

Stardust Healthcare Ltd

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Inspection report

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31 May 2018

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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

This inspection took place on 16 May 2018 and was announced. We gave the registered manager notice of our intention to visit because we wanted to make sure someone would be at the office who could answer our questions during the inspection.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people and younger adults. At the time of our inspection, 10 people received personal care. This was the first inspection of this service this service was registered in February 2017.

There was a registered manager working at the service at the time of our inspection. 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.

People told us they felt safe while receiving care and support. Staff understood their responsibility to report abuse and knew who they should report this to. People had risks associated with their care assessed, but we could not be sure how well some risks such as those associated with money and skin care had been managed. Accidents and incidents were not well managed. Regular staff who people knew were employed and there were sufficient staff to care for people.

Where people needed assistance with their medicines these were administered by staff who had undertaken training. Staff followed guidelines to reduce the risk of cross infection and had access to personal protective equipment as required.

Systems in place to ensure staff were suitable to work with people in their own homes and other checks had taken place and to make sure people were safe. The registered manager knew what action to take in the event of unsuitable staff gaining employment.

People had their needs assessed and information about their care and support was available for staff. The service had an electronic care plan system which staff were able to access to obtain current information about people. The electronic system was used by staff to book in and out of their calls which enabled office based staff to monitor the calls to ensure calls were undertaken as scheduled.

People believed the staff caring for them to be trained and able to support them. Staff had received regular training including induction. Staff felt supported by the management. People confirmed staff sought their consent prior to receiving personal care, however the registered manager and staff did not have a good understanding of the Mental Capacity Act (2005.)

People and their relatives told us staff were kind and caring. People confirmed staff ensured their privacy

and dignity maintained while receiving care. Where needed staff had assisted people with healthcare appointments and staff knew what they needed to do in the event of finding a person unwell.

People were confident they could raise concerns about their care and believed they would be listened to. People and staff spoke highly of the management and had confidence in them. The manager had some systems in place that monitored the quality of the service.

You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement ●

The service was not consistently safe.

People could not be sure their risk assessments were accurate or in line with their current needs.

People felt safe while receiving care and support from staff who had a knowledge about reporting any abuse.

People were supported by staff who were recruited safely.

People were supported by staff who had knowledge about people's medicines and infection control procedures.

Is the service effective?

Good ●

The service was effective.

People's needs and choices were assessed.

People were cared for by staff who had received training and were supported by management.

People's consent was obtained prior to them receiving care and support.

People were supported with meals when needed.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff that were kind and caring.

People received care from a regular team of staff members.

People were encouraged to be involved in their care.

People had their privacy and dignity maintained.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care and received care at a time, which their needs.

People were informed of any changes to the call times in the event of staff delays.

People were aware of their right to complain and were confident any concerns would be addressed.

Is the service well-led?

The service was not well led.

People could not be sure that the registered manager understood their responsibilities in relation to effective quality auditing and safe risk management.

People's views on the service provided were sought and people believed improvements had been made.

Staff enjoyed their work and felt supported.

Requires Improvement 

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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 checked 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 was announced, and conducted by one inspector. We gave the registered manager notice of our intention to visit because we wanted to make sure someone would be at the office who could answer our questions during the inspection. Inspection site visit activity started on 16 May 2018 and ended on 31 May 2018. It included the use of expert by experience to make telephone calls to people and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had expertise of dementia care. We visited the office location on 16 May 2018, to see the registered manager and office staff; and to review care records and policies and procedures.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people and younger adults. At the time of our inspection, 10 people received personal care. This was the first inspection of this service since it was registered in February 2017. Before the inspection the provider was asked to complete a provider information return (PIR). This is a form that asks the provider 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 planned our inspection and when we made the judgements in this report.

As part of planning the inspection we checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We also looked at any information that had been sent to us by the commissioners of the service and Healthwatch. We also examined the information we hold in relation to the provider and the service. We used this information to plan what areas we were going to focus on during our inspection visit.

During the inspection we asked the provider to send us some information in relation to dates of risk assessments. The provider did not do this.

Is the service safe?

Our findings

During our inspection, we did not find that action had been taken to mitigate against all risks. For example, one person had developed an area of redness on their skin. We saw that the person was vulnerable to developing skin conditions due to their current health needs. We found that although the registered manager knew about this concern, no risk assessment had been completed to tell staff how to support the person to keep them safe. We also found that no actions had been taken to seek the advice of health professionals in the person's care. The registered manager assured us they would do so immediately. At the inspection, we saw that people's risk assessments were not routinely updated. The registered manager explained that when there was an issue then a person's risks were looked at, and the records amended as needed. We asked the registered manager to send us details of when each person's risk assessments had been reviewed as this information was not readily available to us at inspection. The registered manager did not do this. Therefore, we could not be confident that all people's risks were managed in a safe manner.

We did not find that accidents or incidents were managed well. One member of staff said, "Accidents are not dealt with properly. When [one person] had a fall, I did not get asked to do an accident form." The staff member said they had told the registered manager of the accident, but that nothing had changed as a result of the accident. We looked at the records and saw that the person's fall had not been noted and the registered manager did not know why. We looked at the system that was used to monitor falls and saw that they were not reviewed for trends or patterns. In one instance a falls risk assessment had been completed, but no measures had been put in place to keep the person safe from further accidents of that nature. We found that the service did not learn lessons from accidents and incidents in an attempt to reduce their reoccurrence in the future.

All the people and their relatives told us they felt confident staff supported and cared for people safely. One person told us, "They are very good and yes, I feel safe." Another person told us, "They treat me very well. I couldn't ask for more of them." Staff we spoke with knew how to keep people safe and what to look for that may indicate potential abuse. Staff were aware of their responsibility to report abuse and protect people from the risk of abuse and harm. The registered manager described how before a new person received a service their needs and any risks they might have were identified before they received care.

We saw that detailed support plans had been produced for staff to follow in order to keep people safe. All the staff we spoke with told us that they had access to the information they needed to keep people safe and well. This information was available to staff in the form of an application on their mobile phones that was updated directly from the office on a daily basis. Staff we spoke with all felt that the system worked well and they were confident with its use.

We saw environmental changes and risks in people's homes had been assessed to help keep the person and staff supporting for them safe. The provider had an on-call system, which meant staff could call for advice and support from senior staff at any time [including out of hours and weekends]; if guidance was needed when they were with people in their own homes and they had a concern.

The registered manager demonstrated the provider's electronic system, which recorded when staff arrived and left a person's home. Therefore, office staff were able to monitor the length of time, the staff member spent with the person. If the staff were delayed or had not arrived at the person's home at the specified time the system sent out an alert, so the registered manager was able to actively monitor the care delivery and keep people safe. People we spoke with confirmed staff spent the allocated times with them and did not feel rushed. One person said, "The staff are very good at arriving on time and timing isn't an issue." One relative said, "[My relative] doesn't feel rushed and her carers stay the full agreed time and complete all the tasks they are meant to." People consistently described they knew their regular carers well and their care calls were never missed. One person said that they always had the same carers unless they were on holiday.

The registered manager took into account people's individual needs and matched these with the staff who had the skills required to meet them. For example, we saw some staff had certain language skills and knowledge of particular cultures so that they were well matched with the people they supported in the community. We found that where two carers were required to support a person that two carers always attended. The registered manager ensured there was enough staff to care for people in a safe way who received home care hours. In the case of people who received 'Live in Care' for 24 hours a day we could not be sure that sufficient numbers of carers had been recruited to deliver a continuous service safely. This meant that those people might be left without care.

The registered manager had procedures in place to assure themselves that only staff suitable to provide care and support to people in their homes were selected and recruited. The recruitment process was clear and we saw that it had been completed in full for each member of staff whose file we reviewed. Staff told us they had completed all the required recruitment checks and were interviewed before they commenced their employment. Staff records confirmed this and showed the required checks had been completed. For example, Disclosure and Barring Service (DBS) checks had been carried out. A DBS check helps employers make safer recruitment decisions and prevents unsuitable staff from being employed.

Where people needed support with medicines, this had been assessed and was recorded in their care plan. One person said, "Staff help to sort my medicines, they get the tablets out for me and give them to me. We saw there were procedures for supporting people to take their medicines safely. Staff told us they were confident supporting people with their medicines and their competency was regularly checked by senior staff. In addition to regularly checking staff's medicine competencies, people's medicine records were also checked. These practices helped to identify any gaps or errors in people's medicine records, which could mean that people had not received their medicines as prescribed. These practices supported the registered manager to be assured staff practices were effective in supporting people safely with their medicines and identified where staff needed any further training.

Staff we spoke with had a good understanding of infection control and how to keep people safe in their own homes. Staff understood the need for good food hygiene practices and told us that there was always enough supplies of equipment they needed. A staff member told us, "There are always gloves and aprons available in the office for us to use."

We found that the provider had a whistle blowing policy in place. Staff understood how to whistle-blow and told us they would raise concerns about people's practice with the safeguarding leads or contact the local authority or CQC. All staff told us they did not have any concerns about people's current practice and were clear about their responsibilities to keep people safe.

Is the service effective?

Our findings

People told us staff were aware of their needs and believed staff were trained. For example people and a relative were aware of how new staff undertook shadowing with more experienced members of staff as part of their initial training programme. Within newly appointed members of staff files, we saw the dates when shadowing had taken place as well as discussions a senior member of staff had had with the staff member. Staff told us that they felt confident to work with people on their own. We saw that a senior member of staff had signed the records to show they were satisfied with the training undertaken and assessed staff as competent.

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 so that they can receive care and support when this is in their best interests and legally authorised. For people living in their own homes this would be authorised via an application to the Court of Protection. We checked whether the provider was working within the principles of the MCA.

People confirmed staff sought their consent before they provided their care and support. Staff we spoke with confirmed people they visited were able to give their consent before any personal care was provided.

As part of the provider's induction arrangements staff worked towards completing the care certificate. The care certificate is a set of standards that social care and health professionals use in their daily work. Staff we spoke with knew of the care certificate and confirmed they were working to these standards. Staff told us they had received regular training. One member of staff said, "I did my care certificate and shadowing twice per person, I was asked if I needed more shadowing." We saw records showing when staff had attended training so the provider could ensure refresher courses were in place.

Staff told us they felt supported by the management and were able to seek guidance if needed regarding the care and support they were providing. Staff told us spot checks were carried out to monitor and assess their practice. These checks made sure care was being given in an effective and safe manner that met people's stated needs.

People told us staff would provide assistance with meals and drinks if needed or if identified as part of their care package. One person told us they would choose what they wanted prior to staff preparing it for them. Another person told us staff would always make them a drink before leaving their home.

The registered manager had worked with other organisations including district nurses and other healthcare professionals. For example, in the provision of equipment used within people's own homes to provide

coordinated care and support for people. Staff told us they had at times needed to call medical assistance on behalf of people. For example, if people had fallen before the staff member arrived or if they felt unwell. Staff said they were comfortable to do this and support the person as needed. We saw that care records noted the involvement of healthcare professionals such as community nurses, pharmacists and GPs.

Is the service caring?

Our findings

All the people and relatives we spoke to were happy and complimentary about the care they received. One person told us, "They [the staff] are very polite and thoughtful." Other people's comments included, "They're very good indeed, even through all that snow and ice we had." and "They are lovely, they are so gentle when they wash me." A relative said, "Staff are lovely. It's their mannerisms. They have a very gentle approach, very patient."

People received good care from staff who knew them well. Staff had developed positive relationships with people and were supported by the same staff on a regular basis. All the staff we spoke with described their commitment and the importance of delivering good quality care to people who used the service. One staff member said, "I think all the staff are caring and they do the best they can to make sure people are well looked after." People's care plans considered their physical, emotional and spiritual needs. Care plans provided clear guidance for staff to follow, so people were supported in ways which considered their individual needs. Staff we spoke with understood how some people's day-to-day preferences and wishes were linked to their cultural, religion and values. While most staff really liked the care plans one member of staff commented that it should include more of the detail of people's smaller preferences, such as how many sugars a person likes in their tea etc. We found that the care plans contained sufficient detail to keep people safe and well but could be more person centred.

People's care plans had regularly been reviewed and their views on the care they received had been sought. One person said, "I told them what I needed and we discussed the best way of doing it and from that, a care plan was put together." Another person said, "Staff came to the house and we went through everything together." Care plans detailed people's routines and what was important to them.

People and relatives told us staff supported them in a dignified and respectful manner. One person told us, "They're always polite." Another person said, "They speak to you properly." All the staff we spoke with told us how they would ensure that the person made as many decisions as possible and that people were fully involved. One person said, "They never just assume, we chat together about what next."

All the staff we spoke with had a clear understanding about how to ensure people's privacy when delivering personal care. For example, a staff member described how when they assisted people with their personal care they always ensured the curtains were closed and the doors shut.

The registered manager and staff were aware of the need to maintain confidentiality in relation to people's personal information. We saw personal files were stored securely in the office and computer documents were password protected when necessary.

Is the service responsive?

Our findings

People we spoke with told us, they received care and support based on what they needed and in the way they preferred. One person said, "'Staff are always flexible and offer help.' Another person spoke of how staff just do as they ask, "If I fancy cornflakes I just have to say, they lay the table and help." and "They do all that I have asked them to do.'

People we spoke with described how when they first made enquiries about using the service they were visited by the registered manager to undertake an initial assessment of their needs. The registered manager spoke to us of how they wanted their service to be truly "person centred" and so wanted to grow their service slowly and only offered care and support to people who they could meet the needs of well. Relatives and staff told us people received care and support based on their needs and preferences. One relative said, "The manager made sure her carers could do the tasks that we wanted and that it was safe." Another relative said, "At the start, the agency came out to the hospital where her mum was and we went through what was needed for her. Since then manager has been out a couple of times to see us, and if anything changes on her care plan, it is updated." We found that people and their relatives were involved as much as possible in planning and reviewing their care.

All the staff we spoke with told us that if a person did not like them then they were offered another member of staff. Staff had a clear understanding of their responsibilities to support people in a way that valued them as individuals and took account of their personal preferences. Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to gender and ethnicity. For example, the service matched care staff to people wherever possible based on their culture and language preferences.

The registered manager was not aware of the Accessible Communication Standards, which are a set of expectations that came into force in November 2017 to make sure people were supported and given information in a way they could most easily understand. The registered manager assured us that this would be an area of service development in the near future.

The service had a complaints policy and procedure in place. The registered manager told us and we saw that information relating to how to complain was contained in the pack of information people received when they first started using the service. We saw that one complaint had been made to the service in March 2018. The registered manager and staff discussed the issues concerned within the complaint and we found that it had been dealt with appropriately and in a timely manner, and that the person was satisfied with the outcome.

People and relative we spoke with told us they felt comfortable to make a complaint if needed and said they were confident it would be addressed well. Staff told us that they felt people would be listened to. Staff were confident that any issues were addressed in a timely manner. One staff member said, "The registered manager would take action." We found that the service had a responsive complaints system .

At the time of our inspection no one required care at the end of their life. The manager told us that they were developing processes to support people if they needed this type of care.

Is the service well-led?

Our findings

The registered manager had systems in place that were designed to monitor and audit the service to ensure that records were an accurate reflection of people current needs. We found however that these systems were not always effectively implemented, and that some people's care records and risk assessments had not been updated as their care needs changed. For example, one person's risk assessment about how they accessed their money had not changed as the persons circumstances had changed. The registered manager showed us daily records of how they knew about the changes in the person's condition, but we saw that the risk assessments and therefore instructions to staff had not been amended accordingly. We found that how staff supported the person was not being effectively or safely monitored. We discussed this with the registered manager who did not demonstrate an understanding of the risks or how to manage them well. We found that the risk was not managed in a safe manner by the provider.

The registered manager did not understand their responsibilities in relation to the Mental Capacity Act (2005). For one person, the registered manager was unclear about the law in relation to them, as they did not have capacity to consent to their care. The person may have been deprived of their liberty as they were subject to constant supervision. The registered manager did not understand that appropriate authority must be sought, and had not taken action to ensure that was gained from the Court of Protection. The registered manager was unclear about their responsibilities and aspects of the law relating to this. We brought this to the attention of the registered manager who assured us they would seek advice and act accordingly. For another person we saw that a capacity assessment had been completed for them which showed that they had variable capacity, meaning that the in some instances they were able to make decisions and in others they were not. The registered manager was not clear about this distinction and had not implemented an effective care plan that gained the persons meaningful consent or kept the person safe. Following the inspection this matter was raised with the local authority as a safeguarding alert to ensure the person was protected.

After the inspection, we asked the registered manager to send us some information and documents that were not available to us on the day of the inspection. The registered manager did not do this until they were in receipt of the draft report. The registered provider had failed to ensure people were protected from the risks associated with their conditions.

This constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

People we spoke with were complimentary about the care and support they had received. All the people we spoke with felt that the registered manager was approachable. One person said, "They are very easy to talk to." Another person said, "They are very approachable and listen well." People and staff told us that they felt the service was well led. One person said, "They show initiative' and "It's a good service." A staff member told us, "It's a good company to work for, the management are easy to talk to and staff get on well together." Another staff member said, "The manager is good, very fair. You can go and discuss anything, she picks up on issues and they get resolved."

We found that the registered manager and staff shared the same ethos to ensure people were supported with good quality services. The registered manager was able to describe the service and their expectations of the care staff. They were able to explain the areas that needed to be improved and the plans in place to do so. All the staff we spoke with were committed to offering good quality care and were happy with how the service was run.

People we spoke with told us they had no concerns about either the times staff arrived at their home or the length of time staff stayed. Within the Provider Information Return sent to us before the inspection the registered manager told us, they had a call monitoring system in place to monitor calls. This ensured calls had happened and were on time.

People and care staff told us that an out of hours service was available so where they had an emergency they could contact someone senior for advice and support. We found that the out of hours service also covered times when the main office was closed for example bank holiday, weekends or on evenings. This enabled people and staff to get advice and support at times the office was closed.

Relatives and care staff we spoke with confirmed they were sent questionnaires to complete in summer 2017. We found that an analysis was conducted that resolved any presenting issues but it was not clear if people had been informed of those changes. The registered manager told us that a new questionnaire had just been sent out, but details were not yet available of the results. People and staff told us however that the most useful method of gaining feedback from people was via the phone calls that staff made. We saw from the daily communication records that calls were often made to people but the registered manager could not tell us how they assured themselves that this contact took place. We noted that due to the smallness of the service at this time, people were contacted regularly, even though this process was not monitored effectively.

The registered manager had introduced a programme, which rewarded staff and involved people. For example, all people got a card, flowers, and chocolates on their birthdays. People were invited out for meals at Christmas time, which the service paid for. There were also 'staff and children' days held in the office to which people were invited. Staff told us that there was an Employee of the Month award and that they appreciated winning. The registered manager had an overview of the service and saw it developing in ways that included and valued the input of both people and the staff. Staff told us they felt valued.

It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We found that the registered manager was aware of the need to do this once rated. The registered manager was aware of the need to notify the Care Quality Commission of certain events, which had taken place as required by law.

The registered manager had a comprehensive quality improvement plan that identified areas for improvement and further development. This had been detailed in the Provider Information Return that had been returned to us prior to the inspection

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 registered provider did not have effective systems and processes in place to monitor the quality and safety of the service.</p>