Whitestone Care Limited

Whitestone Care

Inspection report

45 Montague Road
Slough
Berkshire
SL1 3RP

Tel: 08000851254
Website: www.whitestonecare.com

Date of inspection visit:
28 April 2016
23 May 2016

Date of publication:
16 June 2016

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

Summary of findings

Overall summary

This inspection took place on 14 April 2016 and 23 May 2016. These were announced visits to the service.

This was the first inspection of Whitestone Care. Whitestone Care was first registered with the Care Quality Commission on the 6 June 2012; however, it did not start actively providing a service to people until 13 April 2015.

Whitestone Care provides personal care services to people in their homes, who are suffering from a life limiting or terminal illness in order to improve their quality of life.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Whitestone Care is in the first year of its operation and had gradually been building up its service user numbers over that time. The service was offering palliative care to people and both they and the commissioners of their care were very positive about the care experience. The judgements made are of the service as it was when inspected. The challenge for the provider and registered manager will be to maintain this standard as the service significantly expands over the coming year.

People were protected because there were risk management plans in place to promote their safety. Staffing numbers were suitable to keep people safe.

There were safe recruitment practices to ensure only suitable staff were employed. In line with their recruitment policy the service had taken steps to ensure two references were always obtained prior to new staff being employed.

Staff received appropriate training to support people with their care needs. People were matched with staff who were aware of their care needs.

If required people were supported by staff to access food and drink of their choice. Staff supported people to access healthcare services. Staff treated people with kindness and compassion and had established positive and caring relationships with them.

People were able to express their views and to be involved in making decisions in relation to their care and support. Staff ensured people's privacy and dignity were promoted.

People received care that was appropriate to meet their assessed needs. Their support plans were updated on a regular basis or when there was a change to their care needs.

The service had a complaints procedure. This enabled people to raise a complaint if the need arose. There was a culture of openness and inclusion at the service and staff felt that the leadership inspired them to deliver a quality service.

The service had quality assurance systems in place. These were used to improve on the quality of the care provided.

People benefitted from a service which was well-led, efficient and effective and had their best interests at the heart of its operation.

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.

People told us there were enough staff to ensure they were able to receive unhurried, personalised care and support.

Systems were in place to protect people from the risk of abuse. Staff were aware of safeguarding procedures and how to use them.

Staff recruitment practice was adequate to reduce the risks to people associated with appointing anyone unsuitable for the role.

Is the service effective?

Good

The service was effective.

Staff had access to the training they needed to meet the individual needs of the people they supported.

People were supported to maintain appropriate nutritional intake.

Staff worked closely with external organisations, commissioners and health and social care professionals in a way that ensured people received the right care at the right time.

Is the service caring?

Good

The service was caring.

People who used the service, their family members and commissioners of care spoke very highly of the care and support they received and observed.

People were encouraged to be as independent as possible, make their own decisions and maintain control of their lives.

People were treated with kindness, dignity and respect at what were very difficult and challenging times for them.

Is the service responsive?

Good

The service was responsive.

People were involved in planning what they wanted from their care and in making decisions about what was important to them.

People's care was consistent, flexible and appropriate to meet their needs in the way they preferred.

People's care needs were kept under review. Staff responded quickly when people's needs changed, often many times over a short period.

Is the service well-led?

Good

The service was well-led.

People who received care and support benefitted because the registered manager followed good practice guidance and information to keep their care skills and knowledge up to date.

Staff told us the service was very well managed, that they were supported to develop and felt valued by the organisation.

Feedback was regularly sought from people who used or commissioned care from the service, in order to monitor and improve the quality of people's care.

Whitestone Care

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 14 April and 23 May 2016. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to facilitate the inspection visits. The inspection was carried out by one inspector.

Prior to the inspection the provider completed and returned to us 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. We reviewed any other information we held about the service including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

During and after our visits the provider responded to all requests for additional documentation and information and facilitated contacts with both people who used or commissioned the service and care staff.

During the inspection we spoke with six people who used the service, one relative, four members of the care staff team, the registered manager, deputy manager and office manager. We contacted the two health and social care professionals who commission services from Whitestone Care. We also inspected a range of records; these included five care plans four staff files, training records, meeting minutes and some of the service's policies and procedures, including safeguarding.

We were also given access to the service's system-based records which were in the process of being introduced to replace some, if not all, paper based records.

Good

Is the service safe?

Our findings

People who used the service and their family carers told us they felt this was a safe service. One told us; "I feel absolutely safe and have confidence in all the staff they send". All people who responded to our surveys before the inspection, confirmed they felt safe from abuse and harm from their care and support workers. They also said their care and support workers did all they could to prevent and control infection (for example, by using hand gels, gloves and aprons).

People told us there were enough staff to ensure they were able to receive unhurried, personalised care and support.

The staff we spoke with understood their responsibilities to keep people safe at home and what they should do if they had concerns about someone's safety. We saw procedures were in place for dealing with allegations of abuse. Training records we looked at showed that all staff had received training on safeguarding vulnerable adults. Staff we spoke with told us what they would do if they found anyone who might have been abused and knew which agencies this needed to be reported to. The service provided care and support over a number of different safeguarding authorities. They confirmed that had the necessary local contact details for each of each them and that staff had ready access to this information.

People were protected from identifiable and avoidable risk whilst care was being provided. One commissioner told us; "They are very quick to point out if a person's home is unsafe and to highlight any changes in a patient's needs. They will not undertake any care that puts a patient or carer in danger, raising concerns immediately." Risk assessments were carried out when initial referrals for care were received. Care plans included risk assessments for moving and handling, environmental risks, health and safety and medicines, amongst others. Risk to staff were also identified and plans put in place to manage or eliminate those risks. We confirmed risks were reassessed at regular intervals or when any change in risk became evident. This meant people continued to receive safe and appropriate care and support.

People were protected by the service's recruitment policies and procedures. Staff confirmed they had undergone appropriate recruitment procedures, which helped to make sure they were suitable to provide people's care and support. We looked at staff recruitment files and saw that the required checks of care staff applicants' suitability had been made. This included pre-employment health screening, information about previous employment and employment histories. References had been sought and included the person's previous employer. Where written references had not yet been received, there were records of telephone references given. Between the first and second of our visits, the Registered manager had obtained additional written references where only one had previously been provided.

All staff recruitment files included records to show that Disclosure and Barring Service (DBS) checks had been conducted before commencing employment. The registered manager told us it was their intention to renew staff DBS checks at three yearly intervals. This was to make sure there had been no changes since the initial checks had been done.

We found that medicines for people who used the service had been prescribed by their own GP's, out of hours doctors or by the palliative care team. Medicines were kept in the person's own home and remained their property. There were risk assessments in place to help identify any potential risks involved with particular medicines. There were agreed procedures in place for the use of; 'As required medicines' and any controlled medicines. Controlled medicines are those that require additional controls because of their potential for misuse. The provider's medicines policy and procedure reflected current national guidance for the safe management of medicines

We saw that the registered manager had arrangements and contingency plans in place to deal with foreseeable emergencies like bad weather and to cover any unplanned staff absences.

Computers were password protected where they contained confidential information. Systems were backed up. Staff received training in first aid and knew how to respond to emergency situations in people's homes, for example in the event a person had fallen and injured themselves.

Good

Is the service effective?

Our findings

People were cared for by care staff who had the right skills and training to do so effectively. All the people we spoke with were positive about the care staff and the way they supported and cared for them. Those people who responded to our pre-inspection survey confirmed their care and support workers had the skills and knowledge to give them the care and support they needed. "Couldn't do without them" was one typical comment received.

People told us that they knew who would be coming from the service in advance and that "All the staff are good at what they do. We have a core team of carer staff we are used to." One relative said; "From what I have seen they are all very friendly and efficient." Another person confirmed the agency; "Always told us" if there were to be any changes to the group of staff who supported them.

People received care and support from staff who were effectively trained and supported. Care staff who had been newly employed told us that they had been through an induction process to equip them with the knowledge and skills they needed to provide effective care. This had included theory and practical sessions. They were then able to shadow an experienced member of staff until they felt confident to deliver care on their own. People and their relatives said care staff knew how to provide care effectively. One relative told us, "They are very competent in what they do."

We viewed training records and saw care staff received training in appropriate areas of care provision. These included health and safety, infection control, first aid, moving and handling, continence care, dementia awareness, safeguarding and medicines management. Care staff demonstrated a good knowledge of caring for people and recognising symptoms, for example, if someone developed a urinary tract infection and the action to take.

People who received care benefitted because there was an effective communication system. All staff had an individual, password protected i-Pad which gave them access to policies and procedures and relevant information. This meant staff could get support and help quickly in challenging and rapidly changing situations. Staff told us; "We stay as long as we are needed." They said that if they needed to stay with someone for longer than anticipated they contacted the registered manager who could go out themselves or deploy other staff to make sure the service continued to people uninterrupted.

We saw that care staff received regular supervision and senior staff carried out spot checks to ensure they maintained a good standard of care. This included matters such as training, safeguarding and medication. Care staff told us they were able to obtain support either through regular supervisions, staff meetings or by contacting management staff immediately if they had any concerns for people. One care staff told us, "It doesn't matter what time of day it is, (the on call), will always help if we are concerned."

The registered manager, their deputy and care staff demonstrated a good knowledge of legislation relevant to people's rights. They understood when it was appropriate to obtain consent from the person with the appropriate legal status to do so, if the person who received care was not able to give it.

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. In the case of people receiving care in their own home this is done by application to the Court of Protection.

At the time of our inspection no applications had been made by the provider. Where people, due to increased incapacity, were no longer able to make decisions, there were already the necessary authorisations in place prior to the involvement of Whitestone Care.

Information regarding people's healthcare was recorded in the care assessments and care staff said they read these to ensure they understood people's needs. Care staff said if anyone was unwell they would contact the registered manager so input from the GP or community nurse could be sought. A relative confirmed that care staff communicated effectively with healthcare professionals and liaised with them in respect of their family member's care.

If people had equipment in use to meet their needs, for example, a hoist and it was not working properly, the care staff told us they informed the registered manager so repairs could be arranged. The service had access to a private occupational therapy (OT) service in the event of an emergency. The appropriate action could then be taken, with funding arranged subsequently to avoid delays. If people's needs changed and equipment needed to be reviewed, then input from an occupational therapist would be sought. This meant changes in people's healthcare needs were identified and input from healthcare professionals was accessed when needed.

In their PIR the provider informed us; "Nutritional and hydration needs are identified and addressed and advice on meeting these is followed by staff who are informed of this". This was confirmed both by commissioners of care and by those people we spoke with who received support with food and drink. "I don't know what I would do without them" one told us.

Good

Is the service caring?

Our findings

People told us, they were treated with dignity and respect. One person told us "The girls are lovely. They can't do enough for you." A relative told us, "We are very pleased with the care staff and the level of care they provide." One commissioner said; "My experience of the agency is that there is an ethos of care and compassion". They noted the registered manager had visited people in hospital "on several occasions."

People we spoke with told us they were well cared for by staff. Comments included; "Amazing, feel cherished." Staff told us they had the information they needed to understand people's needs and their preferred way of receiving care and support. They told us they felt they had built positive relationships with the people they supported. This was confirmed when we spoke with people who received care; "Perfect", "excellent" and "good" were three assessments made. Staff also confirmed they kept daily records which described the care provided to people.

People we spoke with told us, they felt involved in their own care and were involved with the formation and contents of their care plans and reviews. Care staff told us it was important to involve people in their care and respect their decisions. For example they said when assisting people with personal care and getting dressed, they asked people what they wanted to wear. Where they supported people with food and drink they gave people choices of what they ate and drank.

People were treated with respect and they determined the details of their care and support and how it was provided. When we spoke with care staff we found they recognised people's homes were their private and personal space. For example, when people first received care and support they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes.

People we spoke with told us, care staff encouraged them to remain as independent as possible.
We saw from care records people's preferences and routines were recorded for care staff to refer to. For example we saw that one person had to have a strict routine in terms of the time of their visits. This had initially caused some problems, however the person confirmed they had spoken with the registered manager and that they had agreed an acceptable programme of care, which had been adhered to in most cases. "Things are much better now."

Care staff told us, how they made sure people were treated in a dignified way during personal care, such as by making sure people were appropriately covered when some types of care were given. All of the people who responded to our survey and all of the people we spoke with told us that care staff treated them with dignity and respect.

Care staff were aware of the importance of keeping information about people they supported confidential and told us, they would only share information about the person with their consent.

Because of the specific focus of the service in providing palliative and end of life care all care staff had

specific end of life training. This helped people stay in their own home as long as possible. The service worked with other specialist care senior management teams to ensure people received the support they needed to remain pain-free and comfortable at all times.

Good

Is the service responsive?

Our findings

People told us, they received care and support from care staff who understood their individual needs. One person told us, "Care staff are flexible and can't do enough for me, in a word amazing." A relative told us, they were impressed with the standard of care provided. "They appear to always have time to meet (relative's) needs and to have a chat with them as well."

We looked at people's care records. We saw that each person had an individual support plan which detailed what care they required on each visit. For example help with personal care or with monitoring their medicine. Personal preferences were also detailed in the support plan such as the preferred gender of the person providing care. People's needs were documented along with instructions for staff on how care and support was to be provided. People confirmed; "They (care staff) are very responsive and understanding people"

We saw detailed assessments were made when a person started to use the service and care staff had a good understanding of people's preferences, routines and support. When we spoke with them they recognised the importance of enabling people to express choice and to have control over the care and support they received. Staff told us they had time to read people's care plans to ensure that they were providing the care that had been planned. They told us that the personal history contained in the care planned assisted them to be aware of people as individuals and provide care as the person preferred.

People told us they were involved in developing their care plan. Because of the rapidly changing nature of some of the people's care and support needs, the support plan was reviewed as often as needed. Reviews included the person who received care and a relative or social work professional as appropriate. Where changes in people's needs were identified these were documented and responded to. For example, one person had spent a period in hospital. Their support plan had been reviewed prior to them returning home and additional equipment had been put in place to ensure they received their care appropriately.

People and their relatives felt the care staff were flexible and responded to people's needs. Comments included, "They do all they are asked" and "we have the continuity of the same group of carers."

Systems were in place so people could raise any concerns. Complaint information was contained within the service user guide given to each person receiving care and support from the service.
All the people we spoke with told us, if they wanted to raise complaints they knew who to speak with. There were arrangements for recording complaints and any actions taken. People told us they were happy and felt comfortable to share any issues they had with the registered manager. For example one person had issues about the timing of visits at the beginning and confirmed these had been addressed to their satisfaction.

Good

Is the service well-led?

Our findings

We asked people for their opinion about the service. Comments included, "All in all a very positive experience, responsive, understanding and the people who work for them are exceptional in their duty of care." "We have no concerns or complaints at all." "We are all very happy with the care provided" "My relative and the family would not want to lose them, they do a good job."

We asked care staff about the way the service was run and the support they received. All were very positive and comments included, "Fantastic." "The best." "Really kind." "Listens to us." "Sees us straight away." "If you are ill you can ring and say and this is accepted" and "It's really well organised." The registered manager recognised the importance of care staff having the confidence and knowledge to provide the care and support individuals needed. It was clear from speaking with them that they worked to achieve this by providing care staff with the training and opportunities to discuss any issues before they went to care for people. This meant they were well prepared and had the knowledge and confidence to carry out their work.

We saw that people had been given the opportunity to complete satisfaction surveys and two people and relatives confirmed they had filled in surveys. One relative said they had also been telephoned to get feedback of how the care was working and to make sure their family member and the rest of the family were happy with it all. Care staff said the registered manager carried out unannounced spot checks at people's houses to monitor the quality of the care they provided.

The management team were responsible for auditing and monitoring the records that came back from people's homes including medicine administration records and daily records, to ensure they were correctly completed. They told us if they found any issues, then they would speak with the care staff concerned so they could improve their recording.

The service also used spot checks, telephone and written surveys and contacts with healthcare professionals to monitor the quality of the care being provided by the service.

We asked the registered manager how they kept up to date with information about the care sector and they said they accessed relevant community care and Care Quality Commission (CQC) websites.

The inspection took place at a time when the service was rapidly expanding. Those healthcare professionals we spoke with were very positive about the service and the way it was organised and led. "I believe the reason this agency works well for our clients and for us is because it is well managed and because of the manager's code of ethics and leadership skills."

People benefitted from the strong values of the service. In their PIR the provider stated; "We fully understand the requirement of the duty of Candour and are prepared to lead a cohesive, caring and skilled care team to deliver high standards of service to the current and future clients of Whitestone Care.