

Star Care (Bristol) Ltd

# Star Care

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Star Care is a home care service that provides personal care to adults in their own home. The service was supporting around 37 people, living in their own homes, at the time of the inspection.

Not everyone who used the service received 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.

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

Regular training for staff was now up to date and in place for all staff. This meant staff were effectively trained to ensure they were fully competent in their work.

Quality monitoring systems and processes were in place and were now effective. These were used to review feedback and to check care delivery, staff performance and training.

People said they continued to be well cared for and safely supported. Examples of comments made by people and relatives included, "I would recommend the service, happy with what they are doing, no problems", "Absolutely recommend them, if any concerns or help required they put it right" and "Would give them thirty out of ten."

People were safe with the staff who supported them. Staff were guided to keep people safe by up to date risk assessments showing how to reduce risks. The staff had an up to date understanding of safeguarding. This meant they knew what to do to keep people safe if they thought they were vulnerable to abuse.

There was a system to monitor and learn from accidents and incidents. Peoples medicines were managed safely. Staff understood how to reduce the spread of infection. People continued to be protected from the risks from unsafe staff. This was because recruitment and selection processes were in place to employ the right kind of staff. There were enough staff deployed to provide care for people.

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](http://www.cqc.org.uk)

Rating at last inspection

The service was rated Requires Improvement at the last inspection (report published April 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of

regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

We carried out an unannounced comprehensive inspection of this service in April 2019. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve around staff training and supervision and .

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the Key Questions Safe, Effective and Well Led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Star Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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

### Is the service effective?

Good ●

The service was effective

### Is the service well-led?

Good ●

The service was well led

# Star Care

## Detailed findings

### Background to this 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. This inspection was planned to check whether the provider was meeting legal requirements and regulations associated with the Act, 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 was carried out by one inspector, an assistant inspector and two Expert's by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

This service is a home care agency. It provides personal care to older people living with dementia or disabled adults who are living in their own homes.

#### Notice of inspection:

We gave the service short notice of the inspection visit because staff might be out of the office supporting staff or providing care. We needed to be sure that they would be in.

#### What we did:

Before our inspection, we reviewed all the information we held about this service. This included notifications the provider is required by law to send us about events that happen within the service.

We used information the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During our inspection

We spoke by telephone, with six people receiving a service and eight relatives. We met the registered manager who is also a co-owner and spoke by telephone interview with six care staff.

Records we looked at included four care plans, four staff files and a range of documents relating to medicines, accidents, incidents and complaints, satisfaction surveys completed by people who used the service and their relatives and quality assurance reports.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives were positive about staff support and felt safe with them. One person told us "We have no concerns at all about the care, the staff do vary which can be a problem, but the girls are lovely. They are sometimes late, and we have to ring to see where they are though they do notify us if its more than half an hour." Other comments included "I was apprehensive to start with, but they have been very good with X, they use the stand aid which staff know how to use, absolutely brilliant, very friendly". Another relative said of their family member, "They like the carers, when X is in hospital they can't wait to get back home to them" and "We have no concerns at all, and X seems comfortable with the people and the care given." This feedback conveyed how safe people were with the staff who visited them.
- The provider followed appropriate safeguarding procedures to ensure people were safeguarded from the risk of abuse, neglect and poor care.
- Staff were trained in safeguarding and showed a good understanding of types and signs of abuse and knew how to escalate concerns.
- Staff told us they knew how to report any concerns if the registered manager did not address the concerns of abuse or poor care.

Assessing risk, safety monitoring and management

- There were detailed risk assessments of people's home environments. For example, when staff supported people with mobility equipment, such as stand aids, and how to uses home appliances safely. There was detailed guidance about how to safely use and maintain these items. This helped to ensure staff were able to safely carry out their role.
- Risks associated with people's health and wellbeing were assessed. Where risks were identified, there were clear actions in place to reduce the risk of harm. For example, how to safely support a person who needed to be cared for in bed.
- There was an 'on call service', which was also operated outside of office hours. This enabled people, relatives and staff to contact the provider in the event of an emergency outside of office hours.

Staffing and recruitment

- People were protected from the risks from unsuitable staff because the provider carried out recruitment checks. This was to ensure only suitable staff were employed to support people. Records showed that recruitment checks for existing staff, for example the right to work in the UK and Disclosure and Barring checks (DBS) were up to date. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.
- The provider used an online live system to plan and monitor visits. They said it meant they could track care and support for each person in 'real time'.

- There were enough staff deployed to support people. People and relatives told us they were usually visited by the same staff. This helped continuity of care and development of positive and friendly relations between people and staff who visited them.
- People were generally told about changes to their rota.
- People said staff were generally punctual or informed them if they were running late.

#### Using medicines safely

- People were supported to safely manage their medicines.
- Care records set out clearly any support people needed with obtaining and administering prescribed medicines. They also explained whether people, their families or care staff were responsible for providing this.
- Staff were trained to make sure they knew how to manage people's medicines. They had competency checks at least once a year to ensure they remained safe to administer medicines .

#### Preventing and controlling infection

- People were well supported by staff who knew how to prevent and control infection
  - One relative said of staff the, "Girls wear aprons, feel safe, they make sure got gloves on". Another comment was there was a "Letter regarding COVID at the start, staff when I'm there wear masks, aprons, I feel protected."
- Further feedback from people and relatives about the staff included, "They wear masks, aprons, gloves, have definitely done what they can to keep me safe "and "They wear masks, gloves, I'm not really worried about COVID had my two jabs and most of the staff have."
- The provider had an infection control policy in place. This was up to date and all staff signed to say they had read and understood it.
  - All staff had received up to date infection control training. Staff told us that personal protective clothing such as disposable gloves, aprons and shoe covers were available to them when they needed them.
  - People's relatives told us staff who handled and stored food did so in a hygienic and safe way.

#### Learning lessons when things go wrong:

- Systems were in place to ensure there was learning and improvements when things went wrong.
- Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff.
- Staff understood the importance of reporting and recording accidents and incidents.

# 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.

At our last inspection the provider had failed to ensure staff had completed the appropriate training to help them provide effective care to people who used the service. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- Staff were now well trained and well supported in their work. The service was no longer in breach of regulations around training.
- Staff had the right mix of knowledge, skills and experience required to meet people's needs. Records confirmed staff had completed training that was relevant to their role. All staff were required to complete an induction in line with the Care Certificate. The Care Certificate is a standard set for the induction for new social care staff.
- Staff feedback was very positive about support and training. One staff member said, "If there was anything special, we needed it's there straight away- and if there is something extra like food hygiene and different cultures, they will arrange it. Our training is always on time never overlaps." Another staff member said, "All the training was good. we've had Covid training, we read all the policies, we have Covid specific ones." Further comments about staff support included, "The support has been great, I have children as well, this time last year the schools were closed so I changed my hours to evenings and weekends, they were really good and when it went back to normal I could return to normal hours so no issues personally" and "Yes we have spot checks, anything that you need, you feel you might need a refresher the briefings are available and the office can help as and when. I've had several one to ones, I've had a few personal issues and I have spoken to the office and my return to work was discussed."
- Mandatory training also included dementia awareness in addition to specialist training in epilepsy and stroke awareness was also available for staff who supported people with these health conditions.
- Staff said to us they were well supported by the registered manager. They received regular one-to-one supervision meetings with the manager and group meetings with their co-workers. This was a way to give feedback about their performance and discuss any concerns they might have and training needs.

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

- People and relatives were very positive about how their needs were identified and how they were supported. One relative said, "The manager visited prior to start of service and we agreed what was needed, care plan at property for staff was updated about a month ago". Another comment was "Absolutely understand her, she's got lots of needs and problems, know her habits and have said to phone anytime if anything needs changing".
- Further comments from people included "Staff know me, ask if anything else I need, when they bring new forms check all okay" and "Always remember my pain patch needs to be changed on a Friday, we have a chat about general things, nice to have a laugh, care plan in the house, a very, very nice staff member came

immediately I came out of care home and we agreed what care was wanted."

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

- People were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this.
- Feedback was positive from relatives about how staff supported family members with food and drink. One said they, "Assist with breakfast, ready meal lunch time, sandwiches, needs encouragement to eat and drink, staff aware of needs and try to encourage to eat and drink some carers manage this better than others". Another told us ,staff, "Do all his meals and drinks, although they encourage him he doesn't always drink enough and they have alerted us and called GP."
- The level of support people required with this varied and was based on people's specific health care needs and preferences.
- Care plans included assessments of their dietary needs and preferences which indicated their dietary requirements, food likes and dislikes, food allergies and their care and support needs.
- Staff had received food hygiene training.

Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to live a healthy life and have access to health professionals when needed.
- Staff and managers had communicated with external health and social care professionals when people's health needs had changed, and further professional input was required. This included pharmacy advice, stoma nurse specialists, and tissue viability nurses.
- Staff understood the importance of acting when people's health deteriorated.

Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were recorded clearly in their care plans. There was staff training and background information to people's specific healthcare conditions. This helped to make sure staff were able to support people effectively with health needs.
- People and families mostly took responsibility for accessing healthcare services themselves. However, the provider had helped them to develop, 'grab folders ', which were documents designed to give an overview of people's health needs. These documents helped to give medical professionals a snapshot of people's needs, when they accessed healthcare services.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 .

- The registered manager and staff team were aware of their responsibilities in seeking consent and acting in line with the principles of the Mental Capacity Act 2005.
- Care records showed where people were assessed as lacking capacity to give consent to care, the provider consulted with the person who had the legal authority to make decisions on people's behalf.

# 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 in 2019 audits were not effective and had not identified shortfalls we found at the inspection in relation to staff training. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

At this inspection we found that the rating has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- Since the last inspection the provider had acted and was no longer in breach of the regulation around Good Governance.
- Effective audit systems were in place to check the quality of the service and action was taken when concerns were identified by audits. For example, staff training was checked, and it was identified if staff had not been completed mandatory and other training.
- The registered manager held regular staff meetings where updates and ideas for improvement were discussed.

### Working in partnership with others

- The registered manager had established positive working relationships with the different stakeholders associated with people's care. For example, staff often liaised with a person's GP and other healthcare professionals. This was to support people to achieve positive healthcare outcomes.

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

- There was a clear vision for the service, and this included ensuring a very person-centred culture that was shared by the registered manager and staff. The registered manager told us they used team and individual supervision meetings to remind staff about the core values and principles.

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 registered manager demonstrated they understood their responsibilities under the duty of candour regulation. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent.
- The registered manager understood their responsibilities in reporting significant events to CQC through statutory notifications.

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

- The registered manager and staff were clear about their roles and responsibilities and were able to explain these to us in detail.
- The registered manager had a very clear understanding of their roles and responsibilities. They worked closely together to ensure the fundamental standards of care were met.
- The registered manager also understood their legal responsibilities as an employer. They also understood the legal requirement to notify CQC of incidents such as safeguarding issues, serious injury and disruption to the service.
- Senior staff and the registered manager carried out unannounced checks to ensure staff were following the correct procedures and following people's care plans properly. Sometimes they observed staff directly; at other times visited just afterwards to check everything was as it should be after care. People's views were usually sought as part of this process, and feedback was given to staff.
- Staff had supervision meetings twice annually where they discussed their work with someone senior to them. They had more regular supervision if necessary. Any performance issues were addressed.

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

- Staff and people were engaged and involved by the service in how it was run in a positive way.
- People told us they could speak with staff if there was anything they wished to discuss or change about the home care service they or their family member received.
- A range of methods were used to gather people's views which included regular telephone contact, care plan reviews, observing staff working practices during scheduled visits and satisfaction surveys. Satisfaction surveys people had completed in the service's first year of operation were mainly positive about the standard of home care support people received
- People and relatives told us how the service engaged with them, "About a month ago they sent a questionnaire which I didn't complete so they telephoned, no concerns raised so didn't need any feedback" and " They have sent out a couple of questionnaires, I haven't completed them, would contact them if anything" and "They are always checking if there is any more they can do."
- One staff member said, "I've worked just coming up for a year- I cannot rate them highly enough, they are absolutely wonderful to work for. I've recently through some personal things and they've been brilliant, so supportive. There are regular check-ups on me to make sure I'm ok. For me personally amazing."

Working in partnership with others

- We saw how the registered manager and team had established positive working relationships with the different stakeholders associated with people's care. For example, staff often contacted a person's GP, if they were concerned about a person.
- The registered manager shared with other services some of their PPE at the start of the Pandemic. This shows the registered manager had a supportive approach with other social care providers. They also liaised with local businesses for other items that could be of use. For example, a local garage donated plastic coverings for car seats to the staff at the service.