

Starcare Limited

Starcare Merseyside

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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Starcare Merseyside is a domiciliary care service. At the time of the inspection 34 people received support from the service, with 34 of those receiving personal care. The CQC only inspects where people receive personal care. This is to 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

Some people told us they did not always know which staff would be attending, as there had been a lot of different carers specifically in January 2021. The registered manager explained that factors such as the impact of the COVID-19 pandemic had, at times, impacted on staff absence which in turn had affected continuity on occasion.

People received their medicines from trained and competent staff. We have made a recommendation that the registered manager reviews systems in place, to ensure there is a consistent approach to medicines audits, although findings were identified the issues continued and were noted within the inspection. The registered manager took immediate action to address this.

Procedures were in place to protect people from abuse and people told us they felt safe with the staff who supported them. Staff were aware of the procedures to follow to prevent and control the spread of infection and received specific guidance about the COVID-19 pandemic. Risks associated with individual's needs were assessed and regularly reviewed with measures in place to mitigate these.

Recruitment procedures were safe.

People were treated with dignity and respect. People told us that staff were "Brilliant, nothing too much trouble" and "polite."

Each person had a personalised care plan which was detailed, person-centred and included assessment of people's specific communication needs. We saw that people had been involved in planning their support.

People were aware of who to contact if they had any concerns.

People and relatives were positive about the culture of the service and staff. Staff felt supported in their roles. There were opportunities for people to provide their views of the service they received.

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

Rating at last inspection

This service was registered with us on 03/12/2019 and this is the first inspection.

Why we inspected

We carried out an announced comprehensive inspection of this service to ensure the services provided to people was safe, effective, compassionate and high-quality care.

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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Starcare Merseyside

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

This inspection was carried out by one inspector and one Expert 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 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 short notice of the inspection. Due to the impact of the COVID-19 pandemic we were mindful of the amount of time the inspector was on site. Therefore, records and documentation were requested before and following the site visit and were reviewed remotely. Inspection activity began on 15 April and ended on 20 April 2021.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection-

Due to the risks of Covid-19, we did not make home visits to people who used the service. Instead, we sought feedback from people, their relatives and members of staff by telephone. We spoke with three people who used the service and four relatives about their experience of the care provided. We also spoke with two members of staff, the nominated individual and registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, including three care and medicine records, continuity, and reliability records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek information from the provider to validate evidence found.

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 good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- We reviewed a sample of medicines management records that contained gaps which had been identified during audits. However, we found further gaps in more up to date medicines management records. We discussed our findings with the registered manager who took immediate action to address these and introduced improvements. We have made a recommendation about the recording systems used to monitor medicines administered by staff.
- People who required assistance to take their medicines were supported by staff who had received training and had their competency regularly checked.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place to protect people from the risk of abuse. Staff had received training, understood their responsibilities, and felt able to report abuse should the need arise.
- People told us they felt safe with the staff who supported them. People's comments included, "I feel very safe. They know what I want and go above and beyond for me". "We feel everything is done for us to keep us safe". A relative's comment included, "My [relative] is safe and her health has come on leaps and bounds since the service began".

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

- Accidents and incidents were recorded with managerial oversight to identify themes and trends, capture learning and to prevent reoccurrence. Staff were aware of the procedures to follow.
- People's risks were assessed and recorded in detailed risk assessments with measures in place to mitigate the risk.
- Staff received training in order to use equipment safely. People told us staff were competent and they felt safe. Comments included, "I am hoisted when care is provided, their practice is safe" and "It's safe, staff talk me through what they are doing".

Staffing and recruitment

- People told us their calls were never missed, staff stayed the allotted time, and they did not feel rushed. We were told, "The staff take their time and are so kind" and "The staff are polite and respectable".
- There was a system in place to monitor call times which alerted the office staff if support staff were running late. Records reviewed evidenced call timings were closely monitored and followed up.
- We received mixed feedback about the consistency of staff. Some people said their calls were always on time and that they had regular staff to support them. People told us, "I pretty much have regular carers and they are very willing and respectful to me". They [staff] have always come on time, never late but there was a time in January 2021 when there were a lot of different carers coming. Its settled down now though". And a

relative said, "They [staff] come when they are supposed to, if there is any delay we do get notified".

- The majority of people were satisfied with the care and support they received.
- We discussed this feedback with the registered manager. We were advised that factors this year, had, at times, impacted on continuity of staff, including the COVID-19 pandemic, and recruitment of staff. However, systems were in place to monitor staffing and the situation had improved.
- Safe recruitment procedures were followed.

Preventing and controlling infection

- Systems were in place to prevent and control the spread of infection. Procedures considered the specific risks presented by the COVID-19 pandemic.
- Staff had access to plentiful supplies of appropriate PPE and were aware of current requirements.
- People told us, "Staff are good with wearing PPE, they come in with all their PPE on". " They always have their PPE on and they take it away with them when they go". A relative told us "They are hot on wearing their PPE and we feel everything is being done to keep us safe".
- People had been kept up to date with changes occurring during the pandemic. One person said, "The staff and the office keep me informed about the pandemic and why they are wearing PPE".

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

- Care plans were comprehensive and person-centred. People's needs and choices were clearly identified and provided guidance for staff on how to support people.
- People and relatives told us staff were skilled and well-trained. People confirmed the registered manager contacted them by telephone and had visited them which gave people a chance to speak directly to management.

Staff support: induction, training, skills and experience

- Staff undertook an induction programme when first joining the service which included training and shadowing the registered manager and experienced colleagues. Staff completed the Care Certificate. The Care Certificate is an identified minimum set of standards that sets out the knowledge and skills expected of specific job roles in health and social care.
- Some mandatory training was undertaken on-line, with practical subjects delivered face to face. The provider has a training agency that provides all of the training from induction through to qualifications in care.
- Staff had completed refresher training and observational checks were conducted by the registered manager and senior staff to ensure staff were competent and to identify any further training requirements.
- Staff supervisions and annual appraisals were carried out and staff confirmed this. They told us, "I had full induction training which made me feel confident. I have also completed so much more training to be able to do my job properly", and "The manager is very good she puts me forward for a lot of training which I enjoy". Another said, "I had training plus shadowing, I learnt a lot in my first few weeks, there is so much training to make sure I am competent in my role".

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

- Care plans identified people's nutrition and hydration requirements. The person's appetite and the support requirements they needed to eat and drink were documented to ensure the care provided met the person's needs.
- Consideration to any dietary requirements was documented including food intolerances, specific health related diets and religious and cultural preferences.
- Staff received training in food hygiene and nutrition and hydration.

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

- The service worked closely with other services. Contact details of relevant professionals such as the GP or social worker were documented in the person's care plan.

- Where support with daily living was required, for example mobility, assistance was sought from health and social care professionals. The registered manager told us that she would assist people to receive the support they required.

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

- Staff told us they would report any concerns in relation to the person's health to the registered manager. In the event of a health emergency, staff were confident to call the emergency 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 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

- The service was working within the principles of the MCA and had policies and procedures in place.
- Care plans identified people's ability to make choices and best interest decisions were made on their behalf if and when required.

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

- Positive relationships had developed between people using the service, families, and staff. Comments included, "I'm not just saying it – they are brilliant. You can talk to them and they really care" and "We feel perfectly happy leaving [relative] in their care and in fact we all (family included) work well as a team".
- People were treated fairly and without discrimination. Policies provided guidance to staff about characteristics protected by law such as disability, religion and race.

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

- People, and where appropriate their families, were involved in developing care plans and the ongoing review of their support and care needs.
- People told us, "I had a care plan put in place that was changed recently because with their [carers] help and support I am more able and don't need as much help", and "I have had a review of my care not long ago, times were changed for me to make things easier".
- People's emotional well-being was assessed, supported and formed part of care planning. The way people would be supported to maintain their emotional health was clearly recorded in their care plan.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was protected.
- Staff were considerate of people's personal values and beliefs.
- People were well supported to maintain and improve their independence as much as they were able. Care plans provided guidance to staff about how to promote people's independence and staff were aware of its importance.

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

- People told us, and records reviewed evidenced, that calls were carried out for the agreed duration and, the majority were provided at the agreed call time.
- People told us they were supported by regular staff and had been informed if staff were delayed. Comments included, "I get the same ones mainly, there were issues in January when they sent different carers. It's all settled down now", and "There's not a lot of changes, only when staff go off sick. If they are running late, they give me a ring".
- People told us that the staff who supported them would always talk to them and ask what they wanted. Comments included, "The carers always ask me if there is anything else I need, they go above and beyond, really".

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.

- People's specific communication needs were assessed and incorporated into their care and support plans.
- The COVID-19 pandemic had impacted upon people's ability to socialise and take part in some activities, specifically going out to the shops. The registered manager and staff told us the staff would keep people updated and offer reassurance.

Improving care quality in response to complaints or concerns

- Policies and procedures were in place to handle and respond to complaints and were followed. Involvement of other agencies was sought where appropriate.
- People told us they would, "Contact the office" if they had any concerns.
- Staff told us they would always inform the office if a person raised a concern.

End of life care and support

- The registered manager told us that they were not providing end of life care at this present time. If they were requested to provide the support, they would work alongside health care professionals.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Quality assurance procedures were effective. However, medicines audits although identified gaps in medicines management records they continued to occur as noted during the inspection. We discussed our findings with the registered manager who confirmed that guidance would be provided to staff undertaking audits, they would also have increased oversight.
- CQC had been informed about events which occurred within the service as legally required.
- An external professional told us, "We have always found [Starcare Merseyside] to work well with us. The manager keeps us informed and there on no issues regarding the support they provide in our local authority".

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

- People and relatives were positive about the culture of the service and staff supporting them. We were told, "[Relative] is happy and relaxed with the staff, really enjoys their support visits", and "The staff understand how [Relative] likes things to be done and what she enjoys".
- Staff took pride in their roles and felt well supported. We were told, "The manager is brilliant, you can always phone, nothing is too much trouble", and "If I am ever unsure, I call the manager who always supports me and will go out of her way at times".
- Staff spoke of their aim to provide high quality care and support. We were told, "I always try to support independence with all the people I visit. It is always more beneficial doing with rather than doing for", and "I always provide the care and support required, but understand communication is very important. Spending time chatting is so important.
- The registered provider had several schemes to support and show appreciation for staff's work in what has been a difficult time.

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

- Quality surveys were distributed providing people, relatives and staff an opportunity to share their views of the service. Some people said they did not receive the surveys; however, wellbeing calls were carried out allowing people to express their views and have input into their care planning.
- Policies provided guidance to staff about treating people fairly, including those with characteristics protected by law. People felt they were treated fairly by staff.

Working in partnership with others

- Positive relationships had been built with external professionals. The registered manager told us they worked well with the social worker commissioners and other professionals, adding, "Staff are very good at reporting anything to me which is then communicated to the relevant agencies".
- Responses received from professionals contacted also confirmed the value of these relationships. We were told, "I have always found them to be professional and the manager is very good at communicating any issues", and "We have a good working relationship, there have been no issues to provide safe packages of care and support".