

Stardust Healthcare 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

Stardust Healthcare Limited is registered to provide personal care to people living in their own home. On the day of the inspection, 12 people were receiving support.

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

People received support that was safe and care staff knew how to keep them safe. Appropriate care staff were recruited to support people safely and where medicines were administered this was done as it was prescribed. There were sufficient care staff to support people and risks to people were identified and reviewed. Care staff were trained to know how to follow infection control processes with access to personal protective equipment. Where accidents or incidents happened, trends were monitored.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Care staff had access to an induction process which ensured they knew how to support people. Where people needed support to access healthcare, care staff supported people where required. People decided what they had to eat and drink.

People received support that was caring and kind. People's privacy, dignity and independence was promoted.

People received support that was responsive to their needs. Assessments and care plans identified people's support needs and how they would be met. Reviews were carried out to ensure where people's support needs changed care staff could be made aware. The provider had a complaints process in place which people used to share any concerns they had.

The service was not always well led. While the registered manager and care staff knowledge and understanding had improved since the last inspection we found further training was still needed in some areas as to how people were supported.

Rating at last inspection:

The last rating for this service was requires improvement (published 14 August 2018) and there was a breach of regulation. 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.

Follow up

We will continue to monitor the service through the information we receive until we return to visit as per our

re-inspection programme. If any concerning information is received, we may inspect 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 ●

Stardust Healthcare 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. 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.

Service and service type

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

This inspection was announced. We gave the service 48 hours' 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 and we could speak with people. Inspection activity started on 31 July 2019 and ended on 1 August 2019. We visited the office location on 31 July 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. Prior to the inspection we reviewed information we held about the service since the last inspection. This included information about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with three people, three relatives, three care staff, the care manager, care coordinator and the registered manager. We reviewed a range of records. This included the records for three people being supported, three care staff files and records relating to the management of the service.

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 'Requires Improvement'. At this inspection this key question has now improved to 'Good'. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- We found at the last inspection that risks to people were not being managed appropriately and risk assessments were not completed consistently so care staff would know how to support people safely. The registered manager completed an action plan to identify how this would be improved and we saw that improvement had been made.
- Care staff could explain how people's risks were managed and we saw evidence to show that risk assessments were being used to identify risks and reviews were taking place. A care staff member said, "Someone I support had a fall recently and office staff came out to complete and update the risk assessment".
- People told us risk assessments did take place and we confirmed this from the care records.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to ensure people were kept safe. Care staff understood the importance of keeping people safe and explained the actions they would take where people were at risk of abuse.
- A person said, "I do feel safe when staff support me". The registered manager explained how they ensured care staff knew how to keep people safe and what they would do where people were at risk of harm. A care staff member said, "I have received safeguarding training".

Staffing and recruitment

- People told us care staff were on time. We found there were sufficient care staff to support people safely.
- The provider had recruitment processes in place and newly appointed care staff were checked to ensure they were suitable to support people. We found that the recruitment process included the completion of a Disclosure and Barring Service (DBS) check and references. A DBS check was carried out to ensure the provider had employed suitable care staff to support people.

Using medicines safely

- The provider had systems in place to support or administer people with medicines as they were prescribed.
- Care staff we spoke with told us they could not administer medicines until they had received the appropriate training. We confirmed this from the training records and saw care staff competency checks were also carried out routinely.
- We found where people were supported with prescribed topical creams a body map was used to identify on a consistent basis where these creams should be applied. A relative told us their relation was supported with their medicines as it was required and they had no concerns.

Preventing and controlling infection

- Care staff received training in infection control and the provider had clear guidelines in place as to their expectations. Care staff told us they received training and they confirmed they had access to personal protective equipment. A person said, "Staff always use their gloves and wear plastic aprons when they support me".

Learning lessons when things go wrong

- Where accidents and incidents took place, the provider had systems in place to record the details and monitor where there could be trends, so these could be reduced. A care member told us they had to complete incidents forms and report them to the office and we saw evidence of this.

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 the last inspection this key question was rated as 'Good'. At this inspection this key question has now remained the same '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 needs were assessed by the provider, so they could ensure they had the skills and resource necessary to support people effectively. We saw people's preferences, likes and dislikes were clearly identified within the assessment process.
- People and their relatives told us they were involved in the assessment process and had a copy. Care staff confirmed this was done as they could access the assessment once they were supporting people in their homes.

Staff support: induction, training, skills and experience

- A care staff member said, "I do feel supported and I can speak to the office whenever I need their help". We found supervisions, staff meetings and appraisal were taking place as they should and care staff confirmed this.
- People told us care staff supported them how they wanted, which indicated they had the skills and knowledge to do so. We saw care staff had access to regular training and where specialist training was needed this was available.
- The provider ensured all staff received induction which was linked to the standards in the Care Certificate and shadowed more experience care staff before they supported people on their own. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.

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

- We found people were generally supported to eat and drink by relatives. However, where care staff supported people we found people decided what they had to eat and drink. A person told us, "Staff always ask me what I want to eat". Care staff told us they had been given training in nutrition and food hygiene so could prepare meals and where they were concerned about people's nutritional needs they could access other professionals for example, dieticians. We also found food and fluid charts were being used where concerns were identified. This ensured people's fluid and food intake could be monitored to ensure they had enough to eat and drink.

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

- We found the provider worked closely with other health and social care professionals to ensure people received the support they needed.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- We checked whether the provider was working within the principles of the MCA and found they were and people were not being restricted unlawfully. We found people could give consent and make decisions as to how they were supported. No one was on a court of protection order. People confirmed their consent was sought before they were supported. Relatives we spoke with confirmed this.

- The registered manager told us they had carried out training for themselves and all staff since the last inspection. Care staff we spoke with confirmed this and could explain how people were supported in line with the MCA. However, we found the registered manager and some care staff were still unable to explain the purpose of the court of protection order in ensuring people were not unlawfully restricted. The registered manager told us they would arrange more training on this area.

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.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now remained the same '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

- People we spoke with told us care staff were kind, compassionate and caring. A relative said, "The staff do show compassion and kindness when they support my relative".
- We found the registered manager could explain the Equality Act 2010 and the associated protected characteristic as they impacted how people were supported. For example, they told us how people who did not speak English as their first language was matched to care staff who spoke their language. Care staff we spoke with confirmed this.

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

- People and relatives told us they decided how they were supported and care staff supported them to make decisions. For example, they were supported by staff to make decisions as to their meal choices.
- We found where people had relatives they supported them to make decisions and the provider had access to advocate services to support people where this was required.
- Care staff we spoke with explained how people were supported to make decisions as to how they were supported.

Respecting and promoting people's privacy, dignity and independence

- A person said, "Staff do respect my privacy and dignity". Relatives told us how care staff encouraged people to do as much as they could for themselves promoting their independence and respected their privacy and dignity when supporting with personal care.
- Care staff we spoke with said, "We have had training in promoting privacy, dignity and independence". Care staff gave examples of how they promoted people's privacy and dignity.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 'Requires Improvement'. This meant people's needs were not always met.

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 registered manager and care staff we spoke with had no understanding of this legislation. The people they supported were not publicly funded and would therefore meet the requirements of this legislation. We did ensure that information relevant to people's needs were captured under the Equality Act 2010 and where needed adjustments made.

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

- People and relatives told us they were involved in an assessment and care plan process and had a copy.
- We found that reviews were taking place. A relative said, "Reviews do take place I attended on only recently". Care staff we spoke with told us they could access these documents in people's homes if needed.

Improving care quality in response to complaints or concerns

- The provider had a complaints process and people and their relatives told us they knew how to complain.
- People told us where they had complained their complaint was dealt with to their satisfaction. We found that complaints were logged appropriately and the registered manager monitored complaints for trends.
- Care staff could explain what they would do to support people to complain where they wanted to complain.

End of life care and support

- The provider told us they were not supporting anyone with end of life support but had plans in place to get all care staff trained in end of life care following the Gold Standard Framework.

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 the provider had failed to implement effective systems to ensure records were kept up to date as people's needs changed and respond to the request of information from the regulator. The registered manager had a lack of understanding as to the appropriate process for ensuring people were not restricted unlawfully and did not assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17(Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17. However, there were still areas that needed to be improved so at this inspection this key question has remained the same '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.

Continuous learning and improving care

- We found the registered manager had systems in place to ensure themselves and the care staff had the right skills and knowledge to support people. However, their knowledge and understanding around the Mental Capacity Act 2010 (MCA) and how court of protection orders are used to protect people who lacked capacity were still not sufficient.

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

- We found people could complete questionnaires to share their views on the service, so the provider could use the information to make improvements. We found the provider used the information to improve the service and share this with people in their newsletter.
- The provider sent out newsletters regularly to people and their relatives as another way of engaging with them.
- The Equality Act was incorporated into how people were supported.

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

- We found the support people received was as they wanted. A person said, "The staff support me how I want. I think the service is well managed".
- We found the culture within the service was open and transparent. Relatives told us communication was good and they were kept informed on a regularly basis. Care staff we spoke with told us how communication with care staff had improved since the appointment of the new care manager. For example, when they reported information into the office it was acted upon immediately.

- People told us they were happy with the service and some relatives told us the service was much better than the one they had previously.

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

- The quality of the support people received was being monitored by way of the registered manager ensuring spot checks and audits were regularly carried out. A person said, "Office staff do come by and check on what staff do and ask me questions about the care I get". Relatives confirmed this was being done.
- We saw that spot checks were carried out on how medicines were being administered.
- The provider used information they gathered to improve the service and recently changed how they ensured missed calls were reduced.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We found our rating was displayed.
- The registered manager could demonstrate they understood the legal requirements within the law to notify us of all incidents of concern, such as deaths, serious incidents and safeguarding alerts.
- Care staff confirmed there was a whistle blowing policy and could explain its purpose. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.
- The provider had a management structure and clear roles that staff understood and could explain their roles.

Working in partnership with others

- We found that the provider worked closely with other professionals to ensure the support people received was what they wanted and coordinated so when people needed support outside of the remit of the provider this could be accessed quickly.
- Care staff we spoke with confirmed how they worked in partnership with others. For example, liaising with nurses or doctor where people were not well.