

Starline2000 Ltd

Starline 2000

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Starline 2000 is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection the service was supporting eight people.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

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

Risks faced by people were assessed but the registered manager did not always record the correct information to give staff clear guidance to mitigate risks. One person's medicines had not always been correctly recorded.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

There were monitoring and auditing systems in place. However, these were not always effective. The provider did not always have robust procedures in place for managing the service. The provider did not send in notifications in a timely way. Registered providers must notify us about certain changes, events and incidents that affect their service or people who use the service.

People felt protected from the risk of harm. Staff had access to training which was appropriate to their role. There were safe recruitment practices in place. Staff knew how to report safeguarding concerns. People were assessed prior to care packages starting. People and their relatives had been involved in the care planning process. Relatives told us that people were treated with dignity and respect. They were also positive about the staff, and they told us that staff were kind and caring.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 26 July 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to consent and good governance. We made three recommendations

to the provider to review their practice to ensure they were assessing risk, administering medicines safely and following their supervision policy.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below

Requires Improvement ●

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 ●

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 Health and Social Care Act 2008.

Inspection team

One inspector carried out this inspection.

Service and service type

Starline 2000 is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

Inspection activity started on 15 November and ended on 15 December 2022. When we announced the inspection, we requested for people's care plans to be sent and a range of monitoring information. Some client records were sent however we received no monitoring information despite calling and speaking with the registered manager. We tried to visit the location on two occasions, but we were not granted access due to building works been carried out at the location. We visited the office location on 12 December. We made calls to people and their relatives on 13 and 14 of December. We gave feedback to the provider on 15 December 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed the previous inspection report. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records related to five people's care and support. This included people's care plans, risk assessments, medicines records for one person and four staff files in relation to recruitment and training. We reviewed records related to the management of the service, which included training records, safeguarding incidents, and complaints. We spoke with the registered manager and nominated individual (NI). The nominated individual is responsible for supervising the management of the service on behalf of the provider. We contacted two care workers by telephone and a questionnaire was sent to staff. We contacted two professionals, but we did not receive a response. We spoke with three relatives of people receiving care. We continued to seek clarification from the provider to validate evidence found after the inspection. We looked at further records, policies, and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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.

Assessing risk, safety monitoring and management; Using medicines safely

- One person who used the service was not always protected from the risk of harm as their risk assessment did not provide staff with the correct information to provide care in a safe way.
- Medicines were not always administered safely. One person had been prescribed medicines to be administered as required (PRN). We requested to see this person's medicine administration record [MAR]. The registered manager told us they had never administered PRN to this person, but the person's relative confirmed staff had administered PRN.

We recommend the provider review their practice to ensure they are assessing and recording risk and administering medicines safely.

- Staff had received medicines training as a part of a programme of training. Each year an external provider assessed the competency of staff to safely assist people to take their medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had policies, however, they were not always following their safeguarding policy as they had failed to notify the CQC of an incident in a timely manner. Once the inspection was announced the provider sent in the required notification.
- Staff understood how to protect people from the risk of abuse. One staff member told us, "I would report it to the office as I would want the person to get help."

Staffing and recruitment

- There was enough staff to care for people and people told us they received their care as agreed. Relatives felt that they received their care on time from regular care staff, but they told us they were not always informed when care staff were running late.
- This meant the provider did not have a robust system for monitoring staff attendance to ensure people received their care as planned.
- The provider had strengthened their recruitment practices since the last inspection. Staff were recruited safely.

Preventing and controlling infection

- The provider had systems in place to prevent and control infection. Staff received training in infection control and received a supply of personal protective equipment (PPE). The registered manager confirmed the service had plenty of supplies.

- The registered manager told us that spot checks assessed if staff followed good infection and prevention control practices and we saw evidence recorded within spot check forms.

Learning lessons when things go wrong

- The provider had processes in place for the reporting of any accidents and incidents and staff were aware of the procedures to follow. There had been no records of incidents or accidents at this service since the last inspection, so we were unable to see if the processes were effective.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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.

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.

- The provider was not always working within the principles of the MCA. We identified two people who were assessed as having capacity to make decisions about their care and support, but their relatives had signed all paperwork on their behalf but there were no records to show why this was done. We raised this with the registered manager, and they told us, in one case, it was because the person was unable to sign, however this was not recorded within their care file. There were also no records to show that they had the legal authority to consent to care on behalf of the person using the service. One relative confirmed they had not been asked to provide any information.

Whilst we found no one had been harmed, failure to ensure people's rights were respected in line with the MCA was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff support: induction, training, skills and experience

- People were supported by staff who had relevant skills, training and experience to care for the person.
- Staff completed an induction before they started caring for people and they had the necessary training to carry out their roles.
- On the day of the inspection the provider had four staff files ready for the inspector to review. All of these staff had their supervision completed in line with the provider's policy.

Assessing people's needs and choices, delivering care in line with standards, guidance and the law

- People's needs were assessed prior to the care package starting. The assessments that we viewed included all aspects of people's care and support. These were used to inform people's care plans. The registered manager used the assessment to develop the person's care plan.

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

- People's nutritional and hydrational needs had been recorded. There was detailed information recorded on how staff could support the person for example, people's likes and dislikes.

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

- People's healthcare needs were recorded within people's files. Staff were made aware of what action they needed to take if a person became unwell.

- Staff supported people with their oral care and the registered manager was in contact with healthcare professionals such as podiatrists, psychiatrists, and district nurses.

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 our last inspection we rated this key question good. At this inspection the key question has remained 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

- Staff were kind and caring. One person's relative told us "Staff are very good, reliable and they will do anything they can".
- Care plans recorded people's preferences as to whether people preferred to receive support from male or female staff. Relatives told us that care workers were suitably matched with people. Two relatives spoke about how good it was to have consistent carers to help care for their loved ones.
- The person's diverse needs, including religion, culture and language, were assessed and included in their support plan.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff spoke about the importance of involving people in decisions about their care, such as when helping to choose clothing and when receiving personal care. One staff member said, " We allow them to do as much as they can".
- Relatives told us that people's dignity and privacy was respected. One relative said, "[Staff] respects dignity and privacy all the time."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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's care and support was person centred and their care plans reflected their individual needs and preferences.
- People and their families were involved in making decisions about their care. We could see that reviews were taking place and people were involved in the review stages.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service supported people to meet their communication needs. Each person had a communication care plan and staff used communication aids to support people and to ensure they were understanding the needs of the person. The provider was able to provide information in different formats if required.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy, and relatives told us they knew how to make a complaint. At the time of the inspection the provider had not received any complaints.

End of life care and support

- At the time of our inspection, no one was receiving end of life care. However, there was limited information recorded about people's wishes. The provider told us if people wanted to discuss end of life wishes, staff were able to provide the necessary support as they had the training required.

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 we rated this key question good. At this inspection the rating has changed to 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.

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; Continuous learning and improving care

- The provider did not have effective systems and processes to monitor the provision of care being delivered.
- Throughout the inspection, we requested documentation which was not sent in a timely way. We initially requested for information to be sent in November, but the registered manager was unable to do this. When the inspector visited the location, the registered manager was unable to locate documents until significant time had elapsed in the day. This told us that the registered manager did not have effective procedures in place for recording, storing, and accessing information.
- For example, we were told that one person was receiving PRN medicine but when we reviewed their care plan it was recorded that they were receiving medicines in a blister pack. We raised this with the registered manager who told us this was inaccurate and a recording issue, yet their audits had not identified the concerns raised.
- The provider's quality assurance arrangements were not effective because they had failed to identify that the provider was not always following the principles of the MCA. In some cases, we were not assured if people had made decisions about their care or if family members had. This was because there was a lack of recording in people's files and there was no evidence if family members had the legal authority to make decisions on behalf of those receiving care.
- Throughout the inspection we received conflicting information from the provider about how they were ensuring people received their care visits as planned. When we visited the location, the NI told us they had been using a regular call monitoring service, but it had broken. When we requested evidence of this system being in place or purchased, we were told that this was an error and there was no system in place. We were then informed by the NI that they had recently purchased a new system which they were just starting to roll out. The NI showed us large quantities of paper call logs, but we could not be assured they had monitored any of the care calls.
- The registered manager had failed to send in a statutory notification in a timely way. This notification was sent in once the inspection was announced.
- The provider did not always maintain accurate and up to date records regarding the management of the service. We requested a full staff list and after we spoke with relatives, they confirmed names of other staff who were providing regular care and support. We raised this with the registered manager and an updated staff list was then sent.

- There was no regular monitoring of people's communication logs and relatives confirmed that they were left in their houses for months at a time. This meant the registered manager could not be assured people were receiving their care as agreed.

We found no evidence that people had been harmed however, these issues indicated systems were not consistently robust enough to demonstrate safety and quality was effectively managed. This placed people at risk of harm. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The views of people receiving care and their family members were sought. This was done and when the registered manager visited people's homes. The provider also conducted satisfaction surveys to ensure the care was appropriate for people. We read some of the completed questionnaire and overall relatives were happy with the care.
- Staff were invited to regular team meetings, and these were used as an opportunity to share best practice. Team meetings had themes such as good nutrition and hydration and staff spoke positively about the support they received.
- Staff told us they felt supported by the management team. They felt they received regular support and they could contact the office if they needed additional support. Staff told us that the registered manager came and met them in people's homes, and they got the support they needed.

Working in partnership with others

- The service worked in partnership with other agencies, such as healthcare professionals and social workers.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered manager did not ensure that care was always provided with the consent of the relevant person and that procedures for obtaining consent to care and treatment reflected current legislation and guidance. Regulation 11(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not always operating effective systems and processes to assess, monitor and improve the quality and safety of the service and to assess, monitor and mitigate risks. The provider failed to maintain an accurate, complete and contemporaneous record in relation to the care and treatment provided. Regulation 17 (1)</p>