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A Star 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

A Star Care Services is a domiciliary care agency providing personal care to people living in Solihull and the surrounding areas. The service provides support to people over the age of 65 and those living with dementia. At the time of our inspection there were 37 people using the service. 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

People were supported by staff who knew them well and were able to keep them safe and protect them from avoidable harm.

People had their needs assessed and staff used care plans and risk assessments which were up to date and easily accessible. Staff had been recruited safely and were well trained to provide support to the people in their care.

Medicines were managed safely by competent staff and measures were in place for the management of infection, prevention and control.

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.

Staff treated people with kindness and respect. They had taken the time to develop positive relationships with people and knew them well.

People and their relatives knew how to complain and knew this would be responded to in a timely manner.

The service was well managed. The provider had a range of checks in place to ensure the service consistently provided good quality care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service at the previous premises was good [published on 12 December 2017].

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 ●

A Star Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

Two inspectors and an Expert by Experience carried out this inspection using phone and video calls. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of 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.

Notice of inspection

We gave the service one weeks' notice of the inspection. This was because it is a small service and we needed to be sure the provider available to support the inspection and to give time for them to send through the information required.

What we did before the inspection

We reviewed information we had received about the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with two people who used the service and nine relatives about their experience of the care provided. We spoke with six members of staff including the provider, office administrator and carers. We reviewed a range of records. This included four people's care records, and a range of medication record and staff files. A variety of records relating to the management of the service including policies and procedures were reviewed.

For Inspections using Remote Technology add:

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video and phone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We reviewed documents and made phone calls on 12 and 13 July 2022

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said they felt the service was safe. One relative stated "Staff are caring and look after [relative] well. They are thoughtful and gentle."
- Staff were trained and demonstrated a good understanding of what they needed to do to protect people from abuse.
- The provider had a safeguarding policy in place for staff to follow which contained relevant information and contact details.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments in place to keep them safe. These covered areas such as falls, mobility and health conditions.
- Staff contributed to the risk assessments and received regular updates via the electronic recording system the provider used.
- The provider used information received through the recording of incidents to share learning with staff and ensure continuing quality improvement of the care provided.

Staffing and recruitment

- People and their relatives said there were enough staff to provide their care although one person and three relatives referred to 'slight lateness' which they felt was due to staffing shortages.
- The provider was open about challenges for recruiting and retaining staff. They used a range of incentives including paying additional hours as they were worked to ensure calls were adequately covered.
- The provider completed pre employment checks to ensure staff were suitable for the role. This included references and checks with the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received support with their medicines. Care plans were in place which ensured staff knew how people wanted their medicines to be given.
- Staff received training in the safe administration of medicines and their competency had been assessed before they could support people with this.
- The provider completed regular audits and daily checks to ensure medicine had been administered. The checks showed if there were gaps in the medicine administration records on the electronic recording system so errors could be corrected straight away.

Preventing and controlling infection

- People and their relatives had no concerns about staff and how they used personal protective equipment (PPE).
- Staff had received training in the use of PPE and followed the national guidance.
- The provider ensured staff had access to PPE as they needed it.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and their relatives were encouraged to complete a personal assessment of their needs before support started. This was used as part of the assessment discussions to ensure people were fully included in the process. One person said, "I was involved at the start and a woman came out (from the agency) and inspected the home first. I emailed her a three-page report also."
- The provider ensured care plans were person centred, detailed and updated regularly. Staff received updates about people via the electronic recording system when they logged on at the start of each visit.

Staff support: induction, training, skills and experience

- People said staff were trained and able to meet their needs. One person said "I think the carers are well trained. Sometimes there are new ones and the agency are very good about training them."
- Staff said they received training which was appropriate for their role. The provider had a strong emphasis of supporting e learning with practical sessions, coaching and mentoring and attending calls to check staff were competent.
- The provider ensured all new staff received an induction and shadowing of experienced staff so they felt ready to provide care.

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

- People received support where needed with eating and drinking. One relative said "[Relative's name] needs to drink a lot and the carers know that she needs plenty of drink and will make sure she has some with her."
- Staff could easily access information about people's dietary requirements on the care plans and knew if there were any risks associated with eating and drinking such as choking.

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

- People's care plans set out how staff should support them and included other agencies and healthcare professionals involved with their care.
- The provider gave examples of working with other professionals to ensure people received the care they needed such the district nurses and tissue viability nurses for people with pressure sores.
- The provider ensured referrals were made to other professionals including occupational therapists, so people had the equipment they needed to live healthier and more independent lives.

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 MCA 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.

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 , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- All except one person and the relatives we spoke with said consent for care had been requested before support was provided. One relative said, "Carers communicate well and will check with [relatives name] that they are not doing anything she doesn't want."
- Staff understood people had the right to make their own decisions and there was a process to be followed for those who lacked capacity. One staff member said "They have a choice when I see them, I don't do anything they don't want. I talk, I ask them what they want. They have choices you see."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- All except for one person and the relatives we spoke with said they felt the carers were caring, treat people with dignity and respect and listened well. They were happy with the support and one person said, "Carers are a lovely bunch and they listen to me."
- Staff understood the importance of treating people well. One staff member said of the care they provide at night "He's a great guy, I'm guided by his choices, he makes the decisions and I just help him."

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

- People and their relatives were involved in making decisions about their care. One relative said "'The care was discussed at the start and is covering her basic welfare needs. We had a visit from the head of the care company at the outset and [relatives name] gave input to her ability.'
- The provider regularly sought the feedback of people and their relatives through reviews of care, home visits, and telephone calls.

Respecting and promoting people's privacy, dignity and independence

- Relatives said people's privacy and dignity was respected. One relative said "'Dignity and respect is good, and the carers will have a joke with [name of person]. There is good rapport."
- Staff knew and understood people's preferences and choices. This was through the care plans and taking time to speak to people to get to know them well.
- Staff used an electronic recording system with their own secure password, so people's personal information was protected, and information was only shared on a need to know basis.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were fully involved in writing and reviewing their care plans. Care plans were personalised, detailed and up to date.
- Staff checked at the start of every visit to make sure nothing had changed in relation to the care they provided. One staff member said, "I ask them if this is ok for them. Always re check the care plan but I check what they want on the day too."
- The provider ensured staff had easy access to all the information they needed, including updates, on the electronic recording system which they accessed for each visit. This meant care was delivered in the right way and at the right time.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People and relatives said they were given information in a format which was suitable for their needs. One person said "I cannot read the care plan. We are both in our 90s and all has to be verbal with me and they (agency) are very kind about it."
- The provider told us they were able to provide information in a range of formats if they needed to.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's interests, religious and cultural needs and preferences were recorded in their care plans for staff so they could use this to build relationships when providing care.

Improving care quality in response to complaints or concerns

- People and relatives said they knew how to complain but found it easy to contact and talk to the provider if they felt something wasn't working for them.
- One relative said, "I have complained, but it was resolved to my satisfaction."
- The provider had a system in place for managing complaints or concerns and tried to resolve these as quickly as possible to cause the least distress possible. For example, when someone was unhappy about the time of their calls, they worked with the person to find a solution they were happy with.

End of life care and support

- The provider was not currently providing 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- One person and the relatives we spoke with were positive about the culture of the service and the level of communication they received. One said, "I am aware from the carers that when there are staff shortages it is always managed. I can rely on them and have never been let down. They always return my calls."
- The provider had regular meetings with staff to discuss the delivery of the service. Staff felt they were included in decisions about how the service operated.
- The provider and staff were passionate about the service and wanted to ensure they provided the best possible care 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 and staff understood duty of candour. They understood what to report to external organisations such as CQC and when to speak to people or their relatives if something went wrong.

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

- Staff felt well supported by the provider. One said, "The manager is very up on things and really supportive."
- The provider understood their role and responsibilities. They owned the company and acted as manager. With support from office staff they had good oversight of the service and used tools such as audits and observations of staff practice to support quality improvement.
- The provider had a clear understanding of the needs of people receiving care and ensured this was used to continuously develop the staff team and the quality of the care provided.

Working in partnership with others

- The provider and staff worked closely with health and social care professionals such as GPs and district nurses and this collaborative working ensure people's care was appropriate and timely.