

# Whitestone Care Limited

# Whitestone Care

## Inspection report

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28 February 2019

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Whitestone Care is registered to provide personal care to people living in their own homes. At the time of the inspection 22 people were being supported with personal care. Many of them were in receipt of end of life care. The main office is based in Slough, people supported by the service lived within the local area and within an approximate 30 mile radius from the office.

People's experience of using this service:

- People and their relatives gave us positive feedback about how they had been supported. Comments included "They [Staff] always have a smile on their face, they put me at ease, they are very gentle" and "I really look forward to them [Staff] coming, they do a good job."
- Comments from relatives included "I think my overall experience with them [Staff and company] has been very positive. Every single person [Staff] has been attentive, sensitive and respectful. They are a credit to the industry," "At a time like this you need lovely people and they are lovely people, very respectful" and "They [Staff] make mum laugh and that means a lot to me, they always talk to her and make her feel valued."
- People told us they were treated with dignity and respect. One person told us "They [Staff] are very respectful, all have been very nice, pleasant and very good." Another person told us "I honestly cannot fault them [Staff], every carer is respectful and absolutely lovely."
- Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when an allegation of abuse had been made. We checked our records against other information we had received from local authorities. We had not been notified of two safeguarding events reported to the local authority. However, the provider had taken appropriate action to protect people.
- Records relating to potential risks to people had not always been recorded. For instance, one person was an insulin dependent diabetic. No additional guidance was available to staff on recognising a possible deterioration in their condition. We have made a recommendation about this in the report.
- Where people required support with their prescribed medicine this was detailed in their care plan. However, no additional guidance was available for staff on when and how they should administer medicines for occasional use (PRN). We have made a recommendation about this in the report.
- Records relating to people's care needs did not always reflect the most up to date information. However, communication with staff ensure people received effective and safe care.
- Systems were in place to recruit staff through a robust process. The provider had invested into a training suite which was fully equipped so staff could receive hands on training.
- The registered manager was passionate about providing a high-quality service to people at the end of their life. They told us "I pride myself in my practical skills... I want people to have a peaceful passage. You don't get a second chance, so whatever I can do to support the staff to provide a dignified service, I will do."

Rating at last inspection:

The previous inspection was carried out on 28 April 2016 (Published on 17 June 2016). The service was rated

Good at the time.

Why we inspected:

The inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Inspections will be carried out to enable us to have an overview of the service, we will use information we receive to inform future inspections.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was well-led.

Details are in our Well-Led findings below.

# Whitestone Care

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people in their own houses and flats. It provides a service to older adults, younger adults, who have physical disabilities, mental frailty and or end of life care needs.

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 visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The Inspection site visit activity started on 21 February 2019 and ended on 28 February 2019. We visited the office location on 28 February 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

#### What we did:

- Prior to the inspection we requested and received a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. Throughout the inspection we gave the provider and registered manager opportunities to tell us what improvements they had planned.
- We reviewed notifications and any other information we had received since the last inspection. A

notification is information about important events which the service is required to send us by law.

- Prior to the site visit we spoke with five people and two relatives. Following the site visit we made a further two telephone calls to people. We requested feedback from staff and received 11 emails back from staff. We sought feedback from community professionals who had knowledge of the service.
- Prior to the site visit we requested information from the provider and received it back in a timely manner.
- When at the office we spoke with the registered manager, clinical nurse lead and briefly met two staff members.
- We looked at five people's care records.
- We looked at three staff recruitment and training records.
- We looked at incident and accident records, complaints and complements and reviewed a number of policies including, safeguarding, staff recruitment and mental capacity as examples.

# Is the service safe?

## Our findings

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

Good - People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management.

- Through regular communication between staff at their daily handover meetings and the relevant staff training people were safe from harm. However, this could be further strengthened by ensuring risk plans were robust and included detail such as how to recognise a deterioration in health for people who had diabetes.
- Where a person required support to move position. It was not always clear what equipment should be used, for instance, one person's records stated, "Requires assistance of two carers to transfer and support with moving and handling." We asked the registered manager how the person was supported and they informed us the person was now cared for in bed and a slide sheet was used to help them move in the bed. However, this information was not recorded in the person's notes.
- The registered manager acknowledged the need for additional risk management detail to be recorded in people's care plans. The registered manager confirmed they had actioned this after the site visit. They told us a daily handover meeting happened in the morning, when care workers were given any verbal updates on how to support people.
- We recommend the provider seeks support from a reputable source to ensure risks associated with people are assessed and recorded especially where there was a potential for their health to deteriorate quickly.
- Staff had a good understanding of risk management. One member of staff told us "When we visit a client's home the risk and hazards would have been thoroughly assessed by our clinical lead nurse or our line manager. Risk assessment is done on a daily basis when we visit the client to ensure that they are maintained in a safe environment. The risks that we assess on a daily basis range, from tripping hazards, equipment being used to deliver care, home environment, food hygiene, or ensuring that the client is not at risk from other hazards or being a risk to himself."
- We spoke with the provider and registered manager about the actions they were considering regarding the UK's planned departure from the EU on 29 March 2019. Government guidance was previously sent out to all providers advising them of possible action they needed to take in the event of a 'no deal scenario'. The registered manager told us they had reviewed the services' business continuity plan following the guidance.

Using medicines safely.

- People who required support to take their prescribed medicine had this detailed in their care plan. Medicine administration records (MARs) were electronically written. We looked at three people's MARs, these were completed in line with the provider policy and where medicine was not administered a code had been recorded for the reason.
- However, some people were prescribed medicines for use as required (PRN). We noted no additional guidance was available for staff on when and why the medicine should be given. We discussed this with the registered manager, who advised all people who were supported with PRN medicine were able to request it and had full mental capacity.

- We recommend the providers seek advice from a reputable source about how to support people who are prescribed PRN medicines .
- Staff received initial training in safe administration of medicine followed by a competency check carried out by a senior member of staff.

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

- People told us they felt safe with the care workers.
- People were protected from abuse, staff had received training on how to recognise abuse and what to do in the event of a concern being raised.
- Staff had access to the local authority safeguarding policy and procedures.
- The registered manager was aware of the need to report all safeguarding concerns to the local authority.
- One member of staff told us "Firstly I would check if the client is safe and comfortable to talk in regard to the safeguarding policy. I would then listen to all the details of the incident. After that I would assure the victim that I would talk to someone who can deal with the matter. I will then report the incident to my line manager as told, then write a report."
- Another member of staff told us "I would raise a concern with my line manager, or someone senior in the organisation who will raise a safeguarding alert with the local authority. I would also follow the safeguarding procedure."

Staffing and recruitment.

- People told us they were always supported by the right number of staff to maintain their safety. For instance, people who had been identified as needing two members of staff were always visited by two staff.
- People were supported by staff who had been recruited safely. The registered manager was aware of the required checks prior to a new member of staff commencing work. The checks carried out included an employment history, references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.
- The registered manager advised us of the process they followed when a funding authority approached them to support with a new package of care. They advised us "If we haven't got the staff we will not bid for the package." The registered manager also advised they had floating staff who would step into either emergency calls or unforeseen absences by staff.

Preventing and controlling infection.

- People were supported by staff who understood how to minimise the risk and spread of infections.
- Staff had received training on infection prevention.
- The registered manager told us they always asked people about their preferences for washing flannels and towels to minimise cross infection.
- Staff had access to personal protective equipment (PPE) such as gloves, aprons and shoe covers.

Learning lessons when things go wrong.

- The provider and registered manager had systems in place to monitor and learn lessons when care was not delivered as planned.
- We noted learning outcomes were discussed at team meetings.
- The registered manager kept up to date with national safety alerts and shared information with staff as necessary.
- Staff were aware of the need to report any accidents and incidents. The registered manager reviewed accidents to identify any trends.

# 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.

Good - 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.

- Prior to people receiving support a full care needs assessment was carried out by a senior member of staff. The service had a very clear pre-admission process. Safe and effective care was promoted because there was a checklist for staff to use to ensure everything was in place prior to the service started.
- Prior to the assessment the service would have received basic information from the referring authority.
- The care needs assessment included gathering information about "What is important to me", this captured people's living arrangements, recording important family relationships, social activities and hobbies.
- People cultural and religious beliefs were detailed.
- Where an assessment identified a need for specialist equipment, referrals were made so it was delivered in time for care to commence or soon after.

Staff support: induction, training, skills and experience.

- People were supported by staff who had received initial induction training and support on the commencement of their employment. One member of staff told us "I was introduced to the management team. Was provided with the company policies and procedures. My duties explained and what was expected of me. Was taken to the training room for competency training in personal care and then had supervision with the clinical lead nurse."
- Staff received ongoing support and training to keep their knowledge and skills up to date.
- The provider had invested in a staff training room. It was a fully equipped room, with a hospital bed, life like body dummy and microwave. The registered manager explained that the room was used to replicate a care call. They advised every aspect of visiting a person in their own home was covered. This included how to use a keysafe to gain entry to a property and how to support a person in a dignified manner. The registered manager told us "I pride myself in my practical skills...I want people to have a peaceful passage. You don't get a second chance, so whatever I can do to support the staff to provide a dignified service, I will do."

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

- People who required support to maintain their nutrition and hydration levels, had this detailed in their care plan.
- People told us they were happy with the support provided to them with their meals.
- When staff observed concerns about a person's nutrition, support was sought from external healthcare professionals. For instance, a referral to a speech and language therapist for someone who was experiencing swallowing difficulties.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff worked together and with external healthcare professionals to ensure people received appropriate care.
- The registered manager advised they held a handover catch up meeting with staff every morning. Staff told us "We work together as a team to enable us to delivery our best standards of care," "I get on well with my colleagues, we may sometimes have our differences, but when we are at work we work as a team" and "Team is always good at Whitestone. I always work with anyone without a problem."
- Where people moved from being supported at home to another setting, for instance, a hospice or general hospital, the service maintained contact with the other setting to ensure care was in place when the person was discharged.

Supporting people to live healthier lives, access healthcare services and support.

- People were supported with their healthcare needs. The service made timely referrals to external healthcare professionals. For instance, district nursing services and occupational therapy.
- One healthcare professional told us "They were able to assist clients who required care urgently and they were able to give us a very comprehensive assessment of the client's care needs. They were able to take complex cases from the Clinical Commissioning Group (CCG) and deliver high standard of care and keep the patient at home."
- A relative told us "They are very good at picking up any changes in health. They always let me know and suggest I call the GP."

Ensuring consent to care and treatment in line with law and guidance.

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person who is supported in their own home need to be made to the Court of Protection (COP).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At the time of the inspection no-one who was supported had been referred to the COP.
- Staff received training on the MCA and had a good understanding of how to support people. One member of staff told us "This is a law enforced in place to make sure that it protects those who cannot make decisions on their own to have someone making those decisions and protect those that can make decisions to make a choice for the future in case they cannot make any more decisions e.g. people with dementia or those that may suffer with brain damage."
- We saw people had signed a document to accept the conditions the provider had set for them to receive care and support.

# 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.

Good - 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 told us they had a good relationship with the care workers.
- Comments from people included "They [Staff] always have a smile on their face, they put me at ease, they are very gentle" and "I really look forward to them [Staff] coming, they do a good job."
- A relative told us "They don't just look after mum, they look after me. If they notice I am bit emotional they give me a hug." Another relative told us "At a time like this you need lovely people and they are lovely people, very respectful." A third relative told us "They make mum laugh and that means a lot to me, they always talk to her and make her feel valued."
- Staff told us they understood people's preferences and how they liked to be supported. One member of staff told us "I will know how someone want their things done their way because I always ask for consent or ask what they would prefer before I do anything for them so that it is their choice and not mine." Another member of staff told us "By asking the service user how they prefer to be supported, honouring their choices and not deciding for them thus taking their independence."
- The registered manager told us in the Provider Information Return (PIR) they had made additional support and training for staff to understand the needs of people who identify themselves as LGBT. The service had an equality of opportunity statement, which followed the core principles of the Equality Act 2010.

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

- People and their relatives told us they were involved in decisions about their care. One relative told us "They [office staff] are very good at accommodating any changes I have. For instance, I have moved the time of the calls and I have asked them to call me before they visit to check if the call is needed."
- Following the commencement of the care contact was made with people to ensure they were happy with the support provided.
- A member of staff was assigned to carry out quality spot checks. This staff member shadowed staff on a call visits to assess the quality of the visit. We noted people were asked to provide feedback about how the care was delivered.
- People told us staff had enough time to spend with them. One person told us "Before they leave they will always ask if there is anything else needs doing, last week I asked for the bedroom to be vacuumed and it was no problem."

Respecting and promoting people's privacy, dignity and independence.

- People told us they were treated with dignity. One person told us "They [Staff] are very respectful, all have been very nice, pleasant and very good."
- Another person told us "I honestly cannot fault them [Staff], every carer is respectful and absolutely lovely."

- A relative told us "I think my overall experience with them [staff and company] has been very positive. Every single person has been attentive, sensitive and respectful. They are a credit to the industry."
- The registered manager emphasised how to provide people with a dignified service. Each member of staff had personal care competencies assessed on a regular basis.
- Staff were able to demonstrate how they would support people and promote their independence. Comments from staff included "During a care visit, you need to announce your presence when you get to the house. Address them in a proper way. You also have to tell the client what you about to do. Close all curtains and when changing the client's clothes, cover them with a towel. Let them choose their clothing" and "Keep clients informed about what you are doing. Inform them that you will be supporting them with personal care. Prepare everything that will be required to carry out the personal care. ensure the curtains are closed, and that their dignity is maintained by making sure that they are covered with a towel throughout the procedure. Respecting their privacy. Explain all the steps as you go."

# Is the service responsive?

## Our findings

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

Good - People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Each person supported had a care plan in place. People and their relatives told us they were involved in the development of the care plan and had provided information to the service.
- Care plans recorded people's personal preferences on how they would like to be supported. For instance, what type of cereal they preferred for breakfast or their favourite hot drink.
- Information was recorded on the support people required to observe their cultural or religious needs.
- We found the care plans had not always been updated to reflect the most current level of need. For instance, where people's health and mobility had deteriorated the care plan contained out of date information. However, when we got feedback from people they told us the care workers provided them with the level of care they required. Some of the people being supported were receiving end of life care. Therefore, there was a potential for their condition to deteriorate quickly.
- Staff told us they would refer to the care plan and ask people how they wished to be supported to ensure care was person centred. Comments from staff included "A care plan is used to know how clients like their things done. This is so as the care plan is made by the client or the family in the best interests of the client. You also ask the client what they like e.g. a cup of tea with milk or none," "Through communicating and asking them. Talking to them and having a rapport, and also by following the custom done care plan" and "By first establishing what they want done or how they want it done, either by asking them or from the care plan."
- The registered manager sent us updated care plans following the visit to the office.
- The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- The registered manager and staff were able to give us examples of how they had amended their communication with people. One person who had been supported by the service used a word board to spell out words to care workers. One member of staff described how they communicated with people "By being patient, listening and being tentative. Speaking slowly and not interrupting them while they explain. Using easy to understand language."
- The registered manager gave us examples on how they have responded to people in emergencies. For instance, one person had telephoned the office to advise staff they were falling from their wheelchair. The registered manager diverted care workers to the person and called the emergency services for assistance.

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy which reflected best practice on how to respond to concerns and complaints.
- The registered manager told us in the provider information return (PIR) they had received 10 complaints in

the previous 12 months from the date of the PIR.

- We looked at some of the records and discussed how complaints were recorded with the registered manager. We received assurance complaints were handled correctly, however, the process could be further improved by better record management of complaints. We discussed record management with the registered manager. We were provided with assurance the registered manager would implement a new complaint record management system.

End of life care and support.

- The service worked closely with healthcare professionals from district nursing teams, palliative specialist nurses and staff from hospices.
- The service was an approved provider for the local Clinical Commissioning Group (CCG).
- The registered manager demonstrated a high level of compassion for delivery a high quality of end of life care to people. They told us "I treat everybody as if they were a family member, we have to get end of life care right."
- People were supported to be pain free. We found urgent referrals were made to district nursing team for 'just in case' medicines to be made available.
- We noted where people's needs had increased the service worked closely with the funding authority to increase the care provided.
- We looked at some of comments made by relatives to the service following their family member being supported with end of life care. Comments included "Thank you for caring for [Name of person] so sensitively and gently during his time at home" and "with your care he died peacefully."

# 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.

Requires improvement -Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- There was a registered manager in post.
- Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when there has been an allegation of abuse. We discussed notifications with the registered manager as we were concerned we had not been notified of all safeguarding concerns. We had received two safeguarding concerns from the local authority but the provider had not submitted a notification. The registered manager had misunderstood when a local authority made them aware of a safeguarding concern, that they did not need to notify CQC as they believed the LA made CQC aware. We clarified the regulation with the registered manager. We checked if the provider had taken appropriate steps to minimise transferable risks from the two safeguarding concerns to other people. We were assured the provider had protected people.
- We recommend the provider ensures all reportable events are notified to CQC.
- The provider had policies and procedures in place which reflected best practice. Policies had review dates and a date when the policy had been amended. Staff were encouraged to read and sign to accept they had read policies.
- Staff were clear about their roles.
- The provider had commissioned an independent quality consultant lead to conduct a quality and compliance audit. The latest audit was carried out on 15 January 2019. One action had been highlighted to the registered manager to complete. This was to ensure staff surveys were sent out. We checked progress on the action and were assured this would be completed in the timeframe given.
- However quality monitoring processes had failed to identify the concerns we found at this inspection. We found records relating to the support people received could be improved. Risks posed to people as a result of their medical condition were not always fully explored and recorded. Staff had no guidance on how to manage the risks.
- Telephone calls made to the office from care workers relating to people's care needs and telephone calls made from the office were not always recorded. This had the potential to care calls being missed or action not taken when required, for instance, a referral to a third party. We discussed this with the registered manager. They advised us the electronic record used by the service did not have a place where information could be recorded and saved. They told us they were going to address this with the service provider. Following the site visit the registered manager told us about a system they had introduced while they await a reply from their service provider.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. The provider had a policy for DOC which reflected the requirements needed. There had been two incidents which met the DOC threshold. We asked the registered manager if they had written to the person demonstrating they had offered an apology to them. We found the records relating to the incident did not contain all of the required information.
- We recommend the providers ensures all staff are made familiar with the DOC requirements.
- Throughout the inspection we found the registered manager receptive to our feedback.
- The registered manager was passionate about providing a high-quality service. Professional behaviour was encouraged at all levels within the organisation. A healthcare professional told us "They also gave a lot of reassurance to our patients and support the family hence less pressure to the CCG. I also dealt with the manager for this company and I find her very good, approachable, calm and knowledgeable. They gave CCG feedback or any concerns with our patients and worked collaboratively and most of the client's feedback to us that they are very caring.

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

- The registered manager held regular staff meetings.
- Spot checks on care workers were carried out, where people could give feedback about the care provided.
- Review meetings took place with people and their family to ensure care was delivered in line with their wishes.
- Staff told us they felt valued and were given an opportunity to give their views on improvements which could be made.
- Comments from staff included "I personally feel valued by management because I am a hard worker and this the management has merited me and promoted me that shows they see value in my good work, also when I have concerns I feel they listen and act upon my concerns until I am reassured or until the concern is resolved. Management always shows me that I am appreciated by even asking for my opinion on certain work issues and discuss with me, I also randomly receive thank you gift vouchers in appreciation of the work I do. So yes I feel valued and appreciated at Whitestone Care."
- Another staff member told us "Management always thank us for the job that we do, we regularly get Marks and Spencer vouchers as a way of saying thank you. They write us emails. When we have staff meetings they always provide us with dinner because the meetings are normally in the evening."

Continuous learning and improving care.

- The registered manager had signed up to the Skills for care newsletter and was in touch with the United Kingdom Homecare Association (UKHCA).
- The provider received national safety alerts and cascaded any learning from them to staff.
- The registered manager had forged links with an independent quality consultant and had been developing quality assurance processes.
- The service had developed the competency assessments for staff and had planned to embed this further in the near future.

Working in partnership with others.

- The registered manager and office staff worked closely with the local clinical commissioners (CCGs), district nursing teams, specialist palliative nurses.

- We found the registered manager engaged with local safeguarding teams when needed. We observed where a local authority had requested the provider carried out a safeguarding investigation (Section 42 enquiry) this was completed to a good standard and shared with the local authority.
- We noted where concerns were raised about a person's level of care, this was escalated to the funding authority.
- Healthcare professionals told us they had good communication with the service and always found them "Responsive."