

Starcover Health & Social Care Ltd

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Inspection report

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Date of inspection visit:
29 January 2020

Date of publication:
27 February 2020

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

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

There were systems in place to monitor quality and safety and equip the provider with an overview of performance. However, this was not robust as audits had not identified issues in relation to management of medicines.

All the family members we spoke with felt their relatives were safe when receiving care and support. Risks to people's health and welfare were assessed but some improvements were needed to ensure a robust approach.

Staff were recruited safely and followed a comprehensive induction and training programme. Training was managed within the service and was responsive to people's needs.

All the people we spoke with were complimentary of the care and support their relative received. People said they trusted the service and commented very positively about the reliability and caring approach of staff.

All the people we spoke with praised the assessment and care planning process. One person said the process had gone on for two months due to their complex needs and another said, "They made the whole process of assessment very smooth."

Care plans were person-centred and included information about what was important to the person and their preferences in the way they received 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.

Staff were responsive to people's health needs and liaised with healthcare professionals as needed. People who used the service and their family members told us staff were very vigilant about spotting when a person was not well, or their condition was deteriorating and took immediate action to address this.

People appreciated the flexible and understanding support the service provided. They said staff considered people's fluctuating physical and mental health and delivered care appropriately.

People who used the service, their family members and staff gave very positive feedback about the registered manager and other members of the management team.

People said the management team were responsive to their views and took responsibility, and immediate action when things went wrong.

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

Rating at last inspection

This was the first inspection of this service since it's registration in January 2019.

Why we inspected

This was a planned inspection based on the date of registration.

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?

The service was not consistently safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not consistently well-led.

Details are in our well-led findings below.

Requires Improvement 

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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

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. At the time of the inspection four people were being supported with personal care.

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 a short period notice of the inspection because we needed to make sure the registered manager would be available to support the inspection.

Inspection activity started on 27 January 2020 when we spoke on the telephone with one person who used the service and family members of three other people. We visited the office location on 29 January 2020 and reviewed additional information sent to us to support the inspection process on 31 January and 3 February 2020.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and safeguarding team. 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.

During the inspection

We spoke with four staff including support workers, the director of operations and the registered manager. We reviewed a range of records which included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We looked at other records relating to the management of the service, such as training records, audits and survey results.

After the inspection

We reviewed additional information sent to us by the provider.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Systems for reviewing safe use of medicines required improvement.
- One person's medication administration record (MAR) included some handwritten instructions which conflicted with the administration instructions on the MAR supplied by the pharmacy. The registered manager and director of operations were not able to give an explanation about who had made the notes and there was no evidence of this being identified and addressed by care staff or through the auditing process.
- There was no evidence of the person concerned having experienced any adverse effects and the registered manager acted to address the issues immediately.

We recommend the provider reviews the audit system to make sure it supports a safe system for managing medicines.

Preventing and controlling infection

- People were protected because staff followed appropriate infection control procedures.

Assessing risk, safety monitoring and management

- Systems were in place to assess the risks to people's health and safety. However, some improvements were needed to make sure the systems were robust.
- Risk assessments of the environment in which staff would be delivering care and support were robust. However, the assessment of people's needs did not always clearly identify any potential risk.

Systems and processes to safeguard people from the risk of abuse

- People were safe because staff understood how people might be affected by different forms of abuse and knew what to do if they suspected abuse was happening.
- People we spoke with said they, or their relative were safe when receiving support. All spoke about trusting the service and staff. One family member said, "We completely trust the staff, they never let us down and always turn up on time."
- The registered manager had a good understanding of their responsibilities and appropriate policies and procedures were in place.
- The registered manager and director of operations said there had not been any accidents involving people

who used the service. They understood the importance of reviewing accidents to establish any patterns or themes.

Staffing and recruitment

- Systems were in place to make sure staff were recruited safely. This included a criminal record check (DBS) and references from previous employers.
- People told us they, or their relatives were supported by a consistent and reliable staff team.
- There were enough staff to make sure all calls were made at the right time. Since registration, the service had not missed any calls to people.

Learning lessons when things go wrong

- The director of operations showed us a 'learning log' on which they recorded what had gone wrong and what action they had taken to prevent it from happening again.
- An example was when, in response to a last minute call, the service had sent two male carers to a female client. Following contact from the clinical commissioning group (CCG) asking they send female staff, the service made sure at least one female was on duty at all times and made sure people's preferences were included in the initial assessment process.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service.

This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed following the service receiving a referral and detail of the person's care needs from the CCG who were commissioning the care package.
- Assessments were completed by senior members of staff and included details about people's health status, mobility and nutritional needs. Also included were details about what was important to the person, who their friends and families were and attributes they would like their ideal carer to have.
- All the people we spoke with praised the assessment process. One said the process had gone on for two months due to their complex needs and another said, "They made the whole process of assessment very smooth."

Staff support: induction, training, skills and experience

- Staff received the training and support they needed. New staff completed the care certificate which is a nationally recognised set of standards primarily aimed at staff new to care.
- The registered manager and another member of the management team were qualified to deliver the majority of training staff needed. This meant the service was able to respond to people's changing needs by providing staff with immediate and effective training. Staff said the training was very good.
- Care staff were regularly shadowed, supervised and spot checked as well as supported and rewarded. The service had developed a 'Star Award', an award for staff going the extra mile or receiving outstanding feedback.

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

- People's needs in relation to nutrition, hydration and related support needs were assessed and care plans developed to make sure staff knew how to meet these needs.
- Food and fluid logs were maintained for all people receiving support in this area.

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

- All the people using the service were receiving palliative care. Staff worked closely with the CCG who commissioned their service.
- Where possible, staff had attended multi-disciplinary meetings for the people they were supporting. Staff also worked with health care professionals including district nurses, continence nurses, occupational therapists and physiotherapists.

- The offer of training from an occupational therapist had been welcomed by the service so staff could support a person with exercises beneficial to their wellbeing.
- One person told us if staff noticed any sign of illness or exacerbation of their condition, they took immediate action to get the right intervention.
- Care plans were in place to support oral health.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- All of the people using the service at the time of the inspection had capacity to make decisions about their care and treatment.
- Managers did not know if any of the people they supported had a Lasting Power of Attorney in place. They said they would act immediately to find this out and make sure the information was included in people's care records.
- People told us staff sought their consent to care. Care and support plans included signed consent.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service.

This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All the people we spoke with gave examples of the kind and respectful approach of staff.
- One family member described staff as, "Cheery, helpful and really supportive."
- Another person told us, "They took the time to get a rapport and understood the emotional aspect of having to use a service, they have built a real bond, I was really impressed."
- One person told us staff absolutely understood their complex needs. They said staff had been able to support them when other providers had failed.
- One person wrote, in a review of the service, "In only a few days they didn't feel like carers, more like family friends. They were so knowledgeable and always made my (relative) smile and have a laugh."

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

- People's views and decisions were at the heart of the care planning process.
- In the assessment and care planning process people were asked about their desired outcomes and what they needed staff to do to support them to meet them. This meant people's views and opinions were understood and acted on.
- A family member told us they had put a list together of all the things their relation wanted to be supported with and how they wanted the support to be delivered. The person said, "This was naturally picked up by carers."
- All the people we spoke with said they had contact numbers for their carers. They said they could discuss any issues about their care as they arose.

Respecting and promoting people's privacy, dignity and independence

- People said staff gave explanations about the support they were delivering and made sure this was done with respect for the person's abilities with a view to retaining their independence.
- The operations director told us, "We encourage our clients to take ownership and control of their support and understand that they may change their mind daily. Whilst we have a plan of what we are contracted to provide, we daily ask our clients how they would like to achieve that plan and what else they might want to do."
- One person's dignity had been affected because they were unable to look after their house. Staff cleaned the house and made adjustments so the person could maintain it more easily. The person was proud to demonstrate to staff how their support had enabled them to be more independent.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service.

This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans demonstrated a person-centred approach based on the initial and continuous assessment of people's needs. All of the people we spoke with said they had been fully involved in the development and review of their, or their relatives, care plan. One person's care plan said, 'Carers need to let me take charge of my routine, so I can make sure I do everything I need to, the way I want to do it'.
- People told us staff were flexible in their approach. A family member said, "The carers will flex the type of support (relative) needs according to (their) mood and condition." Another family member said, "They will change the call times to accommodate and support (relatives) medical appointments or social arrangements."
- A family member told us how the service provided two staff to support their relative, usually supported by one member of staff, following a fall which had affected their mobility. They said the service did this without request and without extra charge.

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 service had systems in place to make sure people's communication needs were met.
- When putting together a care package for a person whose family's first language was not English, the service established a relationship with a translation company so that a care plan overview could be produced in their own language to help them understand the care their relative was receiving.
- One person had some hearing difficulties and struggled to understand staff when they called them on the phone. Arrangements were made to use text with an extra alert to the text message. Another person liked to use email followed by a phone call on speaker phone so their relative could join in the conversation.

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

- As part of the initial assessment process, people were asked about people who were important to them and what interests they had.
- One person's 'social interests and activities' care plan detailed their goal as being able to go out for a meal with their partner and friends. The service worked closely with other healthcare professionals to support the

person to regain the physical abilities they needed to achieve this goal.

Improving care quality in response to complaints or concerns

- Concerns and complaints were managed well and used as a learning tool.
- All the people we spoke with said they would feel comfortable in raising any concerns they had. One person said, "They respond immediately to any queries."

End of life care and support

- At the time of the inspection all the people using the service were receiving palliative care. Care plans included the person's feelings about their diagnosis and any wishes for the care they would like to receive.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- Systems were in place to audit quality and safety and safety within the service, however, these were not always robust and had resulted in issues in relation to safe management of medicines not being identified.
- Managers were open and responsive to the inspection process. They took responsibility for issues identified and acted immediately to start to resolve them.
- The operations manager, registered manager and other members of the senior team had clearly defined roles and responsibilities. For example, the registered manager oversaw all aspects of care delivery and trained and supervised staff.
- The registered manager understood their responsibilities in relation to regulatory requirements such as informing CQC of particular events within the service.
- Staff meetings were held monthly and staff told us their views and suggestions were welcomed.
- The operations director told us they invited people and their family members to attend all staff training so they could increase their understanding of why staff work in the way they do.

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

- People's feedback was integral to the way the service was managed.
- All people using the service were contacted by phone at least three times weekly by a member of the senior management team and visited at least once a week. This was to get feedback about the care being provided and to see if any improvements could be made.
- People said managers were open and honest. One person said, "They take full responsibility for anything that has happened."
- All the people we spoke with were complimentary about the management of the service. One person said, "They are top class, very professional, we have nothing but praise for Starcover." Another person told us, "The administrative and senior management team are very efficient and friendly."

Working in partnership with others

- The operations director was an I Care Ambassador which demonstrated their commitment to the industry.

The role involved attending events, Job Centres and schools, to talk about career pathways in the health and social care sectors.

- Staff worked in partnership with many other health and social care professionals to make sure the support they provided to people was as effective and responsive as possible. This included liaising with other domiciliary care providers involved in people's support.