

Starcare Limited

Starcare West Cheshire Branch

Inspection report

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Date of inspection visit:
20 October 2022
24 October 2022
27 October 2022

Date of publication:
30 November 2022

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Starcare West Cheshire Branch is a domiciliary care service providing personal care to 168 people at the time of the inspection. A small number of people who used the service had a learning disability.

Not everyone 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

Right Support:

People were involved in developing their care plans which were person-centred. These were updated when people chose and when care needs changed. Systems were in place to manage risks to people's health and wellbeing and medicines were managed safely.

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 knew people well and trusting relationships had been formed.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity; understanding and responding to their individual needs.

People received good quality care and support because appropriately trained staff could meet their needs and wishes.

Right Culture:

The service was well-led, and staff felt well-supported by an open and honest culture. The management team were committed to developing the service to improve the lives of people who used the service.

The registered manager had developed positive working relationships with other professionals and organisations to ensure positive outcomes were achieved for people.

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

Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 15 December 2020.

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.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Starcare West Cheshire Branch

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care 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 and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was because we wanted to speak with people who used the service to gather their views before visiting the office location. We also needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 October 2022 and ended on 27 October 2022. We visited the location's office on 20, 24 and 27 October 2022.

What we did before the inspection

We reviewed information we had received about the service since they re-registered under the new provider. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 16 people who used the service and 2 family members about their experience of the care provided.

We spoke with 9 members of staff including the nominated individual, registered manager, carers and members of the office team. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 19 people's care records and multiple medication records. We looked at 10 staff files in relation to recruitment and staff 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff to meet people's needs. We received feedback from a small number of people who used the service about the timeliness of planned calls. Comments included, "They're not very good with their timings. They usually always come a bit later than they should." and, "The odd carer might get held up and then that messes up all of the appointments for the day." We were also told some people saw a number of different staff at care calls, particularly in the evening.
- The majority of people felt they did receive a reliable service and received support from regular carers. We were told, "Staff are fairly good on time. They stay as long as I need them to," "Most of the time they are on time. If they are going to be late, they will let us know" and, "[Staff name] is fabulous. They hold the world record for continuity."
- We reviewed the rostering system and discussed how calls were monitored with the registered manager. We found they had clear systems in place to allocate regular carers at preferred times wherever possible. The registered manager also worked closely with the local authority to ensure they only accepted new care packages when they had the capacity to supply regular staff to meet the needs of people. Ongoing recruitment was underway to improve the consistency of staff allocated to evening calls.
- Staff told us the registered manager ensured people's care needs were met. One staff member said, "I can say [the registered manager] makes sure care is 100% covered."
- Recruitment procedures were safe. Checks were carried out on all staff before they started employment.

Assessing risk, safety monitoring and management

- People's needs were appropriately assessed; care plans had been developed to minimise any risk to people's health and wellbeing. Risk assessments were also in place for people's home environments; indicating potential hazards to others.
- Staff told us the care plans assisted them to provide safe care.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed. Detailed and accurate records were maintained.
- Medicines were only administered by staff who had the correct training to do so. Regular checks on the competency of staff to administer medicines were undertaken.
- People were able to describe the support they needed to take their medicines; and told us they were happy with the support. One person told us, "I take my own medicines. the carers only take the lids off the bottles [because I am unable]."

Preventing and controlling infection

- Systems were in place to protect people from the risk of infections. People confirmed staff wore appropriate personal protective equipment (PPE) during care visits. One person told us, "Carers will always wear facemasks and gloves when they help me."
- Staff had completed training and told us they had access to adequate supplies of PPE. One staff member said, "Starcare provide all the PPE and [COVID-19] tests. [They are] spot on."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe when supported by staff. Comments included, "Staff use a key code to get in. They always leave me secure when they leave" and, "I do feel safe, and if I didn't then my daughter would deal with it."
- Systems were in place to protect people from the risk of abuse. Staff received training and understood the actions they must take if they felt someone was being harmed or abused.
- Staff also demonstrated that they understood how to respond to, record and report incidents and accidents safely.
- Accidents and incidents were appropriately reported to external agencies including the local authority safeguarding team. Records were reviewed on a regular basis by the registered manager to analyse trends and identify any lessons learnt.

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.

Staff support: induction, training, skills and experience

- Staff received an induction when they started employment and completed the training they needed to support people effectively. Comments from staff included, "When I started I had training. The trainer is amazing and I did 3 days shadowing" and, "I didn't have prior experience. Now I feel confident."
- A couple of staff said they would have liked a longer period to shadow experienced staff and one person who received care told us, "The ones that come around regularly are trained quite well, but I think the new ones need to spend more time learning the job." We discussed this feedback with the registered manager who told us this option was available if staff requested it; or if additional support was identified by experienced members of staff.
- We also discussed with the registered manager the requirement to ensure all staff are suitably trained when supporting people with a learning disability or autistic people. The provider was in the process of ensuring all staff completed this training and was reviewing induction training to include this.
- Staff received ongoing support through regular supervision and observations of their practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they received a service. This information was used to develop risk assessments and care plans which reflected best practice and professional guidance.
- People confirmed they were involved in developing their care plans during initial visits from the provider. We were told, "Someone came out to talk to me about my care plan" and, "Someone from the office came to see me when I first signed up."

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.

- The service was working within the principles of the MCA. Capacity had been assessed; legal arrangements such as power of attorney was clearly documented in care plans.
- People also confirmed staff sought consent before providing personal care. One person told us, "[Staff] will always ask for my consent when they are showering me."□

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

- Staff were aware of people's nutritional needs and had clear information within care plans with regards to this. This included when a person needed to consider risks to their diet caused by medical conditions.
- People confirmed they were supported with their dietary needs and were provided with the assistance they needed to eat and drink. One person told us, "I'm very happy with my meals and I always get anything I need."

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

- The registered manager and care staff worked with other agencies to ensure people received consistent, effective and timely care. Care plans reflected professional input and advice.
- People confirmed they were supported to access their GP and other health services. Comments included, "Carers will call the doctor for me," "I would tell them if I felt unwell. They have had to call the emergency services for me before and an ambulance came" and, "There have been occasions when carers will call the district nurse for [Name]."

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; Respecting and promoting people's privacy, dignity and independence

- People spoke positively about the care they received from staff. They told us they were well-treated and supported; and staff respected their privacy and dignity. Comments included, "I think the care service is excellent," "They always knock when they arrive and I say 'come in'. They are so kind" and, "I am always treated with dignity. I insist upon it. They'd be out of the door if not."
- People also told us they were supported to be as independent as possible when receiving care. Two people said, "I can get dressed myself. I like to keep private but they are here to help [if I need them to]" and, "I wash myself, I prefer that even though it's tough."
- Care plans identified peoples' protected characteristics under the Equality Act 2010.

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

- Care plans and reviews demonstrated how people were involved in making decisions about their care.
- People confirmed they had been involved in developing their care plans. One person told us, "I have a care plan. They check I am happy with it. Every so often [Staff name] will come."

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; 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 received personalised care which reflected their needs and preferences. Care plans were person-centred. We were told, "The regular people know my routine well. I can't complain," "The majority of my carers are the same, so they do know my likes and dislikes" and, "The carers are fine it's nice to have a bit of company." One staff member added, "I have a regular round so I get to know all the service users."
- The provider was in the process of transferring care plans onto an electronic system. Some people who received a service told us they preferred the old paper-based system. One person told us, "They used to have a little book that they would look at, now everything is just a tick box exercise on their phones." We shared this feedback with the registered manager and reviewed both systems in use; both were appropriate to meet people's needs. Care plans were clear and easy to follow; staff confirmed they were kept informed of any changes.
- People's social and cultural interests were considered when developing care plans. This was reflected through the timings of care calls which had been agreed to suit people's preferred lifestyles.

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.

- The communication needs of people were assessed and reflected within care plans. For example, one person used a web-based translation service where English was not their first language. Another person used British Sign Language; regular care staff had learnt some of these signs to support effective communication.
- Information about the service was available in different formats so that people had access to information in a format they could understand. We discussed with the provider how this should be developed further to meet the communication needs of people with a learning disability. Following our inspection, we received updates from the registered manager which confirmed an easy read version of the service user guide was being developed.

Improving care quality in response to complaints or concerns

- There was a system in place for recording and responding to complaints. This was made available to people through the service user guide.

- People confirmed they knew how to raise concerns and felt confident any issues would be addressed. One person told us, "I know who I can speak to with queries. No problems."

End of life care and support

- At the time of the inspection, nobody was being care for at the end of their life. However, training for staff was available and, where appropriate, care plans contained information about people's wishes and feelings in respect of this aspect of their care.
- The service worked alongside other agencies to ensure people's needs were met at this stage of their life.

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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People confirmed that they were encouraged to offer feedback about the service through regular contact and quality reviews.
- A number of staff and people who used the service told us the office could be very busy and didn't always answer the phone in a timely manner. One person commented, "I think the carers are good, but whenever you ring the office they always seem like they're run off their feet." We shared this feedback with the registered manager who told us they would review the office systems to improve this.
- Staff told us they felt valued, were able to share their views and told us they were listened to. The registered manager was looking at ways to increase staff engagement with the easing of COVID-19 restrictions which had made face to face meetings difficult since the provider's registration.
- The registered manager and the staff team worked closely with other agencies and professionals to ensure good outcomes were achieved for people.

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

- There was a robust framework of governance underpinning the service. Audits and other checks completed by the management team and the provider were effective in identifying and driving improvements.
- The registered manager was open to any feedback received during the inspection and demonstrated a commitment to acting upon this in a prompt and effective manner.
- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service. This included responsibilities under the duty of candour. Accurate records were maintained.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us that the service was well-led and effectively managed. One family member told us, "I would recommend Starcare to other people. We have no complaints I am happy with everything."
- Staff also felt supported, enjoyed their job and spoke positively about the registered manager and about working for the provider. We were told, "[The registered manager] is great, easy to get along with, very

understanding," "I love Starcare. I started as a carer and worked up" and, "I love working as a carer, being out and chatting with people."