

Star Nursing & Care Services Limited

Star Nursing and Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 10 February 2016 and was announced. We gave the provider 48 hours' notice of the inspection because we needed to be sure the manager would be in.

Star Nursing and Care Services provides personal and nursing care to people with a range of care needs who live in their own homes. At the time of the inspection, three people were using the service.□

The service had a registered manager in post. However, they were not actively involved in the day-to-day management and delivery of the service. 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 2008 and associated Regulations about how the service is run.

At this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Risk to people's health and well-being were not always identified or assessed and risk assessments did not provide appropriate guidance for staff in areas such as moving and handling, eating and drinking, skin integrity, medication and bedrail risk assessments. People's care records did not always include their medical diagnosis, allergies and information about healthcare professionals involved in their care to ensure care staff were aware and provided care that was safe and appropriate. People's medicines were not always managed safely and people's care records did not include information on medicines prescribed by healthcare professions and information on the location of where their medicines were stored. Staff were not always supported through regular supervision to ensure they performed their roles and duties safely. The provider had systems in place to monitor the quality of the service such as unannounced checks but these systems were not always effective in improving the quality of the service.

We found that other areas also required improvement. The provider had a safeguarding adult's policy in place and staff were aware of how to protect people in their care from abuse. However, the registered manager was not aware of the local safeguarding reporting procedure to ensure that all safeguarding allegations were appropriately reported and investigated. Both staff and the management team were aware of seeking consent from people before providing the care and the need to carry out mental capacity assessment and best interests meetings if a person could not make specific decisions for themselves. However the registered manager was not aware of the legal requirements under DoLS to apply to the Court of protection to deprive people of their liberty where required. The provider had a complaints policy in place and people knew how to make a complaint if required. However information on how to make a complaint to relevant external organisations such as the local authority were not included the complaints policy. People's care plans did not always include their likes and dislikes to ensure their individual preferences were

respected.

There were robust recruitment and selection processes in place and appropriate numbers of staff were deployed to provide the care and support people required. There were arrangements in place to deal with foreseeable emergencies. People were supported to eat and drink adequate amounts to maintain their wellbeing. Staff received training and an induction into the service. Other healthcare professionals were involved in people's care to ensure their care and treatment needs were being met. People's privacy and dignity were maintained and people were involved in the planning of their care.

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.

Risk to people were not always identified, assessed or action taken to prevent or minimise the likelihood of risks occurring. People's medicines were not always managed safely.

The provider had safeguarding and whistleblowing policies and procedures in place; however, the registered manager was not aware of the local safeguarding protocols.

There were robust recruitment protocols in place and appropriate numbers of staff were deployed to support people's needs. There were arrangements in place to deal with foreseeable emergencies.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had been supported through training, induction and an annual appraisal but staff supervision was not carried out in line with the provider's policy.

The registered manager was not aware of all of the requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to eat and drink sufficient amounts to meet their wellbeing. People had access to relevant healthcare professionals when they needed it.

Requires Improvement ●

Is the service caring?

The service was caring.

Relatives were complimentary about the service and said staff were caring and respected them and their loved ones. They said they were happy with the care and support their relatives received.

Good ●

We found that people had the same care workers to promote consistency and continuity in the delivery of care.

Relatives told us they and their loved ones were involved in the planning of their care and had been involved in making decisions about their care and support.

Is the service responsive?

The service was not always responsive.

People's care plans did not always include their likes and dislikes.

The provider had a complaints policy in place and relatives knew how to complain if they were not happy with the service. However, information on how to make a complaint did not include relevant external organisations such as the local authority.

People received care and treatment in accordance with their identified needs and wishes. People's care plans were reviewed regularly.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The provider carried out monitoring checks such as unannounced visits. However the systems in place were not always effective to improve the quality of the service.

There was a registered manager in post but they were not always knowledgeable about all of 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.

All staff views were not always sought through team meetings to improve the quality of the service.

People's views were sought through telephone monitoring calls and feedback questionnaires to help drive improvements to the quality of the service.

Staff told us they were happy working for the agency and were supported in their roles.

Requires Improvement ●

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 inspection took place on 10 February 2016 and was announced. The provider was given 48 hours' notice because we needed to be sure that the manager would be in.

Before the inspection, we reviewed information we held about the provider. We found the provider has not sent us any statutory notifications including safeguarding concerns or accidents and incidents because there was no reason to do so. A notification is information about important events which the service is required to send us by law.

The inspection was carried out by one inspector. At the inspection we spoke with the registered manager, the operations manager and the human resources and administration manager. We were unable to speak with anyone using the service because they were unable to verbally communicate with us. We spoke with two relatives and two care worker on the phone. We looked at three care plans, four staff files including recruitment, supervision and training records and the provider's policies and procedures.

Is the service safe?

Our findings

Relatives told us that they felt safe with care workers coming into their home. One relative told us, "My relative trusts them completely and I have no worries." Another commented, "I have put my trust completely in them to look after my relative." However we identified some concerns with people's safety.

Some risks to people's health and well-being were identified when they started to use the service. For example an environmental risk assessment was completed to ensure the person's home and environment was safe for care staff to provide appropriate care and support. Other risk assessments such as care needs, bathing, moving and handling and falls were completed; however, we saw that these risk assessments were not always reviewed nor were reflective of people's current needs. For example, two care records we looked at included information about people being admitted and discharged from hospital due to deteriorating health but risk assessments had not been updated. We noted that one person had a change in their mental health needs however their risk assessment upon discharge from hospital had not been updated to reflect their current needs and ensure these needs were appropriately met.

Other risks specific to individual needs and lifestyles were not always assessed and records did not contain appropriate guidance for staff on how to mitigate risks. For example, care plans identified that some people required support with nutrition and/or when eating at meal times. One care plan identified that a person required a soft diet due to their health condition, however there was no food and drink risk assessment in place with appropriate guidance for staff on how to manage their diet or mitigate any risks involved in supporting them to eat and drink. The care plan also stated that the dietician was involved in the person's care delivery and had made recommendations to staff. However, this information was not included in the person's care plan to ensure staff were aware and followed guidance by health care professionals. We also noted that where an individual was diabetic, this information was not recorded in their care plan with appropriate guidance on how their diabetes should be managed safely by care workers.

Two people's care plans identified that they were at risk of poor skin integrity and there was some guidance for staff on how they should be cared for. However, there was no risk assessment in place to show that staff were continuing to monitor skin integrity and any increased risk. Two people's care plans stated they used bedside rails, however their care plans did not include risk assessments to identify any risk associated with their use of bed rails and with appropriate guidance on how to mitigate this risk.

People's care records did not always include their medical diagnosis, allergies and information about healthcare professionals involved in their care. Office staff were not always aware of this information and therefore there was a risk of people receiving unsafe care.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medicines were not always managed safely. Some people using the service were supported to take their medicines as prescribed by healthcare professionals. Both care and office staff told us a person took

their medicines from boxes containing individual dosages which care staff signed for once taken and we saw a medication record in place to support this. However, people's care records did not include the list of medicines they were taking to ensure care staff supported people safely with their medicines. The provider's medicines policy stated that "the agency ensures that the facilities used in any home and access arrangements are fully recorded on the service user plan and always risk assessed". However, information about the location of people's medicines were not included in their care plan and office staff were unable to tell us where a person's medicines were stored.

People being supported with their medicines were not risk assessed and there was no appropriate guidance on how their medicines should be managed safely. For example we found that one person's medicines were added to their food to make it easier for them to swallow. However there was no risk assessment about how this medicine should be given safely. All care staff had completed medicines training in 2012. Office staff told us that care staff should have refreshed their medicines training as part of their clinical training. However, we were unable to find training records to demonstrate that all staff had received this training. No competency assessments had been completed for care staff to ensure they had the appropriate skills and knowledge to support people manage their medicines safely.

These issues were also a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had safeguarding and whistleblowing policies and procedures in place. The registered manager, office and care staff knew of their responsibility to safeguard people who used the service. Staff told us of the types of abuse and the signs they would look out for. They said they would report any concerns of abuse to their manager or the office. The registered manager told us they would report their concerns to the police and the Care Quality Commission. The registered manager and office staff told us that there had not been any safeguarding alert or concerns since they started operating the service, therefore there had not been any reason to raise any alerts. Staff training records showed staff had completed safeguarding adults training to ensure they had the knowledge and skills to support people where required.

The provider had a robust recruitment process in place and carried out required checks for staff before they were offered employment with the agency. Staff files contained application forms which included details of their employment history and fitness to work. Two references had been obtained, proof of identification, evidence of the right to work in the United Kingdom and criminal records checks had been carried out to ensure suitable staff were employed to work in social care.

There were enough staff employed to support people using the service. Where people required two staff to support them the appropriate number of staff were in place to ensure their needs were met. Relatives of people using the service and care workers told us they felt the staffing levels were sufficient to meet people's needs. Relatives told us that staff turned up on time and stayed for the duration of their call which they had been contracted to provide. The provider used unannounced spot checks to ensure staff arrived on time and people's calls were completed at the correct duration they were contracted for.

There were arrangements in place to deal with foreseeable emergencies. The provider had a 'no response' policy in place and care staff we spoke with were aware of procedures to follow where there was no response from people using the service. This included calling and looking through the letterbox, calling their telephone, asking the neighbours, contacting both the office and their relatives and the emergency services where required.

Is the service effective?

Our findings

Relatives were complimentary of both office and care staff. A relative told us, "My relative is well cared for and I have total confidence in them." Another relative commented, "The carers are very well trained."

Each staff member had received an annual appraisal of their performance which included a personal development plan and objectives set for the year. However, staff were not supported through regular supervision to ensure their competency was maintained or appropriate support was provided in line with their personal development plans. The provider's supervision policy stated that each staff member should be supervised at least six times in a year. Office staff told us care workers were to receive two supervision sessions in a year. Care workers we spoke with were not aware of how regular their supervision session should be and told us they had a group supervision last year. Supervision records we looked at showed staff had received one group supervision session between January 2015 and February 2016. Office staff informed us they should have received individual supervision in addition to the group supervision but were unable to locate any documentation to demonstrate this and care workers were unable to confirm if they had individual supervision sessions. Staff were therefore not being appropriately supported in line with the provider's policy.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of the importance of gaining consent from people when offering support. One staff member commented, "You must always tell people what you are about to do so they understand before providing the care." Staff told us they offered people choices from what was available and respected the decisions that people made. The register manager told us if they had any concerns regarding someone's ability to make specific decision for themselves, they would work with the person, their relatives and any health and social care professionals involved in their care. They told us that appropriate best interests meetings would be held to ensure decisions made met the person's needs.

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 MCA. The registered manager told us that people were able to make decisions about their day-to-day care needs such as the food they ate and the clothes they wore therefore a capacity assessment had not been completed for anyone using the service. The register manager confirmed no one was deprived of their liberty. However, the registered manager was not aware of the process involved in applying to the Court of protection to deprive people of their liberty where this was required for their safety and there was a risk they would not act lawfully in this

case. Staff had not all received training on MCA 2005 and DoLS. Therefore these areas required improvement.

Staff new to the service received an induction when they started work. The provider told us that all new staff received an induction session which included training, familiarising with the provider's policy and procedures and shadowing experience colleagues. The induction period was also used to introduce new staff to people and their relatives, reading the person's care plan and training staff on key jobs that needed to be completed. All staff files we looked at included a completed induction record to confirm staff had been adequately supported to perform the role which they were employed to undertake.

Apart from medication training and MCA 2005 and DoLS, care staff had completed training courses in safeguarding adults, infection control, first aid, health and safety, food safety, moving and handling and basic life support. Staff were also supported with training specific to people's needs in areas such as pain management, measuring of vital signs and catheter care. Care staff told us they had completed the National Vocational Qualification level 2 as part of their professional development.

People were supported to eat and drink adequate amounts to meet their wellbeing. Relatives told us that they felt care staff supported their loved ones to eat and drink well. One relative told us that because of the quality of support their loved one received they had not lost weight even though they do not like to eat. Staff told us they always ask people for their preferred choice of food or drink before providing it. They said they supported people to heat-up their food and to eat where required. People's care plans included information on whether they could eat independently and staff we spoke with were aware of people's nutritional needs and the support they should provide.

Care workers were aware of healthcare professionals involved in people's care and this included the GP, dietician, diabetic and district nurses and chiropodist. Staff told us if they had any concerns about an individual's health, they would contact their next of kin, the provider's office or emergency services to seek advice and ensure they received appropriate care and treatment. However, office staff could not provide us with contact details of health and social care professionals involved in all of the people using the service care and treatment. This required improvement.

Is the service caring?

Our findings

Relatives told us they were happy with the service their loved ones received. Comments from relatives included, "The agency is excellent and the carers couldn't be any better. The carers are excellent...they are wonderful." Another relative stated, "I like the agency very much."

People were provided with appropriate information about the agency in the form of a 'Service User Guide'. Office staff told us that this was given to people when they first started using the service. The service user guide included the provider's aims and objectives, principles, information on privacy, dignity, choice, independence and security. It also included information on services provided by the agency and the complaints procedure to ensure people and their relatives were aware of the standard of care they should expect.

Office staff told us that the same care workers provided support to the same people in order to maintain continuity of care and to enable good relationships to develop. Relatives we spoke with confirmed this and mentioned their care worker by name which demonstrated they knew staff well.

Relatives told us their loved ones privacy and dignity were respected at all times. They said staff called people by their preferred names and provided personal care behind closed doors. Staff told us of how they maintained privacy and dignity for example, by shutting doors and drawing curtains when providing personal care and knocking on doors seeking permission before entering. One staff member commented, "We are in their home so we have to respect them and their environment."

People and their relatives were involved in making decisions about the care and support they or their loved ones received. The provider told us that people and their relatives were involved from the initial assessment onwards and were encouraged to express their views about their care and support plans. We found that some people could not communicate verbally but could write down their wishes. People's care records showed that they or their representatives had been involved in their care planning and were able to state any preferences in relation to the care and support they received. Relatives were aware of the support their loved ones should receive and had confirmed the care delivery was in line with the care that was planned for.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes. The provider told us that people and their relatives had a preference of a male or female care worker. Relatives told us they had been given a choice of either male or female care workers and their preferences were respected. One relative told us they preferred female care workers because they felt they understood their loved ones care needs better. Office staff told us of one person's preference to have a male staff and the staffing rota we looked at confirmed that only male staff provided their care and support needs. Care workers understood people's disability and told us of ways they supported them to ensure their needs were met.

Is the service responsive?

Our findings

Relatives told us their loved ones had a copy of their care plan at home and staff recorded a summary of the tasks undertaken at every visit. One relative told us they read the daily care notes recorded by staff to ensure the care delivery was in line with their planned care and their relative's needs were met.

Care workers knew the care needs of the people they supported and told us of people's health conditions and other healthcare professionals involved in their care to ensure their needs were met. Care records included pre-assessment records, risk assessments and a care plan detailing the care provided. Care plans also covered areas such as eating and drinking, personal care, skin integrity and mobility. It also included guidance on the support staff should provide in these areas; however, the guidance was not always detailed to demonstrate that people's individual needs were being met and this was dealt with in the safe section of our report. Relatives we spoke with confirmed they were happy with the care delivery and each person's care plan had been reviewed regularly. However, the care plans were not personalised to reflect individual needs. For example people's care plans did not include their likes and dislikes including the food they would like to eat, the types of clothing they preferred to wear, the way they would like to be called or how they would like to spend their day and this required improvement.

Relatives knew how to make a complaint if they were not happy with the service but said they had nothing to complain about. Relatives told us they would speak to care workers or the office if they were not happy about something and that they were currently happy with the care delivery. A relative commented, "I have absolutely nothing to complain about ...I like the agency very much." Another commented, "No complaints, I think they are wonderful."

The provider had a complaints policy in place and the complaints policy was included in the service user handbook. The registered manager informed us that people had copies of the service user handbook in their home. The complaints policy included information such as the aim of the policy, the complaints procedure, forms of complaints and the actions the provider would take to address any complaints received and timescales involved. The complaints policy also included contact details of external organisations such as the Care Quality Commission. The registered manager and office staff informed us they had not received any complaints since our last inspection in September 2014 and the complaint log we looked at confirmed this. However, information on reporting complaints to other external organisations such as the local authority or the Ombudsman were not included in the policy document. The Care Quality Commission is not responsible for investigating individual complaints therefore people and their relatives may not be aware of the correct procedure to follow if they had any complaints and this required improvement.

Relatives told us that they appreciate care workers coming to their homes or their loved ones homes to keep them company and prevent isolation. Staff told us it was part of their duty to engage people in conversation in formats which suited their needs to keep them stimulated. One relative told us that they appreciated care staff visiting their loved one because they lived far away and needed someone to engage with their loved one on a daily basis so their mental wellbeing was maintained.

Is the service well-led?

Our findings

There were procedures and systems in place to evaluate and monitor the quality of the service provided. For example, there were records of unannounced spot checks in all the three care files we looked at. The spot check document included information on attendance of care workers, care plans and reviews, medicine records and a service user or relative interview. Where issues were identified such as the requirement for a care plan review, this was immediately actioned. However, the auditing tool in place was not always effective and did not identify the issues we found at our inspection in areas such as risk assessment, safe management of medicines and supporting staff. For example office staff had audited some staff files which included staff recruitment records but had failed to identify that staff supervision sessions were not being carried out in line with their policy and office staff were not aware that the number of minimum supervision sessions required for staff was included in their policy document.

The service had a registered manager in post. However, the registered manager was not actively involved in the day-to-day management and delivery of the service and was therefore not always knowledgeable about all of 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. The provider had an on-call system and the registered manager told us they were responsible for covering the telephones during out of hours in case of an emergency. They told us their plan was to retire so a younger generation could grow the service and improve the quality of care provided.

The registered manager informed us the service had an open culture and staff we spoke with confirmed this. Care workers said they could call their office any time and any concerns they had were listened to and acted upon. However, the registered manager was unable to tell us about the organisations values and vision. Feedback was not always sought from care workers through team meetings. Office staff said they held weekly meetings but care workers were not involved because it took them away from their jobs and also involved a lot of travel time. Therefore, the provider was not always actively encouraging all staff to provide feedback in improving the quality of the service.

These issues are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were other processes in place to assess and monitor the quality of the service. The provider carried out both telephone monitoring and unannounced visits to people's homes to ensure that the quality of the service provision was to the required standard. Relatives were complimentary of the management team and office staff. They told us office staff visited their homes to check on the quality of the care delivery. One relative commented, "Office staff are excellent, they come out to check things always."

The provider took into account the views of people and their relatives. There was a service users' views questionnaire which covered areas such as responding to complaints, concerns and questions and providing people with up to date information including changes to the service, replying to telephone calls and other correspondence. People were also asked to rate the overall quality of the service. All the answers

provided were excellent, very good or completely satisfied. There was a comment box for people to write any additional comments and suggestions on how to improve the quality of the service. One person and their relative stated they were happy with the agency and in particular with their care workers and that the care delivery was "invaluable".

Staff said they enjoyed working at the service and that they received good support from their line manager and office staff. One care worker said, "They try to make sure that we are comfortable...if you have any complaints, they will listen to you and if there are any issue between you and a client they will settle it." Another commented, "Both my line manager and the office are very good, always supportive, they will return my call if I call them...I'm very happy."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	People who use the service were not always protected against the risk of unsafe care and treatment because the provider did not always have appropriate systems in place to assess and monitor the quality of the service provided.
	Regulation 17

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	People who use the service were not always protected against the risk of unsafe care and treatment because staff had not received adequate supervision support in line with the provider's policy.
	Regulation 18

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People who used the service were not always protected against the risk of unsafe care and treatment because risk specific to their needs had not been identified, assessed with appropriate guidance on how to mitigate these risks. People were at risk of unsafe care and treatment because their medicines were not managed safely.
	Regulation 12

The enforcement action we took:

Served Warning Notice