us that field supervisors visited people "regularly" to obtain their feedback but was not able to be more specific about how often these visits took place. One of the nine care records we reviewed had evidence that a person had been visited to obtain their feedback. A staff member told us that visits were mainly to get feedback from people who had recently started to use the service. Another staff member told us that people were visited mainly if there had been a complaint or there

was an issue that needed to be resolved. Half the people we spoke with told us staff had visited them to obtain their feedback since they had started to use the service.

The provider's failure to establish and operate effective systems to assess and monitor the quality of care people received is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since receiving our inspection feedback, the provider has implemented several new systems and improved existing systems to assess and monitor the quality of care people received. These include introducing an electronic system to monitor staff attendance times at people's homes, sending a quality survey to people using the service and introducing quarterly supervision to staff. We will review these new systems at our next comprehensive inspection.

We spoke with several staff performing a variety of roles and it was clear that staff understood their role and responsibilities and accepted accountability for their role. Staff enjoyed working for the service and this was reflected in the positive feedback we received about their caring attitude.

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 Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person did not notify the Care Quality Commission of any abuse or allegation of abuse in relation to a service user.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance. The provider did not establish and operate effective systems to assess and monitor the quality of care people received.