

Stellar Healthcare Solutions Limited

Stellar Healthcare Solutions Limited

Inspection report

Office 6
Rockware Business Centre, 5 Rockware Avenue
Greenford
UB6 0AA

Tel: 02030928232

Date of inspection visit:
27 May 2021

Date of publication:
02 July 2021

Ratings

Overall rating for this service

Insufficient evidence to rate

Is the service responsive?

Insufficient evidence to rate

Is the service well-led?

Insufficient evidence to rate

Summary of findings

Overall summary

About the service

Stellar Healthcare Solutions Limited is a domiciliary care service providing personal care and support for people in their own homes. At the time of the inspection the service provided support for one person.

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

Care plans included information on what support the person needed, any possible risks when providing that care and how the person wanted their care provided.

The provider had a complaints process in place and the person we spoke with told us they knew what to do if they wished to raise any concerns.

The person receiving support felt the service was well-led and the care was provided in a kind and caring way.

The provider had developed a range of quality assurance processes to enable them to monitor the quality of the care provided.

Rating at last inspection

This service was registered with us on 09/04/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration. We undertook a focused inspection to review the key questions of responsive and well-led only.

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 responsive?

This is the first inspection for this newly registered service. This key question has not been rated as there was insufficient evidence to rate because the service only had one service user who was receiving a limited amount of personal care from the provider.

Insufficient evidence to rate

Is the service well-led?

This is the first inspection for this newly registered service. This key question has not been rated as there was insufficient evidence to rate because the service only had one service user who was receiving a limited amount of personal care from the provider.

Insufficient evidence to rate

Stellar Healthcare Solutions Limited

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 but due to insufficient evidence, we were unable to rate the service under the Care Act 2014.

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.

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 27 May 2021 and ended on 14 June 2021. We visited the office location on 27 May 2021.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this

information to plan our inspection.

During the inspection

We spoke with registered manager. We reviewed a range of records. This included one person's care plan. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one person who used the service about their experience of the care provided.

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 not been rated as there was insufficient evidence to rate because the service only had one service user who was receiving a limited amount of personal care from the provider.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- The care plan identified how the person wanted their care provided. An assessment of the person's care needs was carried out to identify what support they required and how they wanted it provided. The person told us, "The registered manager came to see me before the care visits started to discuss everything with me about how I wanted my care provided."
- A range of risk assessments had been completed including moving and handling, infection control, falls and the environment that care is to be provided in. This meant the care plan ensured the person's care was provided in a safe and appropriate manner.
- At the time of the inspection the service was not providing support for people requiring end of life care.
- The registered manager explained that as they were currently not providing end of life care the care plan did not include any information on the person's end of life care wishes. The registered manager confirmed as they took on more care packages, they would speak with people receiving care to check if they had any specific wishes in relation to their end of life care.
- The registered manager had a clear understanding of how to support people with their end of life care. They explained that if they took on a care package which included end of life care they would work with the person, their family and any professionals including the palliative care team to ensure the person's care wishes were met.

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.

- The care plan included information on the person's preferred method of communication and their preferred language. The care plan also indicated if the person had any hearing or visual impairments which may impact their ability to communicate and how care workers could support the person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider ensured people were supported to maintain their family and community relationships to reduce the risk of social isolation.
- The care plan identified people who were important to and regularly visited the person receiving care.

Improving care quality in response to complaints or concerns

- The provider had developed a complaints policy and procedure. At the time of the inspection they had not received any complaints. Information on the complaints process was included in the 'service user guide' provided to people when they started to receive support.
- The person we spoke with confirmed they knew how to raise a concern if they needed to. They said, "I would be happy to contact the manager if I had any concerns, but I don't think I would ever have any concerns with the 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 not been rated as there was insufficient evidence to rate because the service only had one service user who was receiving a limited amount of personal care from the provider.

Continuous learning and improving care

- The provider had developed a range of quality assurance processes. These included an infection control audit and monitoring the training records to ensure all staff members were up to date with their training.
- There had been no incidents and accidents, safeguarding concerns or complaints raised since the service started to provide care. The registered manager explained they had processes in place to monitor and review these areas once they received any reports.
- A checklist was in place for COVID-19 to ensure current guidance was being followed and that personal protective equipment was being used and disposed of appropriately.

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

- The person we spoke with told us they were happy with the care and support they received. The person said, "I get excellent care. The registered manager helps with everything and is exceptionally nice and kind. I am very pleased to have her here. They are very organised and always on time. She does everything I need help with."
- The registered manager demonstrated the importance of providing person centred care. They told us, "Our client is the most important person so if when we arrive and they do not want the support planned and they want help with something else that is fine, we are there to meet their needs."

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 person we spoke with told us they felt able to contact the office to raise concerns or if they had any questions.
- The provider had developed a number of policies and procedures which were regularly reviewed and updated when required.
- There was a clear process in place to respond to complaints and concerns in a timely manner and the registered manager explained how they would identify where improvements should be made from the outcome of any complaints.

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

- The registered manager demonstrated a good understanding of the importance of a robust quality assurance system to ensure the care being provided was of a high standard as the number of people they

supported increased.

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

- The registered manager confirmed they had regular contact with the person they supported to ensure their care needs were being met and to identify if they required any additional support.
- The registered manager explained they had developed a monthly feedback system for people receiving care which would be implemented once the number of care packages they supported increased. They said, "It is very important that we know if we are providing good care."

Working in partnership with others

- The registered manager told us they were a member of Skills for Care and took part in forum discussion with other providers. They were also member of the professional association for homecare providers which enabled them to access support with good practice.