

Starry Care UK Limited

Starry Care

Inspection report

Suite 1, 3rd Floor, Margaret Powell House
401 Midsummer Boulevard
Milton Keynes
MK9 3BN

Tel: 01908044353
Website: www.starrycare.com

Date of inspection visit:
07 January 2020
08 January 2020
09 January 2020

Date of publication:
04 February 2020

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Starry Care is a domiciliary care service. The service provides personal care to people living in their own homes. At the time of the inspection there was one person 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

Systems to monitor the quality of the service were not fully embedded or implemented. This meant shortfalls had not been identified by the provider, which restricted their ability to bring about change and drive improvement. Records were not kept to evidence how the provider monitored the quality of care.

The provider's policies and procedures were not fully adopted to promote people's safety. People's assessment and care plans did not provide a full account of the medicine people were prescribed, or the role of staff in its administration. Records showed staff were administering medicine as prescribed. People's well-being was promoted as staff followed prevention of infection control measures.

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 this practice.

People and family members were involved in the assessment and reviewing of care, and their views and expectations were reflected in the care plan. Family members spoke positively of the care provided by staff, and the caring approach of staff towards their relative.

Family members spoke positively of the management of the service. They said the director regularly contacted them, which included visits to their home to review care needs and to ask if the care provided was to their satisfaction.

Rating at last inspection

This service was registered with us on 17/01/2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Enforcement

We have identified a breach in relation to governance and monitoring of the service at this inspection.

Please see the action we have told the provider to take at the end 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Starry Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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 inspected the service and made the judgements in this report.

We reviewed information we had received about the service since its registration. We used this information to plan our inspection.

During the inspection

We spoke with a director of the company who facilitated the inspection on 7 January 2020, and a member of staff by telephone on 9 January 2020. We spoke with a family member of the person who used the service, by telephone on 8 January 2020.

We reviewed a range of records. This included the care records of the person. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Potential environmental risks in the provision of care and support to people and staff within the person's home had not been assessed. This meant any potential risks had not been identified preventing any required actions to be taken to minimise these and promote safety. The director advised they would take action and assess for environmental risks.
- Risks associated with the person's care and support had been assessed. Risk assessments identified how risks were to be minimised. For example, by the use of equipment to support people to mobilise around their home and the role of staff.
- A family member told us their relative felt safe when being supported by staff, and that equipment such as walking aids were used when providing personal care to maintain safety.

Staffing and recruitment

- The provider's policy and procedure for the recruitment of staff was not fully implemented. This meant recruitment of staff was not robust. For example, staff's employment history was not fully documented, and references provided by previous employers did not detail the role of the person who had provided the reference. The director said improvements would be made.
- Staff records did include a Disclosure and Barring Service (DBS) check, which provides information to enable the provider to assess potential staff's suitability to provide personal care and support to people who may be vulnerable.
- There were sufficient numbers of staff, who had undertaken training to ensure the person's needs were met safely.

Using medicines safely

- Records held about the person did not contain information about the medicines they were prescribed. The director said they would update the person's information.
- The care plan stated the person managed and administered their own medicine, however we found evidence within the records that staff were responsible for the administration of some medicines. The director said they would update the person's care plan.
- Medicine administration records were in place and had been signed by staff, showing the person had received their medicine. The family member confirmed staff administered some of their relative's medication.

Systems and processes to safeguard people from the risk of abuse

- People's safety was monitored and promoted. Staff had undertaken training in safeguarding procedures, and they knew what action to take to protect people from harm and abuse.
- People when they commenced using the service were provided with information, which included an explanation of safeguarding, and contact details should they have safeguarding concerns.

Preventing and controlling infection

- The provider had policies and procedures in place, which were supported by staff who had received training in the prevention and controlling of infection.
- A family member confirmed staff wore protective personal equipment, such as gloves and aprons when providing personal care.

Learning lessons when things go wrong

- The director shared information as to a change made following feedback from staff who provided the person's care. This showed the provider had systems in place to learn from issues raised.

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

- Systems were in place to ensure assessments, reflective of the Equality Act were carried out by the registered manager prior to the commencement of a service. This ensured the person's needs could be met.
- A family member told us the assessment process provided an opportunity for their relative's care needs to be assessed, and their views shared.

Staff support: induction, training, skills and experience

- A family member told us staff had been introduced to their relative by the director, which had provided an opportunity for all parties to get to know each other.
- A family member told us both they and their relative had confidence in the knowledge of the staff who provided care.
- Staff spoken with told us they were provided with continued support by the management team to enable them to fulfil their role, which included being observed delivering care to ensure this was consistent with the person's care plan.
- Staff had been provided with a staff handbook, which provided information about key policies and procedures to support them in their role.

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

- The assessment process included the gaining of information as to support people may require with their diet.
- Staff supported the person with their dietary needs as identified within their assessment.
- A family member told us staff prepared breakfast for their relative consistent with the care plan.

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

- A family member told us the provider had supported them to liaise with social care professionals, to assist them in seeking a review of their relative's needs by commissioners.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When 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.

- The registered manager as part of the assessment process spoke with people and others involved in their day to day care, to identify whether there were any indications that a person would require an assessment to be undertaken, to identify their capacity to make informed decisions about their care.

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

- Care plans referenced the role of staff in respecting the person's equality and diversity, by identifying their specific needs and providing guidance as to how these were to be met.
- A family member told us staff who provided personal care were considered friends, due to the positive relationships developed by the parties involved. They went onto say, that their relative and staff enjoyed a healthy level of laughter and sharing of jokes.

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

- Care plans had been written with the involvement of the person receiving care, this ensured their wishes and expectations were understood and delivered by staff.
- A family member spoke of their relative's involvement in any care decisions, which included day to day decisions about their preferences. For example, what they wished staff to prepare for their breakfast.

Respecting and promoting people's privacy, dignity and independence

- Staff had signed an agreement as to their understanding of confidentiality.
- The provider had a Certificate of Registration, confirming 'registration with the information commissioner's office.'
- The family member told us staff promoted their relative's dignity, and the way this was provided was consistent with the information written within the care plan.

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

- The assessment of the person had identified the support they required with their personal care, and care plans had been developed which provided guidance for staff as to how support was to be provided.
- The family member told us the service was reliable as staff arrived on time, and where they were delayed for a short period of time due to traffic, they contacted their relative by text message to inform them.

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

- Staff were not required to support the person with the maintaining of relationships, or assistance with accessing activities.
- The assessment process had considered the person's social circumstances.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The assessment process identified support required to assist with effective communication. For example, consideration as to whether the person had a sight or hearing impairment. Any relevant information had been included within the care plan.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints since they were registered with the Care Quality Commission.
- Policies and procedures were in place which provided information as to how concerns or complaints could be made and how they would be responded to.
- The family member confirmed they had not raised any concerns or complaints, and that they would be confident to do so, should it be necessary.

End of life care and support

- At the time of the inspection staff were not providing support with end of life care. Reference was made within the assessment and care planning processes as to any relevant information. For example, as to whether a DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) was in place.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems to ensure the delivery of high-quality care were not fully implemented or embedded. For example, the provider's policies and procedures were not adhered to in full, which meant shortfalls in staff recruitment records had not been identified by the provider.
- Systems to review people's care and support through the reviewing of care plans were not robust, as inconsistencies in the care plan and delivery of care had not been identified. For example, the care plan stated staff were not required to support with medicine. However, staff did administer eye drops.
- Staff told us they had been observed delivering care, and had been asked questions relating to their role. However, there were no records to evidence what had been observed or whether the member of staff was competent in their role, or if improvements were required.
- Staff told us they had taken part in a telephone meeting with the director and registered manager, to discuss their progress with their role. However, there was no documentary evidence to support the meeting had taken place, the issues discussed or its outcome.
- A system was not in place to evidence supervisions were scheduled.
- The family member told us the director regularly visited them at their home, and contacted them by telephone to seek their views about the service. However, there were no records kept capturing their views or observations.

The provider did not have an effective system in place to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had in place questionnaires to be sent to people and family members in the future to ascertain their views as to the quality of the service provided.
- The family member spoke favourably of the management of the service, they told us members of the management team were approachable and supportive, and regularly spoke with them.
- Staff confirmed members of the management team were always available to provide guidance if required.

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 director stated there had been no incidents which were reportable under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, truthful information and a written apology.
- The Care Quality Commission (CQC) has not been informed by the provider of any incidents, which are reportable as required by legislation. The director confirmed no incidents had occurred which required notification to CQC.

Continuous learning and improving care

- The director informed us they were considering membership of the UKHCA (United Kingdom Home Care Association), which would provide access to information to enable them to further develop the service.
- The director spoke of keeping up to date with information distributed by CQC. For example, information to support providers in the recruitment of staff.

Working in partnership with others

- The director confirmed they continued to liaise with local authorities and hoped in the future to be part of the local authorities' framework for providing care.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure systems and processes to assess, monitor and improve the quality of the service were implemented.</p> <p>The provider had not implemented a system to record and plan the ongoing assessment and monitoring of staff's competence, through supervision and appraisal.</p>