Starline2000 Ltd

Starline 2000

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

This inspection took place on 21 November 2018. Starline 2000 Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a personal service to both older adults and younger disabled adults. At the time of this inspection the service was providing personal care to one person. Therefore, we were not able to rate the service against the characteristics of inadequate, requires improvement, good and outstanding. This was the first inspection of the service since they registered in December 2017.

The service had a registered manager in post. 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 registered manager and nominated individual were aware of their CQC registration requirements including submitting notifications of significant incidents.

Risk assessments were in place and detailed actions to reduce identified risks to the person using the service. Staff were trained in safeguarding and understood signs to recognise abuse and how to report their concerns. Staff knew how to report incidents and accidents. Staff followed infection control procedures. There were systems in place for the safe management of people's medicines. However, no one was being supported with their medicines when we visited.

Recruitment checks were carried out to ensure staff employed to work with people were suitable to do so. There were sufficient numbers of staff available to support the person using the service. Staff were supported through induction, supervision and training to provide appropriate care to people. Staff received the direction and guidance to do their jobs.

People's needs were assessed before they started using the service. The person using the service. had care plans in place which set out how their needs and requirements would be met. The person using the service and their relative were involved in planning and reviewing their care. The person using the service was supported to eat and drink appropriately and to meet their dietary and nutritional requirements. Staff supported the person to access healthcare services where required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People consented to their care before it was delivered. Staff and the provider understood their responsibilities within the Mental Capacity Act 2005.

Staff treated people with respect and consideration. The person using the service's dignity and privacy was respected by staff. Staff supported the person to follow their religious and cultural beliefs. The registered

manager had experience in delivering end-of-life care. However, no one was receiving this service when we visited.

The relative we spoke with told us they knew how to raise their concerns and complaints about the service if they wished. The provider regularly assessed and monitored the quality of service provided to the person using the service. The registered manager visited the person and their relative to obtain their feedback about the service. Staff were given the guidance, and support they needed to fulfil their roles effectively.

The provider had a business plan in place and they were seeking ways to grow, develop and sustain the business. The service was a small and was not working in partnership with other organisations when we visited.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

The service was safe. There was a medicine policy and procedure in place and staff were trained in the safe administration and management of medicines. Staff had received training in infection control and understood effective ways to prevent risk of infection.

Recruitment was conducted safely. Appropriate checks were carried out before new staff started working with people. There were sufficient numbers of suitable staff.

Risks were identified and managed to reduce harm. There were systems in place to report and manage incidents, accidents and near misses. Staff had been trained on safeguarding and understood the various forms of abuse and how to report their concerns.

Is the service effective?

Inspected but not rated

The service was effective. Assessments took place to establish the person using the service's care and support needs.

The person using the service was supported by staff to meet their nutritional needs.

Staff supported the person using the service to access healthcare services if they needed this.

The service liaised, where required, with other professionals to meet the person's needs effectively.

Staff received training and support in their roles. The person using the service consented to care and support. Staff and the registered manager understood their responsibilities in under the Mental Capacity Act (2005.)

Is the service caring?

Inspected but not rated

The service was caring. Staff were kind and caring to people. Staff treated the person using the service with dignity and respect. Staff knew the person well and supported them in accordance with their needs and preferences.

The person using the service and their relative were involved in their day-to-day care.

Staff respected the persons choices about their care and support.

Is the service responsive?

Inspected but not rated

The service was responsive. Staff delivered care and support to the person using the service in line with their individual needs and preferences. Staff communicated with the person in the way they understood.

Staff supported the person using the service with their religious and cultural needs. Staff respected the person's diversity and differences.

The person using the service and their relative knew how to make a complaint if they were unhappy with the service.

The registered manager had experience in delivering end-of-life care and were able to provide this service if people needed it.

Is the service well-led?

Inspected but not rated

The service was well led. A relative told us that their views were listened to. Staff told us they felt supported by the registered manager.

The quality of the service was regularly monitored and checked through spot check visits, reviews and feedback questionnaires.

The service was a small and was not working in partnership with other organisations when we visited. They registered manager was aware of their CQC registration requirements including submitting notifications of significant incidents.

Starline 2000

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.

This inspection site visit took place on 21 November 2018 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. We visited the office location to see the manager and to review care records and policies and procedures. The inspection was carried out by one inspector.

Before the inspection, we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. We used information the provider sent us in the Provider Information Return. 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. We used this information to help inform our inspection planning.

During the inspection, we spoke with the one relative, two staff members, the registered manager/provider and a consultant working with the provider. We looked at the care records for the one person using the service. We also reviewed two staff records and records related to the management of the service, such as accidents and incidents, safeguarding, health and safety, and policies and procedures.

Inspected but not rated

Is the service safe?

Our findings

A relative told us, "My [loved one] is well looked after by the care staff. I have no worries about their safety."

Risks to people were appropriately managed. The registered manager completed risk assessments for the person using the service covering physical health conditions, pressure sores, nutrition, moving and handling, health and safety of the environment, and medicine administration. Management plans were developed to address the areas of risks identified. There was a comprehensive moving and handling plan available to reduce the risk associated with transfers. Any equipment needed was listed and the number of staff members required. Staff confirmed they had received training to carry out safe transfers.

The provider had systems and processes to safeguard people from abuse. There was a safeguarding policy and procedure in place; and staff had been trained to identify the different types of abuse and neglect and what steps to follow to report any concerns. Staff were able to tell us the various types of abuse and the signs to recognise them and actions they would need to take. One staff member said, "I will report it to my manager and then to social services if they [registered manager] don't do anything about it." The registered manager demonstrated they understood their responsibilities in ensuring people were safe and in dealing appropriately to allegations of abuse including carrying out an investigation if necessary and alerting the local safeguarding team and CQC.

The provider had ensured people were supported by staff who had undergone appropriate checks. Recruitment records we checked contained an application form with employment history, two references, Disclosure and Barring Service (DBS) checks, proof of identity, and right to work in the UK documentation. A DBS is a criminal record check employers carry out to help them make safer recruitment decisions.

There were enough staff to meet the needs of the person the service supported. The person's relative told us staff were punctual and regular. The registered manager told us they were also available to deliver care to the person if there was a need for it. Staff told us they had enough time to care for the person in line with their assessed needs. The provider had recruited a number staff who were ready and available to cover care calls when required.

People were protected from the risk of infection. The service had an infection control policy and procedure in place and staff had completed training in this area. The relative we spoke with told us that they had no concerns regarding the infection control practices of staff. Staff told us they used personal protective equipment (PPE) such as aprons and gloves appropriately.

The service had a system in place to report incidents, accidents and near misses. Staff knew to report any incident, accidents or near misses to the registered manager and, to document them using the form provided. The registered manager was aware of their responsibility to investigate, review and take appropriate actions to reduce the risk of recurrence. However no incidents had occurred since the provider started delivering a service.

The provider had a medicine management policy and procedure in place. Records showed and staff confirmed that they had received training in medicine management. At the time of our inspection, the service was not supporting anyone with their medicines.

Inspected but not rated

Is the service effective?

Our findings

The relative we spoke with told us that staff and the registered manager were experienced in supporting their loved one.

The registered manager carried out a needs assessment to ascertain the person using the service's needs. They told us they met with the person to discuss their needs and requirements as part of the assessment process. The assessment looked at the person's medical conditions, physical and mental health, mobility, nutrition and social activities. The input of professionals such as an occupational therapist, GP and physiotherapist had been sought where required.

People were supported by staff who were trained and supported in their roles. Staff told us and records showed that staff had received an induction which covered principles of care and standards expected. Staff members new to care were required to complete the care certificate induction workbook which assesses their competency. Records also showed and staff confirmed they had completed training in key areas of care such safeguarding, the Mental Capacity Act 2005 (MCA), medicines administration, food hygiene, infection control, moving and handling and health and safety. Records showed and staff told us they were supported through regular observation sessions, spot checks and supervisions. One staff member said, "The manager comes around when we are delivering care and tells us if we are doing it well or not. She tells us how to improve on our work."

The 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. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff had received training in MCA and they knew to obtain consent from people before undertaking any task or activities with them. They told us they always sought consent from people and their relatives before delivering care. The relative we spoke with told us they were involved in making decisions about their relative's care. The registered manager and staff understood their responsibilities under the MCA to ensure people's rights were protected.

Staff supported people with their nutritional needs where required. Staff supported the person to prepare their meals and encouraged them to eat a healthy balanced diet. The person using the service's nutritional requirements and the support they needed to eat and drink were documented in their care plans. Staff told us they would report any concerns around the person's eating and drinking to their relatives and the registered manager so appropriate actions could be taken.

People were supported where needed to access healthcare services. They registered manager told us they would liaise with healthcare services and support people to attend appointments if required. Staff knew to call an ambulance immediately for medical emergencies or the person's GP for non-urgent care. The registered manager told us they communicated through handover and updates with other services involved in supporting people with their needs.

Inspected but not rated

Is the service caring?

Our findings

People received support from staff that were caring. A relative commented, "They [staff] are considerate and kind."

Care records detailed the person's background, preferences, likes and dislikes and how they wanted their care delivered. Their relative told us that the registered manager and staff involved them in planning their loved one's day to day care and support. They confirmed that staff followed and respected their loved one's preferences and choices. Records showed that care was delivered in a flexible manner and allowed the person to determine when and how their care was delivered. For example, care visits times and durations were adjusted to meet the person's needs and preferences.

People were supported by staff members who understood them and knew how to support them. Care plans included the person's communication needs and what distressed them so staff knew how to care for them appropriately. The registered manager told us that staff would be matched to people taking into consideration their language skills, personalities and communication needs. For example, care staff who supported the one person using the service understood and spoke the person's local language and understood their cultural background and requirements. Staff were also informed of the need to pay attention to the person's non-verbal communication cues including body language and facial expressions. Care plans stated how the person indicated they were hungry, in pain or distress. The registered manager told us they ensured staff followed the care plan in place for people using the service. They also told us they ensured the person received care from regular care staff who had learnt how to support them.

People were treated with dignity and respect by staff. The relative we spoke with commented, "Staff are respectful in the way they care for [loved one]." Staff had received training in dignity in care as part of their induction and knew to maintain people's dignity and independence.

Inspected but not rated

Is the service responsive?

Our findings

People received support that met their individual needs. The person using the service had detailed care plans in place which covered how their care needs would be met around personal care, nutrition, skin care, social activities, mobility/transfers and physical health needs such as diabetes. Care plans also contained information about the person's background, communication needs, likes and dislikes, and interests. Their relative told us their loved one received the care and supported they required and as documented in their care plan. They also added that the care plan was reviewed and adjusted as required to meet the needs of their loved one. Staff we spoke with demonstrated they knew how to support the person with their needs and daily care records showed that staff supported the person in line with their care plan. The registered manager had reviewed and updated care plans to reflect changes in the person's care needs. For example, when times of care visits and support to be provided changed, care plans were updated to reflect the new requirements and agreement.

Care records contained information about the persons disability, culture and religion. Staff had received training in equality and diversity. Staff enabled the person using the service to follow and maintain their faith. They read religious books to them and watched religious programmes on television with them.

From April 2016 all organisations that provide NHS care or publicly funded adult social care services are legally required to meet the requirements of the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. Information about the service was available to people using large text where they had poor eyesight, and in an easy read format where appropriate. The registered manager told us that they could produce information in different formats such as large prints, easy read or in pictorial format if people required this to make information more accessible to them

The service had a complaint procedure in place which people and their relatives received when they first started using the service. The relative we spoke with told us they knew how to make a complaint and how to escalate their concerns to higher authorities if there was need to do so. However, they said, "We don't have any concerns or complaint about the service yet. We are happy with the way they care for [relative]." There had not been any complaints about the service.

The registered manager had experience in end-of-life care. They told us they would liaise with other services such as GP, and palliative care teams if a person required end-of-life care.

Inspected but not rated

Is the service well-led?

Our findings

The service had a registered manager in post. They owned and managed the service with the nominated individual. The registered manager was a registered nurse and had experience of delivering a care service to people. The registered manager and nominated individual both understood their responsibilities in line with the requirements of their CQC registration including submitting notifications of significant events at their service and to display the CQC inspection rating of the service as required.

The registered manager and nominated individual were open to suggestions on how to improve the service. The relative we spoke with commented, "The service is good. They [registered manager and nominated individual] know what they are doing and listen to what we have to say. They try to get it right." The registered manager had visited the person and their relative to obtain feedback about the service. They also carried out spot checks to monitor staff practices including how staff delivered care to the person they supported, their attendance and record keeping. They used feedback received to improve staff performance and the service.

The provider had systems in place to ensure they operated smoothly and provided high quality care to people. There were various policies and procedures in place to provide guidance on the running of the service and delivering effective care to people. These included medicine management, safeguarding, the Mental Capacity Act (2005), health and safety, and dignity in care. The provider had developed tools and systems to help to achieve detailed care assessments, care planning and report writing.

The provider aspired to develop and improve the service. There was a business development and continuity plan in place. The provider had a consultant who provided support to them in running and developing the service. The consultant gave them advice about on how to manage the service effectively and on how to develop the service. At the time of our visit the provider told us they were contacting local authority commissioning teams to get referrals.

The service was small and was not working in partnership with other organisations when we visited. The registered manager and nominated individual understood the benefits of partnership working and they told us they were open to partnership working for the future.