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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

A Star Care Services is a domiciliary care agency. It provides personal care to people living in their own houses. It provides a service to older adults and operates across Solihull, West Midlands. There were six people using the service at the time of our inspection.

We visited the offices of A Star Care Services on 3 November 2017. This was the first inspection of the service since registering with the Care Quality Commission in October 2016. We gave the registered manager 48 hours' notice of the inspection visit because it is small and the manager is often out of the office providing care. We needed to be sure that they would be in.

The service is required to have 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 the time of our inspection there was an experienced registered manager in post who was also the provider.

Everyone we spoke confirmed they felt safe with their care workers. This was because they received their care and support from care workers they knew and trusted. Care workers were recruited safely and there were enough care workers to support people safely.

Procedures were in place to protect people from harm. Care workers understood their responsibilities to keep people safe and were confident to raise any concerns with the registered manager. They understood the risks to people's individual health and wellbeing and risks were clearly recorded in people's records. A system was in place to record accidents and incidents and to reduce any reoccurrence.

Care workers understood their responsibilities in relation to infection control. People received their medicines from trained staff when they needed them.

Everyone we spoke with told us care workers had the skills and knowledge they needed to care for them effectively. New care workers were provided with effective support when they first started work at the service. Care workers also had opportunities to complete qualifications such as, social care diplomas (previously NVQs) in adult social care.

People were supported to manage their health conditions and to access other professionals when required. Care workers knew how to monitor and manage people's nutrition and hydration if this was required to make sure people's nutritional needs were maintained.

Care workers demonstrated an understanding of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) so that they could ensure people's rights were being protected. The registered manager understood their responsibility to comply with these requirements. Care

workers always obtained people's consent before they provided care and support.

Everyone we spoke with told us care workers were kind and caring. Care workers were proud of the care they provided to people. Because they provided care to the same people they had built up meaningful relationships with people and their families.

Care workers had a good understanding of people's abilities and this meant they knew how to promote people's independence. Everyone we spoke with told us care workers treated them with respect. Care workers described to us how they upheld people's privacy and dignity.

We received positive feedback about how the service was personalised and responded to people's individual needs. The registered manager and care workers knew what was important to people which meant people received care and support in line with their wishes and preferences.

People's care records were personalised and contained detailed information about people's life histories and daily routines. This information helped care workers to provide support in the way people preferred. People and their relatives were involved in the planning and review of their care.

Everyone we spoke with told us the service was well led and they could not think of anything that would improve the service they received. People knew how to make a complaint and felt comfortable doing so. Care workers enjoyed working at the service because the registered manager was approachable and supportive.

There were effective systems to monitor and review the quality of the service. There was a strong emphasis on continually looking for ways to improve the service people received, and also looking at learning if care fell below the standards the registered manager expected.

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.

People felt safe with their care workers. The safe recruitment of care workers minimised, as far as possible, the risks to people safety. There were enough care workers to support people safely. Procedures were in place to protect people from harm. A system was in place to record accidents and incidents and to prevent them from reoccurring. People received their medicines when they needed them by care workers who were trained to do so. Care workers understood their responsibilities in relation to infection control.

Is the service effective?

Good ●

The service was effective.

Care workers had the skills and knowledge they needed to care for people effectively. New care workers were provided with effective support when they first started work at the service. People were supported to manage their health conditions and to access other professionals when required. Care workers and the registered manager understood and worked in line with the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

Care workers were kind and caring and treated people with respect. They knew how to promote people's independence and upheld people's privacy and dignity.

Is the service responsive?

Good ●

The Service was responsive.

People received personalised care in line with their wishes and preferences. People's care records were personalised and contained detailed information about people's life histories and daily routines. People and their relatives were involved in the planning and review of their care. People and their relatives knew

how to make a complaint and felt comfortable doing so.

Is the service well-led?

Good ●

The service was well-led.

Everyone we spoke with told us the service was well led. Care workers enjoyed working at the service because the registered manager was approachable and supportive. There were effective systems to monitor and review the quality of the service. There was a strong emphasis on continually looking for ways to improve the service people received.

A Star 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 was 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 office visit took place on 3 November 2017 and was announced. We told the registered manager before the visit we would be coming so they could make sure they would be available to speak with us. The inspection was carried out by one inspector.

Prior to our office visit we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke to the local authority commissioning team. They did not have any further information to share with us .

The provider sent us a list of people who used the service before our inspection. We contacted people by telephone and spoke with one person and four relatives to gather their views on the service they received. We also spoke with four care workers. We used this information to form part of our judgements.

During our office visit we spoke with the registered manager and one care worker. We reviewed two people's care records to see how their care and support was planned and delivered. We looked at two staff records to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

Everyone we spoke confirmed they felt safe with their care workers. Comments included, "Wonderfully safe," and, "This is the safest agency we have experienced." A relative told us, "(Person) is safe and well looked after which gives me peace of mind. This means I don't worry when I am at work." Another explained their relation received care from care workers who they trusted which made them feel safe.

Everyone we spoke with told us there were enough care workers to support them safely. We asked if care workers arrived when people expected them and stayed long enough to do everything that was required before they left. Comments included, "Yes, they are always on time," "They are very thorough and stay the correct time," and, "Very reliable care workers."

At the time of our visit there were six care workers working at A Star Care Services and there were no staff vacancies. Because the service was small the registered manager also completed people's care calls and covered any care worker absences. This meant people received consistent care.

Recruitment procedures minimised, as far as possible, the risks to people safety. Our discussions with care workers confirmed their references had been requested and checked. They told us they had not started working at the service until their DBS (Disclosure and Barring Service) clearance had been returned and assessed by the registered manager. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

Procedures were in place to protect people from harm. For example, the provider's safeguarding reporting procedure was provided to people. This meant people knew how to report concerns if they felt unsafe. Our discussion with the registered manager assured us they were aware of their responsibilities to keep people safe. Records showed no concerns of a safeguarding nature had occurred in the twelve months prior to our visit.

Care workers confirmed they had completed training in safeguarding adults. Training included how to raise concerns, and the signs to look for which might indicate people were at risk. Care workers described their responsibilities to keep people safe and they told us they were confident to report any concerns to the registered manager. One said, "I would tell (manager) if I was worried about anyone." Another told us, "If I was worried about someone I would record it and tell the manager. If they didn't take any action I would call social services."

There was a procedure to identify and manage risks associated with people's care. Before people received support from the service an assessment of their needs was completed by the manager. The information gathered from the assessment was used to complete risk assessments which gave care workers detailed instructions on how to support people safely. For example, one person spent a lot of time in bed and was at risk of developing sore skin. Their risk assessment instructed care workers to check the person's skin every time they provided care and to report any concerns. Care workers confirmed they always did this and confidently explained the action they would take if they identified sore skin. One told us, "I check everywhere

when I provide personal care. I would record and report my concerns to the family and the manager. The manager would phone the district nurse for advice." These practices reduced the risk of the person's skin becoming sore.

Some people had a key safe which care workers could access to gain entry to their home if the person was unable to open the front door. Care workers we spoke with were aware of the importance of keeping entry codes safe and made sure following their calls that doors were closed and the home secured.

Our discussions with care workers assured us they understood their responsibilities in relation to infection control. One told us, "We use gloves and aprons when we assist people with personal care and wash our hands to stop the spread of any germs." Records showed care workers had also completed infection control training in- line with best practice recommendations.

We looked at how medicines were managed by the service. Most people were supported by their relatives to take their medicines but where care workers supported people with this it was recorded in their care plan. Care workers told us, and records confirmed they had received training to administer medicines safely which included checks on their competence. Care workers recorded in people's records that medicines had been given and signed a medicine administration record (MAR) to confirm this. MARs were checked by care workers during visits and by the registered manager for any gaps or errors. Completed MARs were returned to the office each month for auditing. Completed audits showed us no medicine errors had occurred in the 12 months prior to our visit. These procedures made sure people were given their medicines safely and as prescribed.

A system was in place to record accidents and incidents. None had occurred within the 12 months prior to our visit. Care workers explained they would report any accidents immediately. The registered manager said, "If an accident occurred I would review what had happened and take action to stop it happening again."

Is the service effective?

Our findings

Everyone we spoke with told us care staff had the skills and knowledge they needed to provide the care and support people required. One person told us, "Carers know what they are doing they are very confident in their practice." A relative said, "They (care workers) have been very well trained by the manager who works alongside them so they can see what's going on."

The registered manager was an accredited trainer and was qualified to provide training to care workers which including moving people safely. They told us, "It's a good way for me to make sure all staff are well trained." Care workers told us they had completed the training they needed to be effective in their roles. One said, "We have theory and practical 'on the job' training which is really good, we can ask questions as we go along." Another said, "They (manager) showed us how to use equipment and gave us tips on how to make people as comfortable as possible when we help them into bed." They told us this made them feel supported by the registered manager.

New care workers were provided with effective support when they first started work at the service. One explained their induction had been helpful because they had spent time 'shadowing' (working alongside) the registered manager to gain an understanding of people's needs and this meant they provided care in line with people's wishes. Completion of the induction ensured care workers understood the provider's policies and procedures and meant they had received training in-line with the Care Certificate. This demonstrated the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.

Care workers also had opportunities to complete qualifications such as, social care diplomas (previously NVQs) in adult social care. This assured the registered manager they had the skills they needed to meet people's needs. Care workers were also encouraged to complete other tasks such as administration at the office. The registered manager explained giving care workers opportunities and responsibilities was one way they supported them to continually develop their knowledge and skills.

People were supported to manage their health conditions and to access other professionals when required. However, many people were supported by their families in relation to this. One person had very complex care needs and the registered manager had been working closely with the person's social worker and district nurses to support them. For example, the registered manager had made a referral to occupational therapy when equipment was required to support the person to move safely.

People were supported with meal preparation by their relatives. Care workers told us they did heat up prepared meals for some people and made some people drinks. Care workers knew how to monitor and manage people's nutrition and hydration if this was required to make sure people's nutritional needs were maintained. For example, if people were not eating and drinking they would report this so action could be taken to support the person.

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 and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood the relevant requirements of the Mental Capacity Act (2005) and told us no one using the service at the time of our inspection lacked the capacity to make all of their own decisions. Some people lacked capacity to make certain decisions, for example, finances. Records showed those people had somebody who could support them to make decisions in their best interest, such as a relative. This meant the rights of people who were unable to make important decisions were protected.

Care workers told us they had received training about the MCA. One said, "We have had training about the MCA and we have quizzes and question sheets to check that we understand." All care workers we spoke with knew they should assume people had the capacity to make their own decisions, unless it was established they could not. They also understood the importance of seeking people's consent before providing care and support. Everyone we spoke with confirmed care workers did this. Comments included, "They explain what they are doing," and, "They always ask before offering help."

Is the service caring?

Our findings

Everyone we spoke with told us care workers were kind and caring, comments made included, "Very kind." "Absolutely lovely caring people," and, "They are very caring and very helpful."

A relative explained they had really appreciated the support they had received from the service following a family bereavement. They told us the support had helped them to come to terms with their loss. We discussed this with the registered manager and they told us they were proud of the meaningful relationships they had developed with people and their families. This demonstrated their aim of providing a supportive and compassionate service that provides companionship was achieved.

Care workers we spoke with were proud of the care they provided to people. One said, "I love my job, I love visiting people and getting to know them. I feel I do make a positive difference to people's lives." We asked care workers what caring meant to them. They told us, "Spending time with people and providing personalised care." and, "That's easy, I treat people as I want to be treated."

Everyone we spoke with told us care workers treated them with respect. For example, they always knocked the door before they entered the person's property and they were always polite and courteous. One relative commented, "They are very respectful and they recognise their work environment is a home."

Care workers we spoke with described to us how they upheld people's privacy and dignity, "It is important to cover people up with a towel or dressing gown while I help them to wash." and, "I always shut the door and shut the curtains before providing assistance." Care workers told us the registered manager had explained the behaviours they expected of them during their induction so they knew how people should be treated. Care workers added, they were always introduced to people before they provided personal care so people did not receive personal care from someone they had not met before.

Care workers told us because they provided care to the same people they had a good understanding of people's abilities and this meant they knew how to promote people's independence in a variety of ways. For example, they recited a poem with one person which encouraged them to stand up. Reciting the poem meant care workers did not need to use equipment to move the person safely. Another person had a health condition which meant it took them a long time to move. The registered manager had identified this and had increased the length of the person's care visit which meant care workers had more time to spend with the person and encouraged them to complete tasks for themselves.

Is the service responsive?

Our findings

Everyone we spoke with told us the service was responsive to their needs and they would all recommend the service to other people. One person explained this was because the same care workers arrived at the same time each day to provide their support. This was important because they needed support to get ready for work. A relative explained the service was really flexible even at short notice. They said "Carers go the extra mile, they are very helpful and nothing is too much trouble."

The registered manager told us because the service was small they knew all the 'small things' about people which meant they provided a personalised service. For example, one person's religion was important to them and they found comfort in daily prayer. Care workers had identified the person's treasured religious pictures were located in a part of their home the person was unable to access. Support was provided to relocate the pictures which gave the person comfort because their pictures were close by.

Another person's personal appearance was important to them. Their relative told us because they were cared for in bed previous care agencies had not been able to wash their relative's hair in-line with their wishes. They explained to us how the registered manager of A Star Care Services had exceeded their expectations by sourcing a piece of equipment which meant their relation could wash their hair. They further explained care workers took the time to style their relatives hair in their preferred way and this had had a positive effect on their wellbeing. We discussed this with the registered manager who said, "We will always go the extra mile to make sure people get high quality care."

Care workers told us they provided care to the same people. This meant they had built up meaningful relationships with people and their families. One care worker commented, "I know people's routines, I have enough time to get to know them and we have a laugh and a joke together. They say they miss me on my days off so that makes me feel I do a good job." Another told us, "We have time to sit and talk to people, care is centred on the person and not the tasks we have to complete."

We looked at care plans for three people. All were personalised and contained detailed information about people's life histories and daily routines. For example, the way a person liked their pillows to be situated was documented which ensured they were comfortable in bed. Another person was scared of the dark. To reduce this person's fear staff were instructed to always leave a light on when they left the person's home. This information helped care workers to provide support in the way people preferred. Care workers told us if a person's needs changed they would tell the registered manager and their care plan was then updated.

People and their relatives confirmed they were involved in the planning and review of their care. Comments included, "The manager phones me once a week to check everything is ok." and, "We get together to discuss care and make any changes."

People and their relatives knew how to make a complaint and felt comfortable doing so. They told us they had been provided with a copy of the complaints procedure when the service started. A typical comment was, "I have a copy of the policy but I have nothing to complain about." and, "I would call the manager if I

had a problem but so far everything is great." A relative explained the registered manager welcomed complaints. They said, "The manager is very open with us they cannot make things better if they don't know about it." We saw two complaints had been received about the service in the last 12 months. Records showed both had been resolved to the complainant's satisfaction in a timely manner.

Is the service well-led?

Our findings

Everyone told us the service was well led and they could not think of anything that would improve the service they received. Comments included, "Very good company, good management." "It's good because the manager is always available," and, "It's a tight ship, the manager runs it well."

Discussions with care workers demonstrated they had a clear understanding of their roles and responsibilities and what was expected of them. They told us they enjoyed working at the service because the registered manager was approachable and supportive. One commented, "The manager has taught me everything I know, they are really keen to share their knowledge with us all to benefit people."

Care workers told us their work performance was monitored through meetings and by working alongside the registered manager. One said, "It's a really open culture, we can talk to the manager about anything."

The manager had many years of experience working in health and social care. They told us they were dedicated and committed to providing excellent care to people. They told us one way they achieved this was by continually increasing their knowledge to improve the service provided. For example, at the time of our visit they were in the process of completing a university degree in Social Sciences. They explained they shared their learning with care workers to further develop their understanding of social care to benefit people.

The registered manager used different methods to ensure they kept their knowledge of legislation and best practice up to date. For example, they had invested in resources and 'compliance tool kits' which they told us helped them to demonstrate their compliance with regulation. The registered manager understood their responsibilities and the requirements of their registration. They told us which notifications they were required to send to us so we were able to monitor any changes or issues with the service. We had received the required notifications from them.

There were effective systems to monitor and review the quality of the service. For example, medicine audits showed us no medicine errors had occurred in the last 12 months. There was a strong emphasis on continually looking for ways to improve the service people received, and also looking at learning if care fell below the standards the registered manager expected. Because the registered manager frequently worked alongside care workers to provide care and support to people they had an overview of the care people received. This meant they also had the opportunity to speak with people and their families.

Quality questionnaire were sent out to gather people's views on the service they received and drive forward improvements. Completed questionnaires were analysed to assess if action was required to make improvements. At the time of our visit feedback from the 2017 questionnaires was still being analysed by the registered manager. However, we looked at a sample of completed questionnaire which showed us people were happy with the service they received.