

Whitnel Care UK Ltd

# Whitnel Care UK

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Whitnel Care UK is a service providing care and support to people in their own homes. At the time of the inspection the service was supporting 11 people with personal care. Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We have made a recommendation to the provider about reviewing care records and risk assessments to ensure they are consistent.

People told us the service was safe. Staff knew how to recognise and report any concerns about people's safety and welfare. The provider had monitoring systems in place to ensure people received safe care and treatment, however improvements were needed. People were satisfied with the call timings. People told us that care staff regularly visited them when they expected them to and if they were running late, someone let them know. Enough staff were employed to meet people's needs.

Medicine administration records were kept up to date and accurate. The provider had policies in place and utilised technology to support medication management. Staff had access to sufficient supplies of personal protective equipment (PPE) and received regular updates from the provider on the management of risks related to COVID-19.

People confirmed the provider had carried out an assessment of their needs before their care started. Safe recruitment procedures helped to protect people against the risk of being supported by unsuitable staff. Staff told us they were happy to work for the service as they received an induction, training and support from the provider. Staff made sure people had access to healthcare when necessary and worked with other health and social care professionals to promote improved outcomes for people.

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

People told us they received very good care and staff were caring and respectful when they were providing care. Staff respected people's privacy and encouraged them to maintain their independence and do as much for themselves as they wanted to.

People told us they knew when to expect care staff and the provider had a system in place to ensure people were given an accurate time for staff arrival to provide their care. Staff were supported in their roles and felt they could contact management for help as and when they needed. Staff told us communication was good, and they received the equipment they required to do their jobs safely. People and relatives were aware of

how to approach the registered manager to raise concerns or complaints. People's information was securely stored.

Governance systems were in place to ensure aspects of people's care were monitored; however, these systems had not identified the issues referenced. The provider worked in partnership with other agencies to make sure people received the right care and support when they needed it.

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

Rating at last inspection

This service was registered with us on 22 June 2020 and this is the first inspection.

Why we inspected

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

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Whitnel Care UK

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. 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.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 March 2022 and ended on 28 June 2022. We visited the location's office on 29 April 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the

views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and one relative of a person who received care from the service. We also spoke with the registered manager, and two care workers. We looked at care records for three people. We looked at a range of records, including recruitment files for three staff, staff training records and provider's policies.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe.

### Assessing risk, safety monitoring and management

- Care plans and risk assessments did not always provide consistent information to guide staff on people's care needs.
- The provider used an electronic care planning system to document people's care needs. We found there were some inconsistencies with the information contained within these records. For example, some questions had been not answered and it was not clear why this was. This could lead to new care staff not being clear on a person's care needs.

We recommend the provider review people's care plans and risk assessments to ensure all the information is recorded consistently across the care records so they are accurate for staff to follow.

- Risks associated with people's care, support and environment had been identified and assessed. Risks were monitored and care delivery was regularly reviewed. A care worker told us, "People have a copy of their assessments in a folder in their home. We read [these documents] first before we work alone with people. We get to know about any updates [with regards] to people's care."
- Staff informed the registered manager when they had concerns about people's health and wellbeing, or if their needs had changed. This enabled the registered manager to review the risks and identify the additional support needed.

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

- People were protected from risk of abuse, the provider had systems in place to keep people from harm.
- People told us that they were kept safe by staff. One person told us, "Yes I feel safe, [my care], is always covered. I have the same care staff."
- Staff demonstrated they understood how to safeguard people. They were confident management would act if they had any concerns about people's safety.
- Staff received training in safeguarding adults and were knowledgeable on how to identify the signs of abuse. However, staff had not received training in how to safeguard children. Safeguarding children is everyone's responsibility, including those working in the community.

### Staffing and recruitment

- Sufficient staffing was in place to meet people's needs. People we spoke with told us staff were always punctual and never rushed the care.
- The registered manager was able to track the staff call times via an electronic call monitoring system, which staff used to record the care calls. Any discrepancies could be identified quickly and acted upon by

management.

- Staff told us they had enough time to get from one call to another, and sufficient time to carry out the care tasks required.
- Safe recruitment practices were followed. Pre employment checks had been carried out such as identity checks, right to work checks, and disclosure and barring (DBS) checks. DBS checks are background checks that help employers make safer recruitment decisions.

Using medicines safely

- Medicines were administered safely, we saw the majority of the people receiving support from the provider, preferred to manage their own medicines.
- Where support was required medicine administration records had been filled out correctly. The provider's electronic record system allowed the management team to monitor medicine administration. The system flagged any errors or missed medicines so action could be taken if, for example medicine was refused.
- Staff had completed medicines training via e-learning. Staff competence in this area was regularly reviewed by the management team.

Preventing and controlling infection

- We were assured the provider was using personal protective equipment effectively and safely. Staff told us there was adequate supply of aprons, gloves and masks available for use.
- We were assured that the provider was accessing regular testing for COVID-19 for staff.
- The provider had contingency plans in place to help ensure they continued to deliver a safe service during the pandemic.

Learning lessons when things go wrong

- The provider had systems in place to monitor incidents and accidents so action could be taken to promote people's safety. The registered manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who had received induction training, regular supervision and support from the provider.
- Staff told us they were supported by management who were kind and caring and listened to them.
- Staff told us they had received training and regular supervisions.
- The provider's training records showed staff had been trained in areas such as first aid, infection control, and moving and handling. However, some improvements were needed. For example, not all of the staff had completed training on specific conditions, like diabetes. All staff should be trained to understand and meet people's identified needs. The registered manager told us they had started to source further training opportunities for their staff.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to make decisions was assessed when planning care and support. However, inspectors found one person's records were incomplete. For example, the date of the assessment or the outcome was not completed. The registered manager told us the records would be checked so they were complete.
- The registered manager told us, and records showed, people's relatives were involved in decision making where this was appropriate.
- At the time of our inspection, there were no deprivations of people's liberty.

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

- People's needs were fully assessed before they received a service. The registered manager would go out and meet with people, to discuss their needs and formulate the basis of a care plan.
- People we spoke with confirmed this. One relative told us how they had struggled to find a care service that would work with their relatives complex health needs.
- People were supported by staff who knew them well. Staff understood people's likes, dislikes and preferences. One relative told us, "We can only praise [the care workers] for the care they gave to our relative."

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

- The service protects people from the risk of poor nutrition, dehydration and other medical conditions that affect their health.
- People were supported by staff to prepare meals and drinks to meet their needs, although people had the support of their families in this area.
- When required, food and fluid monitoring took place using the electronic care planning system.

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

- Staff worked with other agencies and health and social care professionals to promote improved outcomes for people. This included liaising with family and other care agencies to support people's changing needs. For example, liaising with a district nurse to resolve concerns over a person's lack of engagement with their treatment plan.
- Staff supported people to seek medical advice when required, for example, to call an ambulance in response to changes in their health condition.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity, respect and kindness during all interactions with staff.
- People we spoke with told us that staff were very kind, caring, and respectful. One person told us, "[The staff] have been fantastic. I'm really grateful [to them all]. Every single one of them and their personalities. I could not wish for a better team, the courtesy I have received."
- The care staff and the registered manager had a good knowledge of the people they supported. They were enthusiastic about providing good quality care to people, that met their needs.
- Care plans described people's individual daily routines, cultural needs and preferences. For example, one person using the service was supported with personal hygiene needs by female care workers, which respected their choice and dignity.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy, dignity and independence. Staff knew what was important to people to ensure people's dignity, they were keen to provide care and support in a way people felt comfortable and respected their wishes.
- People we spoke with told us staff respected their privacy, dignity and independence. One person told us, "It was like having a member of the family coming into our home. [Care staff] were truly very good at what they did for us". Another person told us, "[Staff] help me with what I cannot do, but also encourage me to do things I can do."
- People's personal information was not shared inappropriately. People's personal information was stored securely at the office location, and within a secure electronic care system.
- The registered manager had a good understanding of their responsibilities in meeting confidentiality standards. The registered manager and staff spoken with, understood the principles of good practice when sharing information and confirmed they would never share any information except with those who needed to know.

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

- People were able to express their views and were involved in making decisions about their care and support. A person told us, "[The staff] ask me what I want and need. [The staff] work with me to what I can and cannot do."
- We saw evidence of the regular review meetings with people receiving care from the provider. Feedback was always positive and compliments were made towards the staff and the registered manager.
- People could access care records electronically, which made it easier for people who used the service to access their own records and see information recorded in 'real time' about their care and support.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People and their families were involved in developing their care and support plans. Their needs were identified, including needs on the grounds of protected equality characteristics. Their choices and preferences and how these were met were regularly reviewed.
- People told us that staff were friendly and understood their likes and dislikes, they told us, "[The staff] ask me if I would like to do it this way or that way. [Staff] motivate me to make a decision, [staff] help me to understand things as well, which I am grateful for."
- Care plans identified how people wanted their needs met. They focused on what the person could do, and areas where they needed further support.

Meeting people's communication needs

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

- People's communication needs were considered as part of their pre-assessment. People's care plans described how they communicated, their preferred language and the best way for staff to offer choices and support.
- The registered manager was aware of the requirement to provide information to people in an accessible format if and when requested.

Improving care quality in response to complaints or concerns

- Complaints were managed following the provider policy and procedure.
- People were aware of how to raise any concerns should this be needed.
- The registered manager told us how a particular complaint was being dealt with. We saw how this process was followed and included communications with other health and social care professionals as required to support a person's needs.

End of life care and support

- The service worked with healthcare professionals, including palliative care specialists and others, to provide a dignified and pain-free death that is as comfortable as possible.
- The registered manager told us their staff were trained to support people with end of life care, however

training records did not always reflect this. The registered manager told us they would ensure staff their training was included on their training records.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was sometimes inconsistent.

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

- Legal requirements were not always understood and governance systems did not always monitor the quality of policies and people's care records.
- We found the provider had not submitted a notification of an allegation of abuse (safeguarding). We discussed this with the registered manager, and they submitted the notification.
- Policies and procedures were in place and there was evidence they were reviewed; however, some improvements were needed. For example, policies did not contain staff training requirements.
  - The providers quality assurance system had not picked up on the issues inspectors found at this inspection. The registered manager was open and receptive to feedback and was keen to make improvements.

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

- The service had a positive culture that was person-centred, open and focused on achieving good outcomes for people. People told us that staff were positive in their approach, they told us, "They are all fantastic, I cannot fault them."
- The provider gained the views of people using the service, relatives and staff by using satisfaction surveys and quality assurance telephone reviews and visits.
- The staff we spoke with told us they felt able to feedback to management. Staff told us this could be done through their supervision sessions, team meetings, or at any time by contacting management. One care worker told us, "If I have any issues, I will just speak with the registered manager about anything."
- Staff were supported to develop and improve their practice. Staff performance was monitored through observations and feedback from people who used the service.

Working in partnership with others

- The management team were transparent, open and collaborative with external agencies. The registered manager told us how they regularly communicated with external professionals. For example, following joint working with social workers, a person was successfully accepting care in their home and hospital admissions had reduced.
- Contact with health professionals was made promptly to ensure joined up care was effective and met people's needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager made sure there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. For example, following a person falling over in their own home, the registered manager was able to evidence that their relatives had been informed.

Continuous learning and improving care

- We found that lessons were learnt when things went wrong, and improvements were made to the systems in place to improve the care people received. These were shared with staff during meetings and supervisions. For example, the registered manager had implemented different strategies to support a person with their anxieties when current strategies were not working.