

JJ Starlight Care Ltd

JJ Starlight Care

Inspection report

Manor Court Unit 1
95 Lichfield Street
Tamworth
B79 7QF

Date of inspection visit:
15 January 2020
22 January 2020

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27 February 2020

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

JJ Starlight Care is a domiciliary care service providing care and support to people in their own homes. They were providing a service to 27 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were supported by staff who had been recruited safely and had undergone necessary checks before they started to provide care.

Staff received regular training to help them understand the care needs of people using the service.

People received safe care and support from a regular team of staff who followed infection prevention and control procedures. Medicines were managed and administered safely.

People were supported by kind and caring staff, who did so in the least restrictive ways possible. People and their relatives were involved in care planning and reviews of their care.

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.

The registered manager had systems in place to monitor the quality of the service. People, their relatives and staff told us the management team were approachable and would act on any concerns.

Feedback about the service was sought from people, their families and staff to continually drive improvement at the service.

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

Why we inspected

This service was registered with us on 22 January 2019 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner

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.

JJ Starlight Care

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Our inspection was completed by two inspectors.

Service and service type

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 January 2020 when we visited the office location and finished on 22 January 2020 when made telephone calls to care staff members.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives. We spoke with three members of staff, the registered manager and care manager. We reviewed four people's care records, five care staff files, audits and other records about the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew how to keep them safe. People and relatives we spoke with told us they felt safe. One relative said, "They always make sure all the equipment is in place to keep [Name] safe."
- Staff were able to tell us the signs of abuse, and what action they would take if they thought someone was at risk. One staff member said, "If I had concerns I'd go straight to the manager and if nothing was done I'd whistle blow."

Assessing risk, safety monitoring and management

- People's risks were identified during pre-assessment and care plans were developed around these to manage these risks and keep people safe.
- Staff were able to tell us about peoples' risks and told us care plans contained the information they needed to help support people safely. One staff member said, "If I see something not right, or there is a hazard then I deal with it there and then, write it in the notes and inform my manager."

Staffing and recruitment

- We found there were sufficient numbers of care staff in place to ensure care visits were completed as required. People and their relatives told us care staff usually arrived on time and offered apologies when there were delays. One relative said, "Sometimes they are delayed on other visits or due to traffic, they do offer their apologies" and "They tend to arrive within a reasonable time frame and that's ok with me."
- Staff told us they had undergone suitable pre-employment checks prior to supporting people, and records confirmed this.

Using medicines safely

- Medicines were administered safely. People told us they were supported to take their medicines. Staff told us and records confirmed they had been trained in medicine administration and were regularly checked as competent by the registered manager.

Preventing and controlling infection

- Staff wore aprons and gloves when assisting people with personal care, and this was confirmed in spot check records.
- Staff told us they had received training in infection control. One staff member said, "Hygiene training was included in personal care training during induction and we're provided with PPE (personal protective equipment)."

Learning lessons when things go wrong

- The registered manager had systems in place to deal with any incidents or accidents which had occurred. These were documented, along with any actions taken to try and prevent similar incidents occurring in future.

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

- Assessments of people's needs were carried out prior to support being received to ensure the service could meet the persons' needs.
- People's care plans contained details of where they, or their relatives had been involved in them and saw these were regularly reviewed to ensure all information was up to date.

Staff induction, training, skills and experience:

- Staff told us, and records confirmed they had received training in how to support people and were able to request more if needed. One staff member said, "If there are any specific thing's I don't know or not sure about, we can always speak with the manager about this, but the training has been pretty good here."
- Staff received supervision and regular spot checks. One staff member said, "Managers complete spot checks to see how the carers are getting on and provide any help with anything that comes up."

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

- Relatives told us where needed staff ensured their family member had enough to eat and drink. One relative said, "They don't rush the jobs, and they even make us both a cup of tea before they leave, which I don't think many other care companies would do."
- Care plans contained information about people's dietary needs. For example, there were details of where people had problems swallowing and for people who were diabetic and required specific diets.

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 told us they worked with other health and social care professionals where needed to ensure people were supported in the best way possible.
- Care records contained details of peoples' GP's and any other relevant health professionals involved in their care.

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

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

We checked whether the service was working within the principles of the MCA, and found that it was.

- Staff were able to tell us how they supported people to make choices. One staff member told us, "If a person refuses to have a shower I try to encourage them or look for alternatives such as offering a hand and face wash, or perhaps try another day."
- Care plans contained information around peoples' capacity to consent to care and the majority of people supported by JJ Starlight had full capacity. Where people lacked capacity assessments had been carried out.

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; equality and diversity

- People told us staff treated them with kindness and supported them in a caring way. One person said, "They are very friendly and caring and treat me well" and "The carers are wonderful, absolutely perfect, they always have smiles on their faces, even though sometimes it's a not a nice job to do."
- Staff told us they supported people according to their preferences. One staff member told us, "We follow the care plans, and get to know people. If there's anything we need to know about their life like religion or their preferences then it's in the care plan so we can support them properly."

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

- People were involved in the planning of their care and their relatives were able to provide further information. Initial assessments took place where peoples' care and support needs were discussed and these were reviewed.
- People told us they felt supported by the staff and were fully involved in all decisions about their care. One person said, "The carers always ask what I would like them to do and we chat whilst they are doing things so I know what's happening next."

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

- Relatives we spoke with told us how staff respected their family members' privacy, dignity and independence. One relative said member said, "I'm impressed with the carers, they've been helpful on many occasions and have been flexible, respectful and very supportive of [Name]."
- Staff gave us examples how they promoted people's independence with one saying, "I always offer lots of prompts and encourage them to see if there is anything they would like to try themselves; to promote more independence."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same: This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control and to meet their needs and preferences

- People told us their care and support met their needs and preferences. One person said, "The carers check my care plan and ask me things to see if anything is new or has changed since the last time they came, I'm very pleased with this."
- Care plans were personalised and staff told us these were helpful to enable them to provide the right kind of support to people. One staff member said, "We use the care plans to help us care for people in the right way and also to make sure it's in a way they want it."

Meeting people's communication needs

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

- Documents were available in different formats on request, or if this was identified as a need during the pre-assessment. The registered manager told us, "We check how people communicate and if they need other versions whether in large print or a different language we can do this for them."

Improving care quality in response to complaints or concerns:

- People and their relatives told us they knew who to speak with if they were unhappy with the service. One relative said, "I did have a complaint a while ago, I told the manager and I am very pleased with the outcome."
- We saw where people had complained these had been fully investigated, and a visit to the persons home had taken place to apologise and explain what action had been taken.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us they felt the registered manager was approachable and they had no concerns about how the service was run.
- Staff told us they felt supported by the management team in their jobs and could ask for help when needed. One staff member said, "I feel very supported, they're very good at dealing with any issues as well as adapting to staff needs as well as the clients. I can always talk to them and open up and they will call or visit the clients if they want to ask anything or speak to them about anything."

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 management team were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. The registered manager said, "It's important that if things go wrong that we acknowledge it and be as open as we can about it. I personally visit a person and their relatives if something has gone wrong as I feel a personal touch is needed sometimes."

Engaging and involving people using the service, the public and staff

- People and their relatives were asked for their opinions on the service regularly via a service user review, or satisfaction questionnaire.
- Staff had also completed satisfaction questionnaires and staff meetings were held periodically to ensure they had a n opportunity to discuss the quality of the service being provided, raise any concerns or make any suggestions. and staff told us the registered manager and care manager were very supportive.

Continuous learning and improving care:

- Satisfaction surveys showed the management team had sought people's views about the service and used these to make improvements.
- The registered manager told us and records showed when incidents or issues had occurred they were investigated and outcomes discussed in staff supervisions and or at staff meetings.

Working in partnership with others

- The registered manger told us they worked in partnership with health and social care professionals to ensure people received appropriate support. For example, records showed where relevant referrals had been made to GP's and district nurses.