

Star Care (Bristol) Ltd

Star Care

Inspection report

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12 February 2019
13 February 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service: Star Care is a domiciliary care agency that was providing personal care to 40 people at the time of the inspection. The service cared for people that required one or two staff. People who used the service were both privately funded and local authority funded.

People's experience of using this service:

At our inspection on 12 and 13 February 2019 we found that the registered provider was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have therefore rated the service requires improvement overall.

Staff were not provided with the appropriate training to help them meet the needs of people who used the service. Training had not been kept up to date. We identified several shortfalls when checking staff training records.

The registered manager and director completed regular audits to ensure the service was running in line with their policies and procedures. However, audits were not always effective as they had not identified the shortfalls in relation to staff training. Action plans were not in place to address the shortfalls.

People and their relatives consistently told us that the service was reliable and provided them with good quality care.

People were confident to raise any concerns they had with the registered manager.

People had individual risk assessments so that staff had the information they needed to support them safely and minimise the identified risks.

People's medicines were being managed safely and administered by trained staff.

Staffing levels were sufficient to meet people's needs and protected them from harm. Plans were in place to recruit more staff. The service carried out pre-employment checks on staff before they worked with people to assess their suitability.

People's care and support was planned in a person-centred way and people chose how they liked their care to be delivered. People were supported by staff who were aware of people's life history and preferences and staff used this information to develop positive relationships.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The service was well-led by a dedicated management team who demonstrated compassion and commitment to the needs of the people who used the service as well as the staff who worked for them.

More information in Detailed Findings below.

Why we inspected: This was a planned inspection. This was the service's first inspection since they registered with the CQC. This inspection was carried out to check that the service was meeting requirements and to rate the service.

Follow up: We will continue to monitor intelligence we receive about the service until the next inspection. If any concerning information is received 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?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Star 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 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.

Inspection team: The inspection of Star Care was carried out by one Adult Social Care Inspector.

Service type: Star Care is a domiciliary care agency that provides personal care to people in their homes.

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: The inspection of the service was announced. We gave the service 48 hours' notice of the inspection visit to ensure the registered manager, staff and people were available to speak with us.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from professionals who work with the service. We assessed the information we held about the provider. We asked the registered manager for information about what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with three people by phone who received personal care from the service and two relatives', to ask about their experience of the care provided. We received feedback by email from six members of staff. During the inspection we spoke with the registered manager and office staff.

We reviewed a range of records. This included four people's care records and medicines records. We also looked at three staff files to check the recruitment of staff. We reviewed records relating to the management of the service and training records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People were supported by staff who understood their needs and knew how to protect them from the risk of abuse. Staff attended safeguarding training regularly.
- The appropriate safeguarding policies and procedures were in place at the service.
- Records confirmed the service had liaised with local authority safeguarding teams when concerns had been raised.
- Staff had a good understanding and were aware of their responsibility to report any concerns.
- People and their relatives told us they felt safe being supported by members of staff. Their comment included, "Yes I definitely feel safe" and "They provide a good standard of care".

Assessing risk, safety monitoring and management. Learning lessons when things go wrong.

- Risk assessments were in place which reflected people's needs. Information recorded within people's support plans identified risks associated with individuals care and support needs. These related to people's manual handling needs, medication and more specific risks.
- All risk assessments were reviewed each month or earlier if people's needs changed.
- The provider ensured people and staff safety by carrying out environmental risk assessments of people's homes.
- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
- Accidents and untoward events were reviewed to make sure lessons could be learnt for the future.

Staffing and recruitment.

- There were sufficient numbers of staff available to keep people safe.
- The registered manager was in the process of recruiting more staff. People's visits were carried out with no missed calls. However, the registered manager told us they were lower on staff than liked.
- Within the last 12 months the registered manager had used agency staff to help cover visits. At the time of our inspection Star Care were using their own staff.
- The registered manager helped with people's visits when needed. They told us this was a short-term measure and they planned to become more office based.
- Staff gave us the following feedback when asked if the service employed enough staff, "We do need more staff but the office team come out to help with shifts" and "Star care is a small business, staffing levels are lower at present".
- People told us there were sufficient numbers of staff available to provide the care and support.
- The provider had a safe recruitment system in place. Employment checks were in place before staff started working with people who used the service. We found interview questions were not kept within staff files. The registered manager told us they kept interview notes within their notebook but assured us they would

transfer notes to staff files.

Using medicines safely.

- People received support with their medicines as required and the support provided was documented on medicine administration records.
- People we spoke with told us their medicines were administered safely.
- We looked at the Medication Administration Records [MAR] for people. These showed what medicines had been prescribed and were being administered to the person by staff at any one time.
- One person's MAR chart contained gaps in signing. The registered manager told us on these days the staff had not provided care to the person. They planned to record this on the person's MAR chart by adding a code which explained this reason.

Preventing and controlling infection.

- Suitable measures were in place to prevent and control infection.
- Staff wore clean uniforms and understood the importance of promoting good standards and hygiene.
- Staff had received training in infection control and knew their responsibilities.
- We asked staff about what personal protective equipment was available. They told us, "Uniform, gloves, aprons" and "Yes, gloves, aprons, uniform and hand sanitizer".

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. We could not be fully satisfied about the effectiveness of people's care, treatment and support.

Staff support: induction, training, skills and experience.

- The provider maintained individual staff training records of training courses completed by staff. This consisted of the mandatory training that staff were expected to complete to provide effective care to people.
- These courses included medicines, infection control, mental capacity, safeguarding, moving and handling and dementia care. However, there were a number of staff who had not completed training in some areas. An example being two staff out of 11 had completed basic first aid training, four staff out of 11 had completed infection control training and six out of 11 staff had undertaken dementia training. We identified other gaps within staff training records.
- The service supported a person who used a stoma bag. A stoma is an opening in your abdomen that allows waste to exit your body, rather than going through your digestive system. •The registered manager told us staff helped to change the person's stoma bag when providing personal care. Staff told us they had received no training and had only been shown how to change this by observing the registered manager. The registered manager told us they completed training many years ago but had not undertaken any new training. The registered manager told us they would look into providing training.
- After the inspection the registered manager emailed us to say they had found a suitable course which related to continence care, which covered stoma care. They planned for all staff to receive this training.
- This meant that people were being cared for by staff that were not appropriately trained.

The failure to ensure staff received the appropriate training was a breach of Regulation 18 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

- Newly employed staff were required to complete an induction before providing care. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector.
- There was also a period of working alongside more experienced staff until such time as the staff member felt confident to work alone. We asked staff about their first week of employment. We were told this involved shadowing and observing staff, getting used to the routines and learning about people's needs.

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

- The service carried out comprehensive pre-admissions assessments of people before they started with the service. Assessments were carried out by the registered manager. This was to check if people's needs could

be met. People's care needs and their preferences were discussed.

- Regular reviews were carried out to check the service could meet people's needs. The registered manager told us some people's care packages were reduced or increased due to changes in people's needs.
- Staff supported people to maintain a good quality of life. Staff applied learning effectively in line with best practice.

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

- People were protected from malnutrition and dehydration.
- Staff supported people with food preparation and with eating if required.
- Staff ensured people were adequately hydrated and recorded their dietary and fluid intake if people were at risk of malnutrition or dehydration.
- If people were at risk of poor nutrition their care plan took into account their needs and choices around food and drink, and appropriate records were kept monitoring their intake.

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 worked with other professionals to make sure people received effective care and support.
- The staff worked with other healthcare professionals to make sure people's health needs were met and they had the equipment they required to promote their safety and independence.
- The provider told us they had good relationships with local professionals and they worked in partnership to assess people's needs and arrange packages of care that promoted people's well-being and independence.

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.
- Staff helped people to make choices by a variety of methods. Support plans clearly set out how staff should support people to make choices. This included and observing facial expressions and body language.
- Where people lacked the mental capacity to make specific decisions staff liaised with others to make sure decisions made were in the person's best interests. For example, staff met with healthcare professionals and family members to decide what was in a person's best interests.

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.

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 they liked the staff. They told us the staff were respectful and kind. Comments included, "The staff are really caring. They have cared for me a while now". Another person told us, "I get on better with some staff more than others. They are all caring though".
- The management led by example, this was by working hands-on and motivating staff to deliver good care. The caring nature of the service was shared by all staff.
- Staff spoke about the people they supported in a caring manner and it was clear from conversations with office staff that they knew people well.
- People received care from a consistent team of staff who knew them well. One relative told us, "We are sent regular faces which is nice". One person told us, "Yes, we tend to have the same staff".
- People had provided staff with their life history which had been recorded. This helped staff get to know people and to build positive professional relationships with them.

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

- People were involved and consulted about the care they needed and how they wished to receive it.
- People and relatives told us they felt their views were listened to and respected.
- People were supported by staff to make decisions about their care; and knew when people wanted help and support from their relatives. External professionals were contacted when help was needed to support people with decision making.
- Reviews were carried out with people to discuss their care package. This was to ensure people were involved with any changes to their care package.

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

- We asked staff if they felt people's privacy and dignity was respected. They told us, "Yes during personal care making sure their privacy is respected" and "I close doors or cover them up".
- People were supported to be as independent as possible. Comments from people included, "The staff encourage me to make a drink myself" and "I am encouraged to mobile and keep active."
- Support plans reminded staff to support people to be as independent as possible and made it clear whether people needed to be prompted or assisted.
- The service supported people from different ethnic minority's. The registered manager gave us as example of how they respected one person's privacy and dignity. The person liked to be covered whilst they received personal care which the staff respected. This was reflected in the person's support plan.

Is the service responsive?

Our findings

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

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.

- People's needs were met because of the way the management team planned and delivered their care. Their care and support needs were fully assessed and people were always involved in developing their care and support plan.
- People's support plans were personalised with information about people's likes, dislikes and how they wanted to be cared to. They contained information about how to respond to people's needs.
- Staff understood people's specific needs. They had built up relationships with them and were familiar with their preferences.
- We received positive feedback from professionals about the responsiveness of the service. • One professional told us, "Star Care appear to be client centred not provider led, they understand the personal challenges that carers and clients can experience and respect these".
- The service was responsive to people's needs and were able to support people who were unwell. If people required urgent medical and were unwell during visit the help the staff stayed to support them. The registered manager gave us an example of how they stayed with a person who had fallen. The ambulance was delayed so the staff with them whilst they waited for the ambulance.
- Relative's felt the staff were responsive to people's needs. One relative told us how a staff member had stayed with their loved one who had fallen. They said the staff member reassured them and stayed to make sure they were both ok.
- Information was shared with people in formats which met their communication needs in line with the Accessible Information Standard.

Improving care quality in response to complaints or concerns.

- People were encouraged to give their views and raise concerns or complaints.
- People received a copy of the complaints procedure, explaining how to make a complaint if they needed to. This was given to people within the service user guide they received.
- People using the service told us they were aware of the formal complaint procedure and that they were confident that the registered manager would address concerns if they had any. • Records showed that complaints were taken seriously, investigated, and responded to quickly and professionally within a timely manner.

End of life care and support.

- At the time of our inspection the service was not supporting any person to receive end of life care.
- The registered manager worked closely with health professionals in the event of a person requiring end of life care. This included district nurse and GP's.
- The service supported one person within the last two months with end of life care. The registered manager told us the person had not had a shower or their hair washed for many months. Personal care was given by

bed bathing the person. The staff worked with the person to build their confidence and offered reassurance. Over the Christmas period the staff showered the person and washed their hair. The registered manager told us the person was overwhelmed that the staff took the time to make them feel better.

- If a person required end of life care the registered manager put in place regular staff team to care for the person. This included the registered manager who helped to care for people.

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.

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

- The service had a quality assurance system in place. Audits were regularly undertaken by the registered manager and director. However, audits had not identified the shortfalls which we identified in relation to staff training. The registered manager told us they were behind with staff training as they had to prioritise people's visits. The provider had failed to take the appropriate action to address the shortfalls of regulations.

The failure to ensure staff were equipped with suitable skills and knowledge had not been identified whilst carrying out audits. Action was not taken to address the shortfalls. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

- Over the next 12 months the registered manager told us they planned to continue to do what they did best. This was to provide the best care to people. They also planned to continue to recruit more staff and improve staff training attendance.
- The service was very much a family run business.
- There was a clear organisational structure in place. The provider was also the registered manager and worked alongside the other director of the service. A senior staff member and care coordinator also supported the registered manager.
- The registered manager was hands on and helped to care for people by picking up visits. They told us over the past 12 months they had been supporting staff to provide support with double ups and single visits. They planned to spend more time in the office managing the service.
- The provider had a staff recognition scheme in place. Staff were nominated to receive employee of the month and employee of the year awards. A small gift was given to show the providers appreciation of the staff's hard work.
- The registered manager had informed the Care Quality Commission about any events or incidents in line with their legal requirements.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager was committed to provide person centred care to people. They worked closely with people to ensure this was carried out.
- The culture of the service was caring and focused on ensuring people received person-centred care that met their needs in a timely way. It was evident staff knew people well and put these values into practice.
- People and relatives told us the at the registered manager was visible, known to them and approachable.
- We asked the staff if they felt the service was well managed. There comments included, "Yes", "I feel so that the service is well managed" and "To be completely honest this family run business is an absolute delight to

work for, my only criticism is that perhaps more travel time wouldn't go a miss between certain calls".

- People spoke positively about the leadership of the service. Their comments included, "I think it is a well-run agency" and "It seems organised".

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

- The service regularly sought the views of people. The management team continued to consult with people about their care and about the service. People and staff were empowered to voice their opinions.
- People were sent surveys and were able to give feedback about the service they received. The last survey was carried out August 2018 and results were positive. Action had been taken to address any shortfalls.
- The registered manager worked closely with the staff team and regularly communicated regularly with them. Within the last 12 months only one staff meeting had taken place in April 2018. The registered manager told us they planned to hold a staff meeting within the next two weeks.

Continuous learning and improving care. Working in partnership with others.

- In the event of bad weather or a major incident the provider had a contingency plan in place. The registered manager told us they recently had used the contingency plan during the heavy snowfall.
- To improve the way the service rostered staff a new robust rostering system had been put into place. The registered manager told us this improved the care people received as they could monitor the response times of staff.
- The service had experienced a turnover of staff. The registered manager had looked into the reasons why staff had left the employment of the service. This was due to a number of reasons which included moving to another employer. The registered manager had increased the hourly rate for staff to entice them to work at the service.
- The service demonstrated that they worked well with other agencies where needed, for example with the police force. They ensured that they collaborated with other stakeholders.

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>This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p> <p>Audits were not effective and had not identified the shortfalls we found at the inspection in relation to staff training. (17) (1) (2) (a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.</p> <p>Staff had not completed the appropriate training to help them provide effective care to people who used the service. 18 (2) (a)</p>