DeeZee Limited

Whitley Bank House

Inspection report

Canteen Road, Whiteley Bank House
Whiteley Bank
Ventnor
Isle of Wight
PO38 3AF
Tel: 01983 863288

Date of inspection visit: 2, 3 and 7 September 2015
Date of publication: 04/11/2015

Ratings

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

Overall summary

The inspection was carried out on the 2, 3 and 7 September 2015. Twenty four hours' notice of the inspection was given to ensure that the people we needed to speak to were available. Whitley Bank House provides a personal care service to people in their own homes. At the time of our inspection around 100 people were receiving the service.

The service had a registered manager. 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.

At our last inspection we found care records were not always up to date and accurate. Checks on the quality of the service provided were not thorough. We asked the provider to take action.

People said they felt safe with care staff and their needs were met. Staff had been trained to spot signs of abuse

Summary of findings

and were confident about what to do if they had concerns. There were sufficient staff to ensure people received the support they needed from a consistent group of care staff.

Risks to people's health and wellbeing were assessed and action taken to reduce the risk. People received their medicines in a safe manner and were supported to access healthcare if they needed it. Staff employed at the agency were subject to checks on their suitability to work with people receiving care, and had completed training to enable them to carry out their duties competently.

Staff knew asking people for their consent was important and people said they were given choices by staff, and their preferences were respected. People said staff were kind and caring and respected their privacy and dignity when providing care. People were treated as individuals and staff had formed positive and friendly relationships with them.

Staff felt supported by the management team. Staff were involved in the development of the service and were supported by supervision meetings and informal conversations with the management team.

Quality assurance measures were in place which involved getting feedback from people using the service and making improvements based on this. Checks on staff practice, record-keeping and care delivery were carried out regularly.

Summary of findings

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 is safe.

People said they felt safe and had no worries about care staff. There were sufficient staff to care for people, and checks on new staff were carried out to ensure they were suitable to work in care provision.

Risks to people's health were managed well and staff knew what to do if they suspected abuse. Medicines were managed safely.

Good

Is the service effective?
The service is effective.

Staff completed training appropriate to their role and were supported with supervision meetings. Staff ensured they gained people's consent before providing care and they respected people's rights.

Staff supported people to maintain a healthy diet and access healthcare when they needed it.

Good

Is the service caring?
The service is caring.

People said staff were kind, considerate and respectful. They felt involved in their care provision and that staff listened to them.

People's privacy and dignity were respected by staff and they took care to support people to be as independent as they can be.

Good

Is the service responsive?
The service is responsive.

People were treated as individuals and their choices and preferences were respected.

People had no complaints about the service. They said any small concerns were addressed straight away.

Good

Is the service well-led?
The service is well-led.

An open and positive culture was promoted by the management team. Staff were supported to carry out their duties and had access to support 24/7.

Checks on the quality of the service provided were carried out and improvements were made as a result.

Good

Whitley Bank House

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 took place on 2, 3 and 7 September 2015. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that the staff and managers we needed to speak to would be in.

One inspector carried out the inspection. We were assisted by an expert-by-experience who made calls to people who use the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed and returned to us within the requested timescale. We looked at the information included in the PIR along with other information we hold about the service. This included the previous inspection report, and notifications of deaths, incidents and accidents that the provider is required to send us by law.

We spoke with 18 people who used the service and visited one person in their home. We interviewed five care staff and spoke with three office staff and the nurse trainer. In addition we spoke with the provider, the provider's representative and the registered manager. We looked at care records for nine people and three staff recruitment files.

Good

Is the service safe?

Our findings

All the people we spoke with said they felt safe with the staff who provided their care. People commented, "I have no trouble with them", "all of them are decent and nice", "I always feel safe, and I can talk to them about anything", "I trust them. They never rummage around my stuff", and "They are completely trustworthy with your things; tablets too".

All the staff working for the agency had been trained in the safeguarding of adults and staff were knowledgeable and confident about the process to follow if they had concerns about the people they cared for. One staff member said, "We keep an eagle eye on them; it is our duty to make sure they are kept safe". Staff said they reported to the management if they felt fellow care staff practice was not safe, and this was acted on. We looked at two recent safeguarding concerns which had been investigated thoroughly and reported to the appropriate authority. Where staff carried out financial transactions for people these were recorded and receipts were kept.

Risks to people's health and wellbeing had been assessed and mitigating action recorded. A risk assessment was completed for each person and this was reviewed every six months and whenever the person's needs changed, for example, following a period of ill health or an improvement in their health. Any new risks to a person were assessed and these were passed on verbally to the person's care staff and this was followed up with an update to their risk assessment paperwork. Where a person was at risk of falls care staff were instructed to remind the person to use aids such as their walking frame, or the handrail. Staff knew what equipment each person needed to use to keep them safe and how they could encourage use of this to reduce the person's risk of falling. Other risks identified included health conditions such as diabetes. Staff were familiar with the risks associated with the people they cared for and what action to take to reduce the risk, or respond to it. Each person's care plan contained an emergency evacuation plan for the person which detailed the support the person would need to evacuate their home if necessary.

A process was in place to learn from incidents in order to reduce the likelihood of them occurring again. Following an incident when care staff inadvertently failed to attend a call, a system had been put in place so this could not happen again.

The service employed sufficient staff to meet people's needs. They were currently recruiting and the registered manager said they were currently not accepting any new care packages as staff holidays and sick leave meant they could not accommodate any more referrals. The service restricted the area of the island they operated in so that care staff had a maximum of 10-15 minutes travel time between calls. There was capacity within the current workforce to cover staff leave. Several staff working in the office were qualified to provide care should they be required to cover care staff absence.

Staff were recruited mostly through word of mouth from current staff. A safe recruitment process was in place which meant staff employed at the agency were subject to checks on their suitability to work with people requiring support and care.

People's care plans stated what level of support they required with medicines. Most people were able to administer their own medicines and only required staff to prompt them. Medicines were mostly kept in 'blister packs' and a medicines administration record (MAR) was completed each time people were offered medicines. Staff said, "I check the MAR sheet, pop the meds out and watch [the person] take it and then record it". Where people were prescribed pain relief on an 'as required' basis, records of care showed staff offered these appropriately and recorded when people took the pain relief and when they refused their medicines. Staff were aware of the risks associated with medicines and all had had training in the administration of medicines. They were assessed as competent before being allowed to assist people with their medicines. Where appropriate medicines were kept in locked facilities within people's homes. The agency's medicines administration policy covered all aspects of medicines administration including when the person lacked mental capacity.

Good

Is the service effective?

Our findings

People were satisfied with the care they received, and felt their needs were met. People commented, "It is an excellent service. I couldn't recommend them more highly", "I wouldn't change anything", "they are considerate and skilled" and, "All in all, quite satisfactory".

Newer staff said their induction was comprehensive and covered key areas of care provision such as moving and handling, medicines administration, safeguarding vulnerable adults and how to deliver individualised care. This was followed by a period of observation of, and then working alongside, more experienced staff. Feedback was provided and senior staff provided training and worked alongside new staff until they were competent to work alone. A member of staff who had recently completed their induction said, "It was very thorough. I had several sessions with the nurse trainer before I started work on my own".

Staff said they were well equipped with the skills they required to meet people's needs. They commented, "We do role play in some training; I enjoy that; we get good training", "If I feel I don't have the skills I need, I tell [staff in] the office", and "Training equips me to deal with daily challenges". Staff were encouraged to gain a care qualification and 39 of 65 staff had completed this, with two others in the process of gaining a Diploma in Social Care. Staff received support through regular supervision meetings. Staff said, "You still need support, however long you've been working in care". Training needs were identified and staff were able to talk about any concerns they had, or areas they would like to increase their knowledge in. At the end of training, staff completed a written knowledge check. Staff said the training had helped them develop their skills, for example, in supporting people living with a diagnosis of dementia.

Staff were aware of the requirements of the Mental Capacity Act (MCA) 2005 and had received training in the MCA. Staff reported to the management team if they felt people were, "struggling to make safe decisions". Staff commented, "People's ability to make decisions can come and go. They may not be able to manage their finances, but they can tell you that they would like a ham sandwich for lunch. It's about respecting their rights and choices". The registered manager understood the requirements of the MCA and the process to follow to support people who needed help to make decisions in their best interests.

Staff understood the need to gain people's consent before providing care. They commented, "[People] have rights; we have to respect that", "It's their right to choose; it's all about what they want", and, "I only do what they authorise me to do". Records of care showed staff respected people's right to refuse aspects of care if they wished. Each person's file contained consent forms which indicated they had consented for care to be given and for health professionals to be contacted on their behalf should this be necessary.

Where care staff were responsible for providing a meal for people, records showed this was done with the appropriate amount of assistance. Staff said none of the people they supported required assistance to eat their meals. Most people had microwaveable meals and staff offered people a choice of what meal to eat. If people were not hungry when care staff were in attendance, they left a snack or a sandwich, and a drink for later and ensured people had sufficient drinks to hand throughout the day.

Staff said they reported to the office staff if someone they cared for was unwell and records confirmed this. If the person consented, staff called their GP or they called the emergency services if appropriate. Staff said they worked alongside health professionals, such as the district nurse team for example, to ensure people, "received the right treatment at the right time". The agency employed a trained nurse who visited people who had been unwell to check they were making progress and if they had any extra needs during their period of ill-health. The nurse trainer said they were able to encourage people to see a doctor.

Good

Is the service caring?

Our findings

People said care staff were kind and caring. They commented that staff were, “considerate, charming and careful”, “Whoever it [the care staff] is, they’re always nice.”, “They’re all lovely”, “The carers are important in my life”, “They are adaptable girls; they’re like friends”, “I’m more than happy with the care”, and, “They respect me; we have a laugh and a joke”. People who were surveyed for their views on the service annually commented, “All the girls are kind”.

People said they had formed positive relationships with the care staff that visited them. They said, “There’s a good spirit and atmosphere between the carers, and between them and my wife”. Staff spoke fondly of the people they cared for. They were aware of people’s individual needs and preferences and how to care for people in the way that suited the person the most. Staff said, “I provide care the way I would like to be cared for, or my mother”, “I find It easy to be caring because I genuinely do care”, and, “I treat [people] like they matter; I don’t take for granted that I know how they are feeling today”.

Staff knew how to support individuals who became distressed or upset. Staff knew how each person would like to be treated and adapted accordingly, for example, one person would like to be, “left alone for a little while”, another would like to, “talk things through”. Staff in the office had a kind and patient manner when talking with people who had telephoned. They spoke slowly and clearly when the person had difficulty understanding.

People said they were involved in their care and they made decisions about what they wanted. They said, “The morning [care staff] are very good – they always say ‘Is this all right?”, “They’re willing to do anything for you”, and “I wouldn’t change anything – they make sure they let me know everything”. Nominated staff regularly visited people to check they were happy with their care or if they required anything further. We accompanied staff on one visit and observed they showed a kind and patient manner with the person receiving care. The person was encouraged to give feedback about care staff and the manner in which they received their care.

Staff respected people’s privacy and dignity. They commented, “we can’t intrude on [people’s] privacy; we can offer help, and let them make the decision”. Staff described how they covered people when providing personal care and took care to ensure they were undressed for the least amount of time, closing doors and curtains to ensure privacy.

Good

Is the service responsive?

Our findings

People said their care and support needs were met. They felt involved in their care planning and were able to make changes to their care delivery as needed. People commented, "I have no complaints so far; I see several different [care staff], but I don't mind that", and, "They're wonderful; pretty good at everything. It's usually the same person who comes, if they're not away on holiday" and, "I have four a day, and I know them all now. They're all fine. Timings are pretty good, too."

People's care plans were prepared with them following an initial assessment of their needs and preferences. The person was asked if they would like a family member present at the assessment, and this was arranged where requested. People's care needs were recorded in detail and from this a 'daily support plan' was produced which showed what the person needed help with; what level of support they required, and what they were able to do for themselves to maintain their independence. Important details about people's preferences were recorded, such as how they like their tea, their meals and their particular routines. One person's care plan said, "I do not like water on my face", and another said, "I need help with my stockings, I will let you know when". Care plans also included people's social needs and personal history.

Once the plan was produced, this was taken to the person to review and sign if they were satisfied with it. After the plan had been in place for a couple of weeks, a senior member of staff called in to see the person and check whether the plan was working for them, or if they wanted to make any changes. Care records showed people's care and support was discussed with them regularly and people were given opportunity to make changes to the plan. If a person's needs increased, following a stay in hospital for example, extra calls were arranged to provide short term support as necessary. Similarly, if a person's independence increased, their needs were reviewed and support calls reduced in line with this. If a change was made to a person's care this was passed on to the relevant care staff verbally, and then care plans were updated and placed in the person's home.

Staff were familiar with people's needs and how to care for each person as an individual. Staff said they had different strategies for assisting people who, for example, were living with a diagnosis of dementia. One said, "I remind [the person] of different things; I put appointments on the calendar, and remind them to check the calendar". Staff said the care plans helped them to get familiar with people's needs, however, they always checked the person was happy with the way they provided care. Staff said, "I ask questions: "Do you have any creams? Do you like soap on your face?" so I know what people want and how they want it".

Staff said they would report to the office if a person said they were not happy with another care staff member. One staff member said, "I expect other carers to report me, so I do the same. You have to respect a person's viewpoint". If a person requested that a particular member of care staff did not attend to their needs anymore, a senior member of staff from the office visited them to find out if they had particular concerns that required investigation. They reassured the person that the care staff would be removed from their care package. Most requests were as a result of a personality clash and the service accepted that not all staff would get on with all people receiving care and they adapted to people's requests. Complaints about care staff were rare and these were investigated by senior staff to ensure appropriate action was taken if necessary.

People said they found the office staff straightforward and responsive to deal with. They had no trouble getting through. People felt confident that complaints would be taken seriously. People said, "I would be happy to ring the company if there were a problem; I would complain if necessary", and, "I had little things to iron out at the beginning, but no complaints at all". In response to a survey sent out by the service, people commented that they had, "no complaints". We looked at the record of complaints and found these were responded to in a timely manner. Letters of apology were sent and the complainants were satisfied with the outcome of the complaint investigation. All calls to the office were recorded and any concerns people had were usually addressed on the same day. The management team said, "We are straight on the phone if there's a problem". They said they tried to alleviate the problem and reassure people, including their families if necessary, that they would get the support they required.

Good

Is the service well-led?

Our findings

Staff said the management team were supportive and available for guidance and support. They said, "They are always there for you", and, "I needed time off; they were understanding".

There was not a high turnover of staff and many staff had worked for the agency in excess of ten years. As a result, the provider's representative said the service had been, "developed with staff", adding, "Staff know us well and we know them well. They can talk to us about anything and we will try and help them". A private area was available if staff wanted to talk about anything confidential. Five staff provided an on-call service out of hours and management were always contactable. Staff said they felt the agency was, "like a family".

Staff said the management team fostered an open culture in which they were encouraged to own mistakes and were supported through them. The registered manager said, "We encourage staff to be honest by the way we speak to them. They are not afraid to say something has gone wrong". The management team said staff, "own up" to mistakes and this enabled them to apologise and put right the mistake as soon as possible. Staff said they felt part of a supportive team saying they "would never cover anything up", and, "I owned up, I got support. I would every time". Staff said the over-riding vision of the service was to, "Go the extra mile" in caring for people, "as if it was our mum [or dad]". People agreed with this, many saying that care staff did everything they needed, and more. One said, "[The care staff] helped us one day to mend a cupboard – over and above that was!" Staff said that people, or their relatives' thanks was passed on to them and this helped them feel rewarded.

In addition to formal meetings to discuss their work, staff were encouraged to come into the office and express any concerns they had. The management team said most staff, "come in every week; we have numerous informal conversations with them". One staff said they had requested support during a difficult time and this was provided to them. They were able to reduce the size of their workload for a temporary period and this was appreciated. Staff said the management team sought their experience in caring for people. They said, "They do listen and they have changed things". Others said, "You learn on the job and you can talk to people with experience in the office if you're not sure about anything".

Formal staff meetings had been discontinued in favour of smaller staff groups meeting to discuss the care of specific people they provided care to. This was part of a fresh drive to involve staff in making improvements to the service. Staff received periodical newsletters which covered a variety of topics including traffic and travel information that could affect care staff journeys, results of quality monitoring visits and records reviews, and a reminder of a particular policy or procedure care staff were required to follow. The management team passed on thanks to care staff for a job well done in a very busy time recently and sought to expand care staff knowledge on particular topics.

A programme of measures to monitor the quality of the service provided was in place. This included a survey to all people using the service sent out annually. The most recent survey responses showed people were satisfied with their care. Comments included, "I really appreciate continuity of care", and, "The carers combine friendliness and thoughtfulness with their professional duties". Where people made comments on their responses these were followed up. All people using the service were thanked by letter for their participation in the survey and told of the improvements made to the service following feedback. People were reminded they could call the office at any time and give feedback.

Quality monitoring visits were carried out by senior staff. We accompanied the nurse trainer on one such visit. The discussion covered all aspects of the person's care and whether the person wanted to make any changes, or had any problems. The nurse trainer said this was a chance to check things were satisfactory and if people needed more, or less support than they currently had. They also checked the quality of the records of care that staff completed. If an update to the person's care plan was required, this was done and returned to the person to sign if they were in agreement.

Records of care and medicines administration were reviewed and where areas of improvement were identified these were documented and communicated to staff. Senior staff had attended a workshop on the new Care Act and had identified areas where the service needed to make changes or improvements. These included changes to care and support plans, daily reporting of care provided and ensuring a record of consent to care was in each person's care file. An action plan had been produced and these were being worked through by senior staff.