

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

This inspection took place on 28 April 2017 and was announced. We gave the provider 48 hours' notice of the inspection because we needed to be sure the manager and staff would be in the office.

Star Nursing and Care Services provides personal care and nursing care support to people with a range of care needs who live in their own homes. At the time of our inspection there were two people using the service. The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

At our last comprehensive inspection of the service on 10 February 2016 we found breaches of legal requirements because risk to people's health and well-being were not always identified or assessed and risk assessments did not provide appropriate guidance for staff, people's care records did not always detail people's full needs, medicines were not always managed safely, staff were not always supported through regular supervision and systems in place to monitor the quality of the service were not always effective in identifying the issues we found or in improving the quality of the service. We took enforcement action and served a warning notice on the registered provider in respect of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We undertook a focused inspection on 28 April 2016 to check that the provider had met our legal requirements to which they had met the warning notice.

At this inspection we found that the provider had made significant improvements relating to the breaches of legal requirements that the focused inspection in April 2016 did not focus on.

There were appropriate safeguarding and whistle-blowing procedures in place and staff had a clear understanding of these procedures. Assessments were in place to support people where risks to their health and welfare had been identified. Appropriate recruitment checks took place before staff started work and there was enough staff to meet people's needs.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff had completed an induction when they started work and received training relevant to the needs of people using the service. Care plans detailed people's nutritional and support needs. People had access to health and social care professionals when they needed them.

People were provided with appropriate information about the service. People and their relatives said staff were kind, respectful and caring and their privacy and dignity was maintained. People were consulted about their care and care plans were in place that provided information for staff on how to support people safely and appropriately. People were aware of the complaints procedure and we saw complaints were managed appropriately.

There were systems in place to monitor the quality of the service provided to people. The provider took into account the views of people using the service through satisfaction surveys and telephone monitoring calls. The provider conducted unannounced spot checks to make sure people were supported in line with their care plans. Staff said they enjoyed working at the service and they received good support from the registered manager and office staff. There was an out of hours on call system in operation that ensured management support was always available to peoples using the service and staff when they needed it.

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.

There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures.

Appropriate recruitment checks took place before staff started work and there were enough staff to meet people's needs.

Risks to people's health and welfare were identified, assessed and documented.

Medicines were managed appropriately where people required this support.

Is the service effective?

Good 

The service was effective.

Staff completed an induction when they started work and received training relevant to the needs of people using the service.

Staff were supported in their roles through regular supervision and appraisals.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation.

Care plans detailed people's nutritional and support needs.

People had access to health and social care professionals when they needed them.

Is the service caring?

Good 

The service was caring.

People's privacy and dignity was respected.

People were provided with appropriate information about the

service.

People and their relatives, where appropriate, had been involved in planning for their care needs.

People told us staff were kind, respectful and caring.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and reviewed to ensure the care provided met their needs.

Care plans held detailed information and guidance for staff about how people's needs should be met.

People were aware of the complaints procedure and we saw complaints were managed appropriately.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post.

There were systems in place to monitor the quality of the service provided to people.

The provider took into account the views of people using the service through satisfaction surveys and telephone monitoring calls.

The provider conducted unannounced spot checks to make sure people were supported in line with their care plans.

Staff said they enjoyed working at the service and they received good support from the registered manager and office staff.

There was an out of hours on call system in operation that ensured management support was always available to peoples using the service and staff when they needed it.

Star Nursing and Care Services

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 was planned to check 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.

This unannounced inspection took place on 28 April 2017 and a single inspector visited the service. Before the inspection we looked at the information we held about the service including information from any notifications. A notification is information about important events that the provider is required to send us by law. We also asked the local authority for their views about the service and used this information to help inform our inspection.

As part of our inspection we looked at the care records of two people using the service, staff training, supervision and recruitment records and records relating to the management of the service. We spoke with the registered manager, deputy manager, office staff and two care staff. We also spoke with two people or their relatives on the telephone to gain their views about the service they received.

Is the service safe?

Our findings

At a previous comprehensive inspection in February 2016 we found a breach of regulations in that risks to people were not always identified, assessed and action taken to prevent or reduce the likelihood of risks occurring. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We took enforcement action and carried out an announced focused inspection on 28 April 2016 to which we found that improvements had been made but further improvements were still required.

At this inspection we saw that further action was taken to identify, assess and review risks to people using the service. There were robust risk assessments in place which identified and assessed levels of risk to people in areas such as their personal care, behaviour, cognition, mobility, pain management, skin integrity, nutrition and medicines management amongst others. We saw that risks to people's physical health needs and treatment were documented clearly and held detailed guidance for staff on how to meet individual's health needs. For example one care plan risk assessment documented steps care workers were required to take to ensure the persons Percutaneous Endoscopic Gastrostomy (PEG) was appropriately and safely managed with support from the person's informal carer and also included pictorial instructions for staff. Another care plan risk assessment recorded guidance for staff on how best to help support the persons live in carer to manage the persons breathing condition and ensure their tracheostomy tube was clear and free from obstructions.

At the time of our inspection there was no one using the service that required support with administering their medicines. However we saw there were systems in place that ensured people's medicines would be managed safely if required. People's care plans recorded the current medicines people were taking and information about any support people required. Medicines risk assessments were in place to detail any risks and support people may require to take their medicines safely and to ensure that identified risks were managed safely. We saw that staff had completed medicines training and had their competency assessed to ensure that if required they had the appropriate skills and knowledge to support people in managing their medicines safely.

There were arrangements in place to deal with emergencies. The provider had a business contingency plan to deal with a variety of emergencies which provided the contact details to staff to manage a range of emergency situations. For example the provider had a 'no response' policy in place and care staff we spoke with were aware of the procedures to follow where there was no response from people using the service when they visited their homes. There was also an 'out of hours' on call system in place to support people using the service and staff if required outside of office hours. Staff told us that the office support they received was good. One member of staff said, "If ever I need support or there is a problem, there is always someone in the office to help at any time."

People and their relatives told us they felt safe with the staff that visited them. One relative commented, "The staff are brilliant. I feel assured that my loved one is safe and is getting very good care." Another relative said, "The staff are very caring and respectful." There were safeguarding and whistleblowing policies and procedures in place to ensure people were protected from possible harm. The registered manager, office

and care staff were aware of their responsibility to safeguard people and staff were able to tell us the types of abuse, the signs they would look for and action they would take if they had any concerns. Staff training records we looked at showed that staff had received up to date safeguarding training to ensure they had the knowledge and skills to support people appropriately where required.

Appropriate recruitment checks took place before staff started work to ensure their suitability to work in the care sector. Staff files contained a completed application form with their employment history, evidence confirming references had been obtained, proof of identity, evidence of the right to work in the United Kingdom and criminal records checks. Staff told us they were issued with a staff handbook to support them whilst out of the office, identity name badges and uniforms to enable people using the service to identify them safely before allowing them to enter their homes.

People and their relatives told us they felt there were enough staff to meet their needs and they had regular staff that visited them. One relative said, "We have the same carer visit us every day. They are always on time and stay for the length of the visit or longer if needed. They are very good and my loved one likes and knows them well." Another relative commented, "They are always on time and stay their time and on the odd occasion longer if needed." We saw there were enough staff employed at the time of our inspection to support people using the service promptly and appropriately. Where people required two staff to support them the appropriate number of staff were in place to ensure their needs were met. The provider had systems in place to check on staff working within the community ensuring staff arrived on time and people's calls were completed at the correct duration they were contracted for.

Is the service effective?

Our findings

At our inspection of the service in February 2016 we found a breach of regulations in that staff were not supported through regular supervision in line with the provider's policy. At this inspection we saw that improvements had been made as staff had received regular on-going supervision in line with the provider's policy which staff confirmed. One member of staff told us, "I get supervision often and I feel very supported by the office." Another member of staff said, "Yes I get supervision on a regular basis. I feel supported and can contact the office at any time." Staff records we looked at confirmed that staff had received regular supervision and also group supervision sessions on occasions to share any learning and best practice.

People and their relatives told us they thought staff received appropriate training to support them adequately and were competent in carrying out their duties. One relative said, "They know exactly how to care for my loved one. I feel they are very well trained and they are also very willing to learn." Another relative commented, "They appear to be very well trained as they know what they are doing." Staff we spoke with told us they received training appropriate to their needs and the needs of people who they supported to enable them to carry out their roles effectively. One member of staff told us, "The training we have is very good. Some of the training is on line and others are done in person in the office." Another staff member said, "The training provided is very good. It has helped me to have a better understanding of people's needs." Staff records we looked at demonstrated that training was provided on a regular basis and included topics such as medicines management, safeguarding, The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, health and safety, fire safety, infection control, food hygiene and safety, manual handling and equality and diversity amongst many others. Specialist training to meet individual needs was also provided and included areas such as clinical training, catheter care and stoma care. The office base had a training room attached which the registered manager told us was used for staff training sessions and staff meetings.

Staff new to the service were provided with an induction which included a period of shadowing experienced members of staff and completing training the provider considered mandatory. Staff who had recently joined the service told us they had been well supported to learn their new role through working with staff and completing the provider's training programme. One new member of staff said, "I am currently working through my induction now and I am completing all my training. It's been very helpful." The deputy manager told us that all new staff are required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Staff records confirmed that staff had completed an induction programme when they started work to ensure they could meet people's needs effectively.

Staff were aware of the importance of gaining consent from people when offering or providing them with support. One member of staff told us, "Some people we support are unable to verbally communicate with me but I still make sure they are ok with me supporting them before I do anything. I know they agree to me supporting them by their body language or mood."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves. We checked whether the service was working within the principles of the MCA. The deputy manager told us that people using the service were able to make decisions about their day-to-day care needs such as the personal care they received and the clothes they wished to wear but mental capacity assessments were completed for some people whose capacity was variable due to their conditions and care records we looked at confirmed this. They told us if someone did not have the capacity to make decisions about 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 Mental Capacity Act 2005. The deputy manager confirmed that no one currently using the service was deprived of their liberty.

There were systems in place to ensure people were supported to have enough to eat and drink where this was part of their care plan. Although at the time of our inspection no one using the service required support to cook or prepare meals to meet their dietary and nutritional needs due to their conditions, people's care plans allowed for their needs to be documented. We saw that where required people's needs in relation to the support they needed to manage their PEG was recorded and guidance for staff on how to do this was available.

People's relatives told us that office staff and care staff kept them informed of any changes to their family member's health and where appropriate health care professionals were contacted. One relative said, "Communication with the office and staff is very good. They always contact me if there are any concerns." Staff we spoke with told us they would notify the office if they noticed any changes in people's health and we saw this to be the case in daily records that were kept by staff and contained within people's care plans. The deputy manager told us they would contact people's relatives or a health professional if concerns about a person's well-being was identified. The service worked with health professionals to address people's health needs and contact details for health and social care professionals involved in people's care were documented within people's care plans.

Is the service caring?

Our findings

People and their relatives told us staff were helpful, respectful and caring. One relative said, "They are always friendly when they visit and so caring in their manner." Another relative commented, "They are brilliant and caring. My loved one always has a smile on their face when the carer turns up and that's a good sign to me."

People and their relatives told us they were involved in decision making and planning for their care and support. One relative said, "The office staff visit quite often and carry out reviews of my loved ones care to make sure everything is working well. I am always involved in these and any decisions that are made." Care records we looked at showed that people and their relatives where appropriate had been involved in their care planning and were provided with opportunities to express their preferences in relation to the care and support they received.

People were provided with appropriate information about the service when they started in the form of a 'service user handbook'. This provided people with an introduction to the service, their statement of purpose and quality of care they should expect, the service delivery including assessing people's needs and details of their complaints procedure. The deputy manager told us this was given to people when they first started using the service so they were fully informed about the service and which also provided them with contact details should they need to contact the office. People we spoke with confirmed that they were given a copy of the 'service user handbook' for their reference.

The deputy manager told us there was a matching process in place and that they aimed to ensure people were supported by staff that had the right experience and skills to meet their needs and how they tried to maintain the continuity of care for people to enable good professional relationships to develop. Relatives we spoke with confirmed this. One relative commented, "We have had the same carers visit for a long time now and it works really well for my loved one. They know them well and have a really good relationship with them which makes them very happy."

People told us they were treated with dignity and respect and their relatives told us their loved ones privacy and dignity were respected at all times. One relative commented, "Staff are very respectful and the way they treat my loved one is great. They take their time and make real efforts to communicate effectively showing great patience." They provided us with examples of how staff did this including addressing people by their preferred names, completing tasks in an unhurried manner and by providing personal care behind closed doors. Staff we spoke with told us of how they maintained people's privacy and dignity for example, by closing doors and drawing curtains when providing personal care and by knocking on doors and seeking permission before entering.

People's individualised needs with regard to their disability, race, sexual orientation, religion and gender were identified to ensure their needs and wishes were met. People's preferences with respect to their personal care were recorded in their care plan and people and their relatives were given a preference of a male or female care worker.

Is the service responsive?

Our findings

Relatives of people using the service told us staff were responsive to their needs and their loved ones had a care plan of their assessed needs in place available in their homes. One relative said, "We have a copy of the care at home. It's very detailed and staff refer to it and write in it every time they visit."

Assessments were undertaken to identify and assess people's physical and mental health needs before they started using the service. The registered manager told us that assessments were also completed by funding authorities where appropriate and this information helped them in assessing people's ongoing care needs. Initial assessments undertaken covered areas such as people's personal care needs and preferences, nutrition, communication, risks, mobility, medicines and risks associated with people's home environments.

Staff were knowledgeable about the care needs of the people they supported and were able to tell us about people's specific health conditions, the support they provided and other health and social care professionals they worked with to ensure they were responsive in meeting people's needs. Care plans contained good guidance for staff on best practice and how to meet individuals' specialised needs. For example, detailed guidance on providing personal care and bathing, individualised guidance in meeting people's specific medical conditions, promoting and practising effective communication, the importance of good record keeping and effective team and partnership working.

Care plans were developed from information gathered from people and were personalised to reflect their individual needs and preferences. Care plans included information about people's needs and preferences including people's physical and mental health, medicines, personal care, mobility, safety and nutrition where relevant. Care plans were detailed and gave clear guidance to staff to help them meet people's needs. Care plans were kept up to date and reviewed on a regular basis with people and their relatives to make sure they met people's changing needs. The deputy manager told us care plans were reviewed every two months or when required and were also checked to ensure they were current when the provider conducted spot checks within people's homes.

People and their relatives told us they were aware of the provider's complaints procedure and were confident that their complaints would be listened to and investigated appropriately. One relative said, "We have information about how to raise any concerns in the care plan so I am fully aware. However, the service is very good and so I have no issues to report." Another relative commented, "I would speak to the office if needed but I have no concerns at all. The service is brilliant." The service had a complaints policy and procedure in place. The registered manager showed us a complaints file which included a copy of the provider's complaints procedure and records from complaints made to the service. We saw that complaints were investigated and responded to appropriately.

Is the service well-led?

Our findings

At our comprehensive inspection of the service in February 2016 we found a breach of regulations in that the provider's quality assurance systems were not always effective in identifying issues we found in areas such as people's care plans and risk assessments, management of medicines and supporting staff in line with the provider's policy. At this inspection we found significant improvements had been made in relation to these issues and the provider had met legal requirements.

Relatives of people using the service spoke positively about the care and support they received and told us they felt the service was well led. One relative commented, "It is a brilliant service with very caring staff. Communication is good and the office appears to manage the work very well." Another relative said, "Yes I would say the service is well managed as staff in the office are always available when I need them and we have had no problems with the service at all." Staff we spoke with also commented positively on the management and running of the service. One member of staff told us, "I have nothing to complain about. I received a good induction, training and feel very supported." Another member of staff said, "The service is managed well. Office staff are always there when I need them and there is someone available out of hours."

Staff told us they were happy in their work, understood the values of the service and felt there were effective lines of communication to enable them to do their job. We saw that staff meetings were held on a regular weekly basis for office staff and newly implemented monthly meetings for care staff to provide them with the opportunity to meet and share good practice or to discuss issues of concern. Staff were provided with a staff hand book as a guide to remind them about the service's policies and procedures when they were out working in the community. They told us there was always someone available on the end of the phone to provide advice in any emergency at any time.

There was a registered manager in post at the time of our inspection and although the registered manager was not actively involved in the daily management and running of the service they had experience in the health and care sector and management prior to setting up the service in 1987. They were knowledgeable about the requirements of being a registered manager and their legal responsibilities with regard to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A deputy manager was in post and they managed the daily running of the service. They were also fully aware of their responsibilities with regard to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was an out of hours on call system in operation that ensured management support and advice was always available to people using the service and staff when they needed it.

There were systems in place to regularly monitor the quality of the service provided to people. The registered manager showed us audits in place and which were conducted every two months to check on and maintain the quality of the service. Areas covered as part of their auditing processes included staff files and recruitment, staff supervision and training records, complaints and safeguarding concerns, incidents and accidents, care plan and care records, staff spot checks and telephone reviews to ensure people were receiving a good service. The provider also commissioned an independent external auditor in October 2016 to audit and compile a report on staff records. The report showed that the provider was 97.85% complaint

and we saw that minor actions that were required were addressed in the provider's action plan that was implemented.

We saw the provider carried out regular surveys to seek people's views about the service they received. We looked at the results for the survey conducted in January 2017 which was very positive. People rated the service as either 'very good' or 'excellent' and one comment read, "Very happy with the service and lovely carer too." The deputy manager told and showed us that they had recently developed a staff survey which they would be conducting soon. We will look at this when we next inspect the service.