

Mrs Stella Shaw

StellarCare NW HQ

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

About the service

StellarCare NW HQ is a nurse led domiciliary care agency. It provides personal care and support to people living in their own homes within the areas of Ellesmere Port and Cheshire. StellarCare offers a variety of services, including assistance with personal care, meal preparation, companionship, medicines management and domestics tasks. At the time of our inspection 22 people were using the service.

The provider is registered for the treatment of disease, disorder or injury (TDDI). They were not supporting anyone under TDDI at the time of the inspection.

Not everyone who used the service received personal care. The Care Quality Commission (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

Staff were recruited safely, and staffing levels were sufficient to meet the needs of the people using the service. There was a thorough induction programme and staff training included e-learning and classroom sessions. People said staff were kind and caring.

People were protected from the risk of abuse. Safeguarding policies and procedures were in place. Staff had received training and understood how to keep people safe and who to report to if they had any concerns.

People's care plans and risk assessments were detailed and reviewed regularly. They reflected people's individual needs and preferences. People who used the service told us they felt well cared for.

Staff supported people to take their medicines safely. Staff were trained and had their competency assessed in medicines management and knew how to ensure people received their prescribed medicines on time.

People were treated well and told us their privacy and dignity was respected.

The provider had quality assurance systems in place that included audits, analysis and spot checks that were used to drive improvements. There was a complaints procedure in place that people and their relatives were aware of. People told us they felt confident to raise any concerns and complaints they had.

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.

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 11 February 2021 and this is the first inspection.

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.

StellarCare NW HQ

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

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 houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 May 2022 and ended on 19 May 2022. We visited the location's office 13 and 17 May 2022.

What we did before the inspection

We reviewed information we had received about the service. 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 one person that used the service and three relatives about their experience of the care provided. We spoke with five members of office and support staff as well as the manager and provider (Owner).

We reviewed a range of records. This included five people's care records. We looked at seven staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. There was a safeguarding policy and procedures accessible to all staff.
- People told us they felt safe with the staff that supported them. Comments included; "I feel very safe with staff, they know what they are doing and are competent."
- Staff had received safeguarding training and understood how to identify and raise concerns. Staff had completed whistleblowing training so they knew how to report any poor practice they might witness.

Assessing risk, safety monitoring and management

- Systems were in place to identify and monitor known risks to people.
- Wherever possible, action was taken to minimise known risks. Regular reviews took place to ensure information remained up to date.
- Staff had been trained and assessed as competent to use equipment. For example; when moving and handling people. Risk assessments were in place in relation to equipment use.
- The provider had a business continuity plan that provided clear guidance to be followed should an emergency situation occur. For example; staff shortages.

Staffing and recruitment

- Staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people at the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. DBS checks had been completed for staff.
- There were enough staff to meet the assessed needs of people. People told us that although on occasions their visit times were variable, staff always arrived and completed their call.
- The provider stated recruitment was ongoing. Although there had been staff shortages on occasions, they told us the management team and all office staff were qualified to deliver care and would step in when required.

Using medicines safely

- There were systems and procedures in place for the safe management of medicines.
- Medicine administration records (MARS) were completed electronically and regularly audited.
- Staff were trained in the safe administration of medicines and had their competency checked.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the hygiene practices of the service.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff understood how to report incident and accidents. All accidents and incidents had been recorded and reported to the local authority and the CQC, where appropriate.
- The provider reviewed and monitored all accidents and incidents to establish any trends or patterns.

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

- People's individual needs were assessed and the information used to develop care plans.
- Care plans held details of people's health and social support needs.
- People told us they received the care and support they needed. Their comments included; "I have worked with the staff to ensure they understand my needs" and, "The care I receive is the care and support I need."

Staff support: induction, training, skills and experience

- Staff completed a thorough induction prior to commencing work. They undertook shadow shifts with an experienced member of the team before lone working.
- Staff received training and support to carry out their role safely. Training included e-learning and classroom-based sessions.
- The management team undertook 'spot checks' to ensure staff were confident and competent in their role and that the person supported was satisfied with the support offered.

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

- People who were assessed as needing support with their eating and drinking, had clear guidance in place for staff to follow. The level of support required was detailed in the care plans.
- Staff completed records for people's food and fluid intake where required.

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

- Staff worked well with other agencies and professionals to support people's health and wellbeing. This was evidenced within the documentation.
- People and their relatives told us they were able to access healthcare professionals when they needed to. Comments included; "Staff responded promptly to seek appropriate support from the district nurses when there was a catheter issue" and, "Staff often spot changes in [Name] before I do. They contact the GP or whoever is required."
- People were supported with their health needs. There was information available for staff to understand people's health conditions and the support they required with these.

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.

- People told us that staff offered them choices appropriately. Staff explained what they were doing and obtained consent before providing any personal care.
- Staff had completed MCA training and understood the principles of the Act

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

- People and their relatives told us that staff treated them well. Comments included; "Staff are kind and caring", "Staff are caring in their attitude" and, "Staff that support me are very respectful."
- People's diversity was respected. Staff had received equality and diversity training. Staff understood the importance of treating people respectfully, regardless of differences.
- The provider had equality and diversity policies in place.

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

- People said they were involved in the decisions about their care. One person said; "Anytime I need something to change in relation to my care I only have to ask."
- The management team had regular contact with people supported and their relatives. Records showed that feedback had been received and prompt action taken where areas for development and improvement were identified.
- Comments from relatives included; "[Name] provider is very nice, listens to what I have to say" and, "[Name] provider was very responsive when I requested a specific change regarding staff visiting."
- People's wishes and preferences were recorded in their care plans. People and their relatives confirmed this reflected information they had shared.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was consistently respected. Independence was promoted wherever possible and care plans reflected this. A relative told us; "Staff are very respectful of [Name's] privacy and dignity" and one person said; "My dignity is always respected by all the staff that visit."
- The management team ensured people had the correct equipment in place, in liaison with partner agencies. This facilitated people to maintain as much independence as possible.
- Staff respected people's right to confidentiality. Staff understood the importance of only sharing information on a need to know basis. Care records were stored securely. The service had an up-to-date confidentiality policy and complied with General Data Protection Regulation (GDPR) law.

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

- People's care and support was planned to meet their individual needs and respect their preferences. One person told us, "Some of the staff know me really well" and, "Staff do things how I would like them done." One relative told us, "Staff always ask if they are unsure about anything."
- Care plans were person-centred and outlined individuals' care and support needs. This included detailed information on mobility, nutrition & hydration, communication, skin integrity and continence support.
- Care plans were regularly reviewed to ensure they held the most up-to-date information. When needed, care plans were amended promptly as changes occurred.
- Daily notes documented tasks performed. Notes were detailed and up to date.

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.

- People's preferred method of communication was clearly recorded within their care plans. This enabled staff to communicate with people in a way they understood.
- Where it was required, information was available to people in other formats. For example; Large print or other languages.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. Everyone we spoke with were confident to raise any concerns or complaints if they needed to. Comments included; "They have responded promptly when concerns have been raised" and, "I feel confident to contact the office with any concerns or queries."
- The provider took people's complaints and concerns seriously and used the information to improve the service. Complaints were clearly recorded. They were acknowledged, investigated and acted upon. Outcomes were shared with the complainants and included lessons learned and any improvements made at the service.

End of life care and support

- The service was able to provide end of life care and support in conjunction with other healthcare professionals.
- Staff had received training in end of life care.

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.

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

- The provider promoted a positive culture within the service. People supported received person centred care with good outcomes.
- People and relatives told us they were mostly happy with the service. Areas that had been identified for improvement had been promptly addressed by the provider.
- Staff said they enjoyed supporting people in their own homes. They told us there was always someone available for support and guidance when they were working.

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 provider was aware of their responsibilities regarding the duty of candour. They promoted and encouraged candour through openness. For example; Responses to complaints, evidence of an open and honest culture at the service.
- Good relationships had been developed between management, the staff team, people using the service and their relatives. One relative told us; "Its been wonderful and a positive experience interacting with a multi-cultural staff team." One person said; "The management team are very visible, contactable and approachable."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- All staff and the management team understood the requirements of their roles. They had access to a range of policies and procedures in relation to their work. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- The provider had notified us of significant events, as required.
- Quality assurance systems were in place and used to monitor the safety and quality of the service. Regular audits and checks were carried out on people's care, records and staff performance. These were used to identify areas for development and improvement at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us the communication with the management team was good. One relative said; "The provider has responded quickly following a change and shared the information across the team."

A person told us; "It is easy to contact the office and they are always lovely to chat to."

- Staff and management team meetings took place regularly. Everyone had the opportunity to raise concerns, put forward ideas or comment on particular areas of the service. A staff member said; "There is good support from the management team."
- Staff supervisions took place regularly.

Continuous learning and improving care

- The provider was committed to the continuous development and improvement of the service.
- The management team completed regular spot checks and competence evaluations. These identified areas for further development including staff training needs, mentoring and support.

Working in partnership with others

- The service worked well with other agencies. There was good communication between relatives and health and social care professionals.