

Starry Care UK Limited

Starry Care

Inspection report

Suite 1, 3rd Floor, Margaret Powell House
401 Midsummer Boulevard
Milton Keynes
MK9 3BN

Tel: 01908044353

Website: www.starrycare.com

Date of inspection visit:

17 November 2022

18 November 2022

Date of publication:

16 December 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Starry Care is a domiciliary care agency providing personal care to people living in their own homes. Not everyone who uses domiciliary care services receive personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection there were 16 people who received personal care support.

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

People received safe care. Risk assessments were in place and reviewed regularly and as people's needs changed. Staff received training in safeguarding and what to do if concerns arose. Safe recruitment practices were followed to ensure staff were suitable for their roles.

People received their support calls on time and staff stayed for the length of time they were supposed to and completed the tasks people needed support with. People were informed if staff were running late for any reason. Medicines support was provided safely if this was required. Infection control measures were in place including staff use of personal protective equipment (PPE).

The provider monitored the quality of the service and they were developing documentation to record this more effectively. An electronic care planning system was being embedded into practice to support their oversight. The provider was keen to embed a supportive and learning culture in order to continuously improve the running of the service and the support people received in their homes. The provider was aware of their legal responsibilities and worked in an open and transparent way.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 February 2020).

At the last inspection there was a breach of regulation 17 (Good governance) because the provider did not have effective systems in place to monitor the quality of the service and ensure staff were supported fully in their roles. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Starry Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Starry 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 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 17 November 2022 and ended on 18 November 2022. We made telephone calls to people and relatives on 17 November 2022 and visited the office location on 18 November 2022.

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 and Healthwatch. Healthwatch is an independent consumer champion that gathers

and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 4 relatives to gather feedback on their experience of care provided. We spoke with the provider and care coordinator and received feedback from 7 staff which included senior care staff and care staff.

We reviewed a range of records. This included 4 people's care records and one person's medicine records. We looked at 2 staff files in relation to recruitment processes. A variety of records relating to the management of the service, including audits, policies and procedures, training records and meeting minutes were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received safe care and told us they felt safe with carers. One person said, "Yes, I do feel safe with them." Another said, "They are doing a brilliant job."
- The provider raised safeguarding concerns appropriately with the local authority and knew how to follow safeguarding processes.
- People were protected from the risk of abuse. Staff received training in safeguarding so they were aware of how to spot abuse and what to do if they had any concerns.

Assessing risk, safety monitoring and management

- Risks were assessed and monitored so people received care which reduced these risks as far as possible. Risk assessment tools were used to support this in areas such as moving and handling, and skin integrity. We saw these were updated when people's needs changed.
- Care plans provided staff with guidance on how to provide safe support to people, the number of staff required and the equipment to be used. One person used equipment to help them move around. They told us, "I trust them with my life, not once have I slipped, or they've dropped me. Most of them are a good lot."
- People were happy with the support they received which helped them to manage day to day risks. One person told us, "I always feel safe, definitely. I would not get a shower if I didn't have their help."

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 MCA 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

- The provider told us everyone they supported had capacity to make decisions about their care and support.

- We found the service was working within the principles of the MCA. Care plans reflected people's choices and wishes.

Staffing and recruitment

- Staff were recruited safely. Staff records contained checks including references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to ensure people's needs were met safely. The provider was keen to provide consistent staff to people and strived to recruit a stable and permanent team to achieve this.
- Support visits usually took place on time and staff completed all of the tasks people needed them to. One person told us, "I'm allowed 45 minutes but they are mostly here an hour. They don't rush." Another said staff are, "Normally on time, or they will call ahead if running late. They are not often late."

Using medicines safely

- Where people were supported with their medicines, processes were in place to manage these safely. People received medicines in the way they preferred. One person told us staff gave them their medicines, "All in one go," in line with their preference.
- Staff received training in the form of e-learning and regular practical competency assessments. This meant staff were trained and skilled to administer medicines safely.
- The provider used an electronic system to monitor and record medicines administration processes. When a problem was identified with one aspect of this, they added paper recording as an extra measure to reduce the risk of errors. Medicines checks took place so any issues could be identified promptly.

Preventing and controlling infection

- People were protected from the risk of infection. Care plans included information about what personal protective equipment (PPE) staff should use and when they should use it. This included aprons, gloves, masks and hand sanitiser.
- The majority of feedback confirmed staff always used PPE and washed their hands. When a person told us of a recent issue with a member of staff not wearing PPE, the provider followed this up immediately on the inspection day.
- Staff received training in infection prevention and control. Spot checks took place by the management team which included checking staff use of PPE.

Learning lessons when things go wrong

- All concerns, incidents and accidents were recorded on a log which was overseen by the provider. We saw these were followed up promptly and appropriately. The provider planned to introduce accident and incident forms for staff to complete on the new electronic system. This would strengthen the existing processes.
- The service promoted a culture of learning and improvement. When an incident took place, the provider looked at what had happened, what actions needed to be taken and opportunities for improvement. This meant the risk of the same thing happening again was reduced.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had not ensured systems and processes to assess, monitor and improve the quality of the service were implemented. They also did not have processes to support staff through competence checks, appraisal and supervision. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection the provider had made improvements to their managerial oversight of the service. They were in the process of transitioning to an electronic care planning system which strengthened oversight as records were viewable from the office. A team of staff were involved in planning, monitoring and reviewing people's care.
- The provider and senior staff undertook quality assurance checks including regular calls and visits to people receiving care to review and request their feedback on the support they received. This was also a way of monitoring staff performance and identifying any areas where support or development may be needed.
- Oversight by the provider on the care records written by staff, checks on medicines and regular analysis of any incidents or accidents took place. The provider was in the process of setting up systems to record this effectively.
- The provider was committed to providing a quality service to people in their homes. Staff provided positive feedback about working at the service and the support they received from the provider. One staff member said, "It is a great place to be. Roles are spelt out, teamwork is encouraged, feedback is also encouraged, there is respect for one another". Another said, "The management team is really supportive. They work 24/7 and are always ready to listen and respond to my concerns. I am grateful to them for being so supportive."
- A staff WhatsApp group was used to provide staff with relevant information and updates while they worked in the community. Regular team meetings were also held, and minutes shared. This ensured there were opportunities for staff to have discussion about important issues and receive updates relevant to their roles.

- Staff were due to receive an annual end of year appraisal and a schedule of regular individual supervision sessions was planned. This gave staff time and opportunity to meet with a member of senior staff and discuss their development and any support they may benefit from. The provider was keen to ensure staff felt supported and valued in their roles and was looking at ways to enhance and promote this.
- The provider was aware of their regulatory responsibilities. They were aware of their legal duties to send notifications when appropriate to the local authority and CQC.

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 provider was aware of their responsibility to be open, honest and keep people informed of actions taken following incidents in line with the duty of candour.

Continuous learning and improving care

- The provider was supportive of the inspection process and keen to continue making improvements to the service. This included using technology more effectively and supporting the welfare of staff so they were happy in their roles and giving good care to people.
- Staff with qualifications in pharmacy and nursing were recently recruited to join the team of senior staff. Their skills and knowledge would support the provider embed a culture of development and learning in the staff team, backed up by robust systems and processes.

Working in partnership with others

- The registered manager and staff team worked with health and social care professionals involved in monitoring and providing care and treatment for people using the service. We saw numerous examples of the provider communicating with health professionals including the GP, district nurse, 111 and the ambulance service to ensure people received timely healthcare support when needed.
- People told us staff worked in partnership with other agencies. One person said, "I had a problem with my skin, my carer got in touch with the GP and he came to visit while the carer was here."