

White Star Care Ltd

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: White Star Care Ltd is a domiciliary care agency and registered for 'personal care'. This service provides personal care to people living in their own houses and flats. At the time of this inspection five people were using the service.

People's experience of using this service:

- The provider did not have robust systems in place to monitor the quality of the services provided for people, including accuracy of care records. We made a recommendation about this.
- Risks to people's health and safety were identified but required additional information on how the risks impacted on people.
- People had care plans in place that included information on how they wanted to be supported but more information was required to guide staff on the assistance people required to take their medicines safely.
- The service planned to make changes as to how they trained staff to ensure they were provided with the Mental Capacity Act (2005) training and enough time to understand the covered topics.
- Staff received on-going support and the registered manager planned to review staff's developmental needs.
- Staff followed the provider's procedures to support people if they noticed them being at risk of harm or when incidents and accidents took place.
- Staff undertook appropriate checks before they were employed by the service.
- People told us that staff arrived for their shifts on time and that they had regular staff members to support them.
- People had the necessary support to manage their medicines safely.
- Staff supported people to prepare their meals and attend to their health needs where they required such assistance.
- People were treated with dignity, kindness and had their views listened to.
- Staff encouraged people to be as independent as possible and to make choices about their daily activities.
- People provided feedback about the services they received.
- People felt that the management team responded to their care needs well.
- Staff were involved in making decisions about the service delivery.
- Appropriate systems were used to communicate and share information quickly as necessary.

Rating at last inspection:

- The service was previously inspected on 31 July 2018. We were unable to rate the service as there was not enough evidence available to support our judgement.

Why we inspected:

- This was the first inspection of the service after they changed the name from Visiting Angels Limited - DCA

Office to White Star Care Ltd.

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspection will be planned in line with our re-inspection programme. If any concerning information is received, we may inspect the service sooner.

For more details, please see the full report which is on the CQC website at 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?

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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

White Star Care Ltd

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. This inspection was planned to check whether the provider was meeting the 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.

Notice of inspection and inspection team:

- This inspection was carried out by one inspector.
- We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available on the day of inspection.

Service and service type:

- This service is a home care agency. They provide care and support to people living in their own houses and flats.
- This service provides personal care to older people who may be living with dementia and have a physical disability.
- Some people supported by White Star Care Ltd did not receive a regulated activity from the service. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care', which includes 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, five adults were receiving support with personal care from this service.
- 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.

What we did:

- Before the inspection, we looked at information we held about the service, including notifications they had made to us about important events. We asked the service to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- Before the inspection, we contacted two people for their feedback about the care being provided for them.

We also spoke with three staff members working for the service.

- We visited the agency office on 2 April 2019 and spoke with the registered manager and the deputy manager. We reviewed three people's care records, two staff files, training and medicine records, quality assurance reports and other relevant documents relating to the service.
- After our inspection, we received feedback from one healthcare professional.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place for reporting, recording and investigating any abuse allegations.
- Staff were trained and had knowledge in safeguarding adults at risk of harm. One staff member said, "If I see any concerns about the clients, such as bruising on their body, I have to report it to the agency."
- There were no safeguarding concerns received since the last inspection.

Assessing risk, safety monitoring and management

- A healthcare professional told us, "With regards to the specific scenario, [the service] had risk assessed the patient appropriately and had taken appropriate actions in line with the patient's risk."
- People's risk management plans had clearly identified the potential risks to people and the support they required to manage the risks in relation to pressure sores, nutrition and manual handling. An environmental risk assessment was carried out to ensure fire safety in people's homes.
- However, information was not available on the severity and likelihood for the assessed risks to inform staff on how the risks impacted on people. This was discussed with the registered manager who told us that from now on they would include this information in the risk assessments to ensure they fully assessed each area of people's individual care needs. We were satisfied with the registered manager's response and we will check their progress at our next comprehensive inspection.

Staffing and recruitment

- People told us they had regular staff members to support them, with one person saying "I get the same [staff] to help me which is lovely... Yes, the timing is very good. [Staff] leave when all is done."
- Recruitment practices remained safe. Staff were required to go through the application process which included a job application form, interview, criminal records checks and two references.

Using medicines safely

- Staff had access to the provider policy which included information on the assistance people required to take their medicines safely.
- Staff used care plans to make a record when the medicines were taken by people. The management team was automatically notified if this action was not completed, for example a person refused to take their medicines. The management team took actions to ensure that policies and procedures were applied correctly when people chose not to take their medicines as prescribed.

Preventing and controlling infection

- Staff were aware of the infection control procedures. A staff member told us, "I wash my hands regularly and I make sure that client's hands are clean before they eat."
- There were systems in place to help control infection. Staff were provided with personal protective

equipment (PPE) to prevent risks of cross contamination.

Learning lessons when things go wrong

- Systems were in place for recording any incidents and accidents should they occur, including details on any incidents related to people being at risk of harm.
- The registered manager told us they would share any relevant information about the incidents and accidents with the staff team should they occur to prevent similar events taking place in the future.
- There were no incidents or accidents reported since the last inspection.

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

Good: 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 had their care needs assessed before the service commenced supporting them. The registered manager told us they carried out an initial assessment to gather personal information about people. This data was later transferred into people's care plans to ensure consistency and continuity of care provision.

Staff support: induction, training, skills and experience

- Staff told us the registered manager was always available to support them when they needed it, with one staff member saying, "The [registered] manager is monitoring us and always checks what I do and that I follow the care plans. She is reachable when I need to talk to her."
- The registered manager told us they planned to carry out supervisions every six months and to appraise staff yearly. Records showed that most staff had not yet been working for the service a full year and that they only had a few hours per week to support people with personal care. The registered manager told us that staff's appraisals and supervisions were on their agenda. This was confirmed with the team meeting minutes where the management team informed staff about the supervisions to be carried out soon.
- Staff received training in manual handling, fire safety, infection control, health and safety, equality and diversity and medicines management. However, records showed that staff were required to complete 15 training courses in one day. There was a risk that staff were not given enough time to understand the subjects covered to ensure they had the necessary knowledge in these areas. Staff were also not provided with the MCA training.
- This was discussed with the registered manager who told us they now had a new schedule in place and that some of the courses would be provided in one day such as infection control and safeguarding. The new schedule will also include training in MCA. We were satisfied with the registered manager's response and we will check their progress at our next comprehensive inspection.

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

- Staff respected people's food choices. One person told us, "I say what I want to eat and [staff] heat it up for me."
- People had their care needs assessed in relation to the support they required to eat and drink safely. A person's care plan included information on how staff should assist them to manage the risk of choking.

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

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

- Information about people's health needs were available and shared with healthcare professionals when this was required.
- Staff supported people when they required to attend medical appointments or call the GP.

- The registered manager told us that information was passed on to them by the staff members if they noticed a person being unwell, so they could take action to support them appropriately, including calling emergency services where necessary.

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 with appropriate legal authority. In community services that application must be made through the Court of Protection.

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

- Some staff understood the principles of the MCA very well and others had a basic understanding, but they had provided us with examples of how they supported people to make everyday choices. One staff member told us, "I make sure I understand what clients want and then I help them to make the choices. For example, by showing the clothes they want to wear."
- The registered manager demonstrated a good understanding of the MCA. They told us that if a person's capacity was doubted, they would report their concerns to the local authority. Depending on the decision to be made, either the local authority or the GP would take a lead on carrying out a mental capacity assessment, followed by the best interest decision.
- The registered manager told us that people's capacity to make their own decisions was not doubted recently and that they had not required the mental capacity assessment to be carried out since the last inspection.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff attended to their care with kindness and compassion. One person said, "Staff are lovely. They know me." Another person told us, "This agency is very good. [Staff] are caring and listen to what I say." A healthcare professional said, "Staff appeared very kind, caring, polite and willing to accept and follow advice offered, relating to patient care."
- People told us they didn't have any specific spiritual or cultural needs. The care plans included a section for recording people's ethnicity needs should they have any.
- A staff member told us that where a person requested to be supported by a male staff member, their individual preferences were adhered to with respect.

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

- One person told us that staff knew their care needs "as much as they needed to" to ensure effective care delivery.
- Staff told us they involved people in planning their care which included being patient and giving as much time as they needed to make decisions of their own. A staff member said, "We do not force anything on clients, we respect their choices."
- People's care and support needs were regularly reviewed. People were provided with a care plan which reflected their current care needs so they knew what was expected of staff that supported them.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff attended to their personal care with respect. Their comments included, "[Staff] are sensitive as to how they support me, it is nice to have them around" and "[Staff] cover me after they helped me with washing."
- People had their independence promoted by the staff team that supported them. One staff member told us, "I make sure that clients understand why we are supporting them and are clear where we can help them. This way we encourage them to do what they can do for themselves."
- Confidentiality principles were applied to ensure that personal information about people was only shared on a need to know basis. People's care records were kept in a lockable cabinet and only authorised staff had access to personal information about people.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection, we found that people's care plans had not always reflected people's individual care needs and the support they required with daily activities. At this inspection we saw a big improvement in this area. People's care records were detailed and provided information on people's care and support needs, likes and dislikes, personal histories and important family contacts.
- However, some areas continued requiring improvement. Although information was available on how people's health conditions affected their everyday lives, staff required guidance related to specific health conditions and potential symptoms. Also, more information was needed on how to support a person to manage their medicines safely.
- This was discussed with the registered manager who told us that the care plans would be updated immediately and that they planned to have a simplified care plan which would be used by staff to remind them about people care needs. We will check their progress at our next comprehensive inspection.
- The provider was compliant with the Accessible Information Standard. The staff team were aware of people's communication needs, including their preferred method of communication and if they required equipment to support their communication.

Improving care quality in response to complaints or concerns

- People told us that currently they did not have any complaints. One person said, "[The registered manager] is very responsive, she is like a friend. If I have any concerns, I would text the [registered manager] and she would deal with it."
- People were provided with a handbook that included complaints procedure should they require to make a complaint about the service delivery.
- The registered manager told us they received people's feedback during their regular visits, emails and text messages and that any concerns raised were addressed immediately, for example where a person requested their support needs to be reassessed.
- By the end of April 2019, the service planned to send out questionnaires for feedback should people want to express their views anonymously. The management team had also planned to start using 'client satisfactory questionnaires' where people would be assessing staff's performance on the job every three months.

End of life care and support

- The registered manager told us they had not yet provided end of life care, but that they would if they received such referral. There was a policy for staff to follow to ensure they helped people to stay comfortable for as long as possible at the end stages of their lives.
- The registered manager told us they asked people about their advanced decisions when they carried out an initial assessment, but these conversations were not recorded in people's care plans as they had not

expressed any wishes related to the last days of life and care after death. The registered manager agreed that such conversations should be recorded and will update the care plans as necessary. We will check their progress at our next comprehensive inspection.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- At our last inspection, the registered manager told us they planned to carry out regular audits to monitor the quality of the services provided for people. At this inspection we found they had quality assurance processes in place to check staff's files.
- However, there were no quality assurance processes in place to review the quality of people's care records and as we found the care plans and risk assessments required further improvement. This meant that the registered manager had failed to take appropriate action to monitor and update people's care records in good time.
- We also saw that processes used to record data required reviewing to ensure that information about people was accurately recorded and easy to find. People's care records were not always fully completed, including some of the risk assessments we viewed. When we asked for information, the registered manager could not always find it quickly as it was not recorded in the appropriate fields of the care plans. There was a risk that staff could miss important information about people's support needs.

We recommend that the provider seeks guidance on how to sufficiently monitor and improve the service delivery so that people experienced safe care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

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

- A healthcare professional told us, "[The service] appeared very well managed... [The registered manager] was very willing to accept advice I gave to them regarding the individual care needs of a patient."
- Systems were in place to ensure good communication between the staff team. Regular staff meetings were facilitated to discuss practice issues and also to remind staff about the reporting and recording procedures where necessary.
- The registered manager knew the different forms of statutory notifications they had submit to CQC as required by law and our records showed that these were sent to CQC in good time since the last inspection.

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

- Staff told us they received the necessary support from the management team which helped them to perform in their role well. Their comments included, "The agency is 100% supportive. Clients give us

fantastic feedback about the agency" and "The [registered] manager is very good and open minded, I am very impressed with her."

- The registered manager told us they encouraged and verbally praised staff where they observed them performing in their role well, including communicating with people in a caring manner.
- The registered manager was providing on-call service for the staff team should they require guidance and support during the office out of hours.

Working in partnership with others

- There was good partnership working with the relevant healthcare professionals and stakeholders to ensure the service provided good quality care for people. A healthcare professional said, "The team referred on to us appropriately and as soon as a need was identified. Regular communication took place after the initial joint visit."
- The registered manager told us they used external agencies for updates about the changes taking place in the health and social care sector, including United Kingdom Healthcare Association which is the professional association for homecare providers.