

Starlight Healthcare Ltd

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Inspection report

Threefield House
Threefield Lane
Southampton
SO14 3LP

Date of inspection visit:
16 November 2018

Tel: 02381227446

Website: www.starlighthealthcare.co.uk

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

The inspection took place on 16 November 2018 and was announced.

This service is a domiciliary care agency. Starlight Healthcare Limited provides personal care to people living in their own houses and flats in the community. It provides a service to adults with a range of needs, such as people living with physical disabilities.

Not everyone using Starlight Healthcare Limited receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'. Personal care is where people have help and support with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had policies and procedures in place designed to protect people from abuse. Risk assessments identified when people were at risk and action was taken to minimise the risks.

People's needs were met by suitable numbers of staff who knew people's needs well. Appropriate recruitment procedures were in place. People were supported with their medicines by staff who were trained and competent to do so. People were protected by the prevention and control of infection through training and the use of personal protective equipment, such as gloves and aprons. Lessons were learned and improvements made when issues were highlighted as having the potential to go wrong.

People's needs were assessed before the registered manager agreed to offer them a service. People were supported by staff who had received relevant induction, training and supervision to enable them to support people they worked with. Training was relevant and tailored to people's assessed needs. Staff were trained to support people to eat where people had specific dietary requirements. Staff supported people to access healthcare services when this was part of the support plan, for example, supporting someone to see their GP or a chiroprapist.

The registered manager and staff ensured they worked together with other organisations to deliver effective care and support. Staff told us people made their own decisions and consented to care and support.

People were supported by a caring staff team and were supported to express their views, and be involved in making daily decisions about their care and support. Staff described how they supported people with personal care whilst being mindful of their dignity.

People's needs were met by staff who knew them well. Each person had a support plan in place which detailed their likes, dislikes, preferences and health and social care needs. People confirmed that staff arrived on time and when expected. The service had supported people with end of life care. The provider had a complaints procedure in place and people were provided with a copy.

The registered manager had a clear vision and strategy to deliver high quality care and support based on people's individual needs and wishes. We received positive feedback from people and professionals when we asked them for their views on the management of the service. The registered manager and staff sought the views of people using the service and their relatives. The registered manager ensured the service was continuously learning and improving, and had an action plan in place which covered a range of topics regarding managing the business.

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.

The provider had policies and procedures in place designed to protect people from abuse.

Risk assessments identified when people were at risk and action was taken to minimise the risks.

People's needs were met by suitable numbers of staff who knew people's needs well and appropriate recruitment procedures were in place.

People were supported with their medicines by staff who were trained and competent to do so.

People were protected by the prevention and control of infection through training and the use of personal protective equipment.

Lessons were learned and improvements made when issues were highlighted as having the potential to go wrong.

Is the service effective?

Good 

The service was effective.

People's needs were assessed before the registered manager agreed to offer them a service.

People were supported by staff who had received relevant induction, training and supervision to enable them to support people they worked with. Training was relevant and tailored to people's assessed needs.

Staff were trained to support people to eat where people had specific dietary requirements.

Staff supported people to access healthcare services when this was part of the support plan.

The registered manager and staff ensured they worked together with other organisations to deliver effective care and support.

People made their own decisions and consented to care and support.

Is the service caring?

Good ●

The service was caring.

People were supported by a caring staff team.

People were supported to express their views.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People's needs were met by staff who knew them well.

Each person had a support plan in place which detailed their likes, dislikes, preferences and health and social care needs.

The service had supported people with end of life care.

The provider had a complaints procedure in place and people were provided with a copy.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had a clear vision and strategy to deliver high quality care.

People told us the service was well-led.

The registered manager sought the views of people using the service and their relatives.

The registered manager ensured the service was continuously learning and improving and had an action plan for further improvements.

Starlight Healthcare Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that the registered manager would be in.

The inspection was undertaken by one inspector. Before the inspection we reviewed the information we held about the service. This included notifications about important events, which the service is required to send us by law. The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We visited the office location on 16 November 2018 and spoke with the registered manager, the care manager, the team leader and three support staff. We also looked at a range of records, including support plans, for two people and recruitment records for three staff. After the visit to the office, we spoke with one person and two relatives and received written feedback from one social care professional.

This was the first inspection of Starlight Healthcare Limited.

Is the service safe?

Our findings

The provider had policies and procedures in place designed to protect people from abuse.

Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse.

Risk assessments identified when people were at risk and what action was taken to minimise the risks. Individual risk assessments covered people's physical health needs and the environment they lived in.

People's needs were met by suitable numbers of staff who knew people's needs well. The registered manager considered the number of staff available before agreeing to support a new person. The registered manager also ensured that the same staff supported people as it was important for people to have consistency. If necessary, the registered manager supported people herself to ensure the right staff team could be put in place to meet people's preferences. A relative told us, "We get continuity of staff, which is important as [my relative's] health needs change quickly. We get a month's [staff] rota in advance." Another relative said, "There is enough people to do the job, day and night." A staff member told us there were always enough staff to meet people's needs. They knew when they were working and they were not pressured into working extra shifts.

Recruitment procedures were in place which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were supported with their medicines by staff who were trained and competent to do so. The service did not support everybody with their medicines but procedures were followed and records completed which ensured people received their medicines as prescribed. We saw in one person's support plan that they were supported to undertake part of the administration of a specific medicine they were prescribed. Staff started the process and the person finished it themselves. This meant the person's independence was promoted and maintained.

People were protected by the prevention and control of infection through training and the use of personal protective equipment, such as gloves and aprons. A relative told us, "We have plenty of gloves here." A staff member confirmed this, saying, "There are plenty [of gloves and aprons], replacements arrive really quickly."

Lessons were learned and improvements made when issues were highlighted as having the potential to go wrong. The registered manager gave us an example regarding the action they had taken to reduce the risk to a person who liked to smoke. Another example was regarding the interactions with a healthcare agency whereby the registered manager learnt that all parties needed to be clearer on what each expected of the other when supporting a person in their home.

Is the service effective?

Our findings

People's needs were assessed before the registered manager agreed to offer them a service. A relative told us, "We had three interviews with the two [office] managers. They went up to [my relative], made physical contact, spoke with them, called them by their name and listened to them. They were a breath of fresh air. They were interested in [the person's] care, their wellbeing and how they would deal with new staff coming in." They went on to say that new staff completed, "lots of shadow shifts" to ensure their relative was happy with them.

People were supported by staff who had received relevant induction, training and supervision to enable them to support people they worked with. The registered manager employed staff who had previously worked in the care sector and were therefore experienced. A staff member told us there was, "a lot of training, you go on training and find out there's some things you really didn't know."

Training was relevant and tailored to people's assessed needs. A relative told us they had suggested some specific training which would help staff to meet the person's physical care needs. They said, "The management have taken this on board and the training is happening today. It was a [only] a month ago that I suggested it."

People lived with relatives who ensured that overall, people's dietary and healthcare needs were met. However, staff supported people to eat and drink enough, where this was an assessed need detailed in the support plan. Staff were trained to support people to eat where people had specific dietary requirements.

Staff supported people to access healthcare services when this was part of the support plan, for example, supporting someone to see their GP or a chiroprapist.

The registered manager and staff ensured they worked together with other organisations to deliver effective care and support. For example, the service had worked with the local authority social services teams and commissioners.

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. Staff told us people made their own decisions and consented to care and support. For example, staff told us how they asked a person how they would like to be made comfortable in bed.

Is the service caring?

Our findings

People were supported by a caring staff team. One person told us, "They're lovely to talk to, not just for me, [my relative] feels more comfortable. I don't think they could do any better." A relative said, "[The agency] is very caring, you feel they know what you're talking about and they are taking it on board. They want to get it right and keep it right." Staff spoke about people in a caring way and one staff member told us, "We treat people the way you would treat yourself or your Mum." The registered manager's view was that they wanted to provide the "kind of care I'd like my parents to receive." The registered manager and staff were keen to support people in ways which best met their needs and preferences and put a lot of thought into ensuring they did so.

People were supported to express their views and be involved in making daily decisions about their care and support. One example was that one person expressed different opinions on the same staff at different times. The registered manager said they used 'reflective practice' which helped the staff team to be responsive to the person's changing mood and asked the person for permission to send staff to their home. Another example was given about ensuring staff always asked one person how they would like their hot drink as they liked it made differently each time.

Staff told us how they involved people in making choices. One staff member told us how they supported one person to choose their clothes. Whilst they would not choose from their entire wardrobe, staff took three suitable items to the person who then made a choice. Another staff member spoke of asking one person they supported what they would like to do that day.

Staff described how they supported people with personal care whilst being mindful of their dignity. One staff member said, "I ensure the curtains are closed and I respect someone by covering them with a towel before starting." The registered manager told us staff have training in privacy and dignity. They also said they asked people what they would like to be called and asked them whether they had any gender preference regarding the staff who supported them. If these preferences could not be met, the registered manager would say so in order that the person could make an informed decision before starting to receive support from the agency.

The provider demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics and we saw evidence of this in practice. The Equality Act is the legal framework that protects people from discrimination on the grounds of their protected characteristics including age and disability.

Is the service responsive?

Our findings

People's needs were met by staff who knew them well. A social care professional told us, "[Person] has very high, complex care needs and their family needed consistent support. Starlight have been able to provide one main support worker but also a consistent back up worker which has worked really well for the family."

Each person had a support plan in place which detailed their likes, dislikes, preferences and health and social care needs. A relative told us "[The agency] impressed me, they are really, really person centred. [The management team] spent a whole afternoon here going through the support plan." Support plans included information about people's daily routines and gave staff information to enable staff to support people in ways they preferred. Staff told us that support plans were up to date and that if the person's needs changed they would contact the office so changes could be made to the support plans.

People confirmed that staff arrived on time and when expected. People knew which staff members were supporting them and rotas were provided in good time. If changes were unavoidable, people and their relatives told us they were always made aware. One relative told us the staff were "reliable. [The person] has not missed [a day out] through a lack of staff."

Staff supported people to undertake activities where this was part of their support plans. Examples included supporting people to go into the local community to go to places they wanted to go to and reading to one person.

The service had supported people with end of life care. The registered manager and staff told us that following the initial assessment for a person new to the service, their needs had changed quickly. The management team worked to put things in place to ensure the person's needs were met. This had included contacting community healthcare teams and getting the right equipment for the person's home. Staff responded to the person's changing needs. For example, staff recognised that the person was feeling more pain, so using the hoist was no longer possible. When the person found it more difficult to swallow, staff contacted the GP to review the use of oral medicines. The registered manager had undertaken training in palliative care.

The provider had a complaints procedure in place and people were provided with a copy. The service had not received any complaints and people we spoke with did not raise any concerns with us. The registered manager asked people whether they knew how to make a complaint as part of the regular review process and people said they did.

Is the service well-led?

Our findings

The registered manager had a clear vision and strategy to deliver high quality care and support based on people's individual needs and wishes. The registered manager was experienced in the care sector and said they had seen positive changes in legislation and attitudes. The registered manager's ethos was that she wanted "to make sure all [people using the service] get good care."

We received positive feedback from people and professionals when we asked them for their views on the management of the service. One person told us they could talk to the management team. They told us, "They come around, they are good as gold." One relative told us, "The registered manager is highly personable. [The service] is extremely easy to get hold of." Comments from staff included, "The registered manager always replies to texts and phone calls. She is always helpful. I would feel able to talk to her and raise any issues, she is approachable", "The registered manager is lovely and understanding. If you can't make a shift, she says 'I understand, I've been there.' I have enjoyed working here, I feel supported" and, "I am very happy with this company."

There was a registered manager at the service who was assisted by two staff who were office based. People told us the registered manager and the staff were good at communicating with them. We saw that the registered manager had written a letter to people which clearly set out some changes they had made to the structure of the service and their reasons for doing so. We saw positive written feedback from people's home visits. One person said, "I am happy with the service I get from Starlight." They also confirmed they had received visits from the care manager and the team leader.

The registered manager and staff sought the views of people using the service and their relatives. They visited people at home regularly and asked people to complete a questionnaire. We saw that the questionnaire responses were positive. The registered manager had also sought people's views about a new computer system before implementing it.

The registered manager ensured the service met registration requirements which included sending notifications of any reportable incidents and when necessary to the Care Quality Commission.

The registered manager ensured the service was continuously learning and improving. The manager had a system of audits in place. Care records were audited monthly and any concerns identified, such as mistakes in recording, were addressed with staff as appropriate. The registered manager was in the process of introducing a new computer system which could identify any concerns straight away, such as any missed calls or medicines not given. These issues had not been a concern to date, but it would mean that should these concerns arise, they would be picked up straight away rather than waiting until the end of the month.

The registered manager had an action plan in place which covered a range of topics regarding managing the business. One aspect of the action plan was to look at ways of further seeking the views of staff to ensure they fully understood staff's experience of working at the service. Staff were invited to give their views through the use of supervision and team meetings.

The registered manager kept themselves up to date with issues in care. For example, they belonged to the local and national home care associations which ensured they received regular information about changes in legislation and approaches to care, as well as an opportunity for networking with other professionals.