

Starline2000 Ltd

# Starline 2000

## Inspection report

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London  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Starline 2000 is a domiciliary care agency providing personal care to four people at the time of the inspection. It provides services to older adults and younger adults with disabilities.

### People's experience of using this service and what we found

We received positive feedback about the service from the people, relatives, professionals and staff that we spoke with. Professionals told us that people's wellbeing had improved because of the care they had received. People told us they would recommend the service.

People told us staff treated them well, usually arrived on time and that they were supported by regular staff who understood their needs. People we spoke with had no concerns but were aware how to report any concerns they may have in future. Staff knew how to protect people from abuse and had a good understanding of their role.

People felt safe. Risk to their safety had been assessed and documented. Support plans were in place and contained the information staff needed to meet people's needs and understand their preferences. However, safe recruitment procedures were not always adhered to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was providing end of life care. People's care plans contained basic information about their needs and wishes in this area.

Staff had a comprehensive induction period which they said prepared them well for their job. They praised the management team for being supportive and said they would recommend working for the company.

### Rating at last inspection

At the last inspection, the service was not rated because only one person was being supported. The report was published 31 January 2019.

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Starline 2000

## 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 consisted of one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave 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.

#### What we did before the inspection

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

#### During the inspection

We looked at four people's care records and one person's medicines records. We looked at seven staff files. We looked at a variety of records relating to the management of the service. We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the

management of the service.

After the inspection

We spoke with one person using the service, a relative and a representative. We spoke with one social care professional and we spoke with four members of staff.

# 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 not rated. At this inspection this key question has now been rated as Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- There were policies and procedures in place for recruitment, but these were not always followed. References had been signed as verified but it was not always clear how this had been done and checks were not robust. For example, references were not always available from the most recent care employers. Work histories were not complete and contained unexplained gaps. The registered manager began to remedy this during the inspection.
- There were enough staff to meet people's needs. People told us they had regular care workers who arrived on time and had enough time to complete their tasks.
- Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

### Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood their responsibility to safeguard people. Staff were aware of the signs of abuse and knew how to report any concerns. They understood the whistleblowing policy.
- There had been no safeguarding incidents, but there were appropriate procedures in place to follow up any concerns.

### Assessing risk, safety monitoring and management

- Risks to people were assessed and documented. This was done prior to people starting services and then reviewed regularly or when the person's circumstances changed. The risk assessments included areas such as mobility and falls, skin integrity, nutrition, environment and emotional wellbeing.
- Identified risks were reduced or managed to keep people safe. For example, where people's skin was assessed as being at risk, this was reflected throughout their care plan and guidance given to staff on how to support the person while protecting their skin integrity.

### Using medicines safely

- The help that people needed with medicines was assessed and recorded clearly. Medicine Administration Records (MAR) were in place and had been completed. These were audited by the registered manager. Most people were being supported by their relatives to take their medicines.
- People were supported with their medicines by staff who had been trained in the safe administration of medicine. Staff we spoke with described the correct procedures to follow when assisting people with their medicines.

#### Preventing and controlling infection

- People were supported by staff who were following good practice and using appropriate personal protective equipment (PPE), such as gloves and aprons. Staff confirmed PPE was readily available.

#### Learning lessons when things go wrong

- Processes were in place to record any incidents and learn from them, and the management team promoted a culture of learning. There had been no incidents of note in the past year.

# 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 not rated. At this inspection this key question has now been rated as 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

- A detailed assessment of people's needs and wishes was carried out when their services began, and this was reviewed regularly or when there was a change. A person's representative told us, "[The registered manager] comes down and makes sure things are as they should be."
- People's protected characteristics under the Equality Act were identified and any related needs were assessed. Staff supported people to meet these needs where possible, for example by arranging the time of visits so that people could attend church services.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed an induction programme in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised standard for skills and knowledge that all care staff should meet. A staff member told us, "It was quite intense... it's a practical job and you need to know what you're doing." New staff shadowed more experienced staff before starting work.
- Further training and vocational qualifications were available to staff. A staff member told us, "There's always training, and we're encouraged to do extra online training in our spare time." Several staff told us they felt training was a particular strength of the service.
- Staff benefitted from regular supervision to reflect on their role, and there were annual appraisals. A staff member told us, "I have regular supervision... I feel very supported by [the registered manager]."

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

- People's nutritional needs were assessed and documented. Staff understood their responsibilities, for example in supporting a person with diabetes, and reported any concerns. Staff described the different levels of support they had provided, such as prompting people and being "on hand" to ensure safety, or preparing and serving a person's chosen food. People told us they were happy with the support they received with meals.

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

- The service worked closely with other agencies to provide effective care to people. The registered manager gave an example of a person they had supported whose skin had been assessed as at risk. Staff had noticed their skin was reddening and reported it immediately to the district nurses. This early intervention meant a pressure sore had not developed.
- Staff were proactive in supporting people to live healthier lives. A professional gave us an example of a



time when staff raised concerns about a person's diet, and worked with them and the person's relatives to improve it.

#### 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- There were policies and procedures in place for assessing people's mental capacity and making decisions in people's best interests. At the time of inspection, there was no-one who lacked capacity to make decisions about their care. Staff understood the principles of the MCA and told us they routinely sought consent when supporting people.

# 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 not rated. At this inspection this key question has now been rated as 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 and their relatives agreed the care staff treated people well. A person told us, "They take good care of me." A person's representative told us, "They do it very well, with a laugh... I wouldn't mind them looking after me. They are very caring."
- Staff were trained in equality and diversity and understood people's diverse needs, which were recorded appropriately in their care plans.

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

- People told us they made decisions about their care. A person told us, "Some things the carers help me with, other things I do myself."
- People told us they had preferences for how they like to be supported and staff respected these. Support plans contained clear information on people's desired outcomes and goals, and how staff could promote these during their visits.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. People confirmed the staff treated them with respect and encouraged them to be as independent as possible. Staff gave us examples of how they respected people's dignity, for example, by using extra towels to ensure people weren't exposed unnecessarily when supporting with personal care in bed.

# 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 not rated. At this inspection this key question has now been rated as Good. This meant people's needs were met through good organisation and delivery.

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

- People received person centred care which was responsive to their needs. Care plans were developed with the full involvement of the person, or their relatives where appropriate. We saw that one person's needs had changed and staff acted quickly to report this and promptly implement a new support plan to meet their increased needs.
- Care plans included detailed information for staff on how people's needs should be met. People's physical, mental, social and emotional wellbeing were considered in drawing up the plan.
- People's preferences and their likes and dislikes were recorded in the care plans. This included information about their past histories such as their occupation and hobbies.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and documented in line with the AIS. At the time of inspection, there was no-one who required support with communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social needs had been discussed and recorded. People told us staff were friendly and took time to chat with them. By supporting people with their personal care and wellbeing, care staff enabled them to access the community. A professional told us, "When [name of person] first moved in and services started they could barely walk, now they go out every day."

Improving care quality in response to complaints or concerns

- Processes were in place to respond to complaints and concerns. There had been no significant complaints or concerns in the past year.
- People knew how to make a complaint if they needed to. People told us felt confident any complaints would be dealt with effectively by the registered manager. Clear information about complaining and how to take complaints further, to the local authorities and the CQC, was included in the service user guide.

End of life care and support

- The service was providing support to people at the end of their life. Their wishes and preferences in this

area had been recorded where they were known. For example, one person wished to be transferred to a hospice when their condition worsened. Other records noted which family members were aware of the person's wishes.

- Staff were suitably trained in end of life care. They told us the training they had received prepared them for their work and that they felt well-supported by management when people passed away.

# 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 the last inspection this key question was not rated. At this inspection this key question has now been rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a positive, person-centred culture which people and staff alike found to be inclusive and empowering. A staff member told us, "They have really helped me understand my capabilities and what I can do."
- People's outcomes were good, and they told us their wellbeing had improved because of the support they received. A professional told us, "[Person's] condition has improved since they started."
- Management and staff had a good relationship. A staff member told us, "They are fantastic, very considerate... they feel concern for the people and the carers." They felt recognised and appreciated by the management team. A staff member told us, "They will tell you, 'well done, thank you'...it makes us put more effort in." All of the staff we spoke with said they would recommend working for the agency.
- There were regular, well-attended staff meetings and detailed records were kept. These included discussions of good practice and ways the service could improve, for example around records and communication.

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

- Managers and staff were clear about their roles. The management team kept up to date with current legislation and good practice through a variety of resources, including CQC publications and updated guidance from the National Institute for Health and Care Excellence (NICE).
- There were well-embedded quality assurance systems, including regular audits. The management team told us that quality and improving the service were very important to them.
- The registered manager understood their duty of candour. There were suitable procedures in place should something go wrong.
- Staff had regular supervision with the registered manager. There were regular, unannounced spot checks of care staff at work in people's homes. Records were kept and appropriate action was taken to follow up any identified issues.

Continuous learning and improving care

- The company encouraged a culture of training and improvement. Staff benefitted from paid training days

and were encouraged to do extra training beyond the mandatory subjects. Staff spoke positively of the training and support they had received and were engaged in the culture of learning.

- There was an improvement plan in place, which had identified areas for improvement and the action to be taken. This had identified that their recruitment practices needed improvement.

Working in partnership with others

- The service worked with other health and care professionals. For example, some people were receiving regular support from their GP or nurses in their home. Staff reported any concerns to appropriate professionals or services.