

White Rose Homecare Limited

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## Inspection report

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Date of inspection visit:  
09 November 2021

Date of publication:  
13 December 2021

### Ratings

Overall rating for this service

Good ●

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?

Good ●

# Summary of findings

## Overall summary

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

Medication Administration Record (MAR) charts needed to include clear detail when people managed their own medicines but required occasional support from staff. Staff knew what to do if they thought someone was at risk. Risks were appropriately assessed and reviewed but some required more detail. Safe recruitment processes were in place to ensure staff were suitable to work with vulnerable people. Systems were in place to make sure there were enough staff available to meet people's needs. Infection prevention and control (IPC) systems were in place to reduce people's risk of infection, including COVID-19.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and promoted independence. Documentation needed to better evidence people's involvement in care planning and consent to support.

Staff received induction training and followed a programme of continuous learning. Staff said they felt well supported. People's needs were assessed, and care and support were regularly reviewed. Feedback we received from people who used the service and their relatives was complimentary about all staff. Staff involved people in decisions about their care and consulted people regarding what they wanted. Systems were in place to make sure the service complied with the Accessible Information Standards.

People's care records documented the level of care and support required. They were up to date and were regularly reviewed. All concerns were responded to appropriately.

People, relatives and staff spoke highly of the management at the service. Systems were in place to monitor the quality and safety of the service. People were provided with the opportunity to feedback on the service they received, and any suggestions for improvement were welcomed. The service worked well in partnership with others to ensure the best outcomes for people.

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 was the first rated inspection of this service since registration in December 2018.

Why we inspected: This was a planned inspection based on the date of registration.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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?

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 well-led

Details are in our well-led findings below.

**Good** 

# White Rose Homecare Limited

## **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 Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. The registered manager was also the provider. They 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 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure the registered manager would be available.

Inspection activity started on 5 November 2021 and ended on 23 November 2021. We visited the office location on 9 November 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with a person who used the service and a relative about their experience of the care provided. We spoke with 7 members of staff including the provider who is also the registered manager, administration staff and 3 care staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and other records relating to the running of the service.



# 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 rated inspection for this service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Some Medication Administration Record (MAR) charts were in place for people who managed their own medicines but received occasional support from staff. Additional information needed to be added to make sure the MAR chart accurately reflected when staff support had been given. The registered manager confirmed this issue had been addressed following the inspection visit.
- Care plans included good detail about the medicines people were prescribed and the level of support they needed from staff.
- Staff received medication training and their competence in managing medicines was assessed periodically.

### Assessing risk, safety monitoring and management

- Risks to people's health and welfare were assessed. These assessments included risks, such as, nutrition, falls and moving and handling and medication. Risks associated with the person's living environment had been assessed. Some risk assessments lacked evidence of the person, or their family, having been involved in the process.
- One person's risk assessment for moving and handling said the person needed to be supported to get up from the floor. However, the risk assessment did not give detail of how this should be done or of any equipment needed for the manoeuvre.
- Risks relating to COVID-19 had been assessed and plans put in place to help minimise the risk.

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

- People we spoke with told us they, or their relatives felt safe. One person told us their relative "most definitely feels safe".
- Staff told us they had received training in safeguarding felt confident raising any concerns they had about people they were supporting. Staff were confident any issues raised with the registered manager would be dealt with appropriately. They told us information about safeguarding was available for them to refer to and they knew who to contact with any concerns.

### Staffing and recruitment

- Staff were recruited safely, and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.
- Staffing was arranged in relation to the care hours people had been assessed to receive.
- A 'duty team' was always available to cover any sudden staff shortages.

### Preventing and controlling infection

- Staff told us they had no problems accessing PPE. They said they were never in short supply.
- Staff said they had been trained in putting PPE on and taking it off. They said they were checked regularly to make sure they were following correct procedures.

### Learning lessons when things go wrong

- One person's relative said staff responded very well to any criticism. They said they were always anxious to put things right.
- A system was in place for accidents and incidents to be recorded and analysed for any themes and trends. This meant that lessons could be learned, and the risk of reoccurrence minimised.
- The registered manager said they used all feedback from people and their families to make improvements to the service.

# 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 rated inspection for this service. This key question has been rated good. This meant 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

- Assessments of people's needs were completed before a package of care was agreed. This was to make sure staff were available with the right skills to meet people's needs.
- People were involved in the assessments of their needs. One relative told us that family had been "fully consulted" to make sure staff knew all about their relative and their needs.
- People's care needs were reviewed monthly to make sure care plans reflected people's current care needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received the training they needed to provide safe and effective care.
- Staff received an induction and initial training before starting to deliver care. Staff told us this included a period of shadowing more experienced colleagues. Two staff said they had been fully supported in their request to extend their shadowing period until they felt fully confident to deliver care independently.
- Staff felt fully supported by the registered manager and administration team. They said they had regular supervision sessions but could call for advice and support at any time.

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

- Where people had been assessed as being at risk nutritionally, risk assessments were in place.
- Daily records for people who had been assessed as nutritionally at risk did not always fully reflect the support staff had provided in this area. For example, daily records were not always clear about what people had eaten or drunk.
- One staff member told us about how they had spent time learning from a person exactly how they liked their snack making so the person would enjoy it.

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

- Staff told us about the support they receive from the district nursing team. They said district nurses supported them in aspects of training to make sure people received the support they needed safely.
- Care plans included details about how staff should support people's physical and mental health.
- Staff told us they would not hesitate to call for medical assistance if people needed it.

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 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.

- None of the people using the service lacked capacity to make decisions about their care.
- Staff told us about how they gave people opportunity to make decisions about their care.

# 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 rated inspection for this 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.

- Staff gave examples of how they respected people's diverse needs. One told us about a person's religious needs and how they sat quietly whilst the person said their prayers.
- Care staff spoke with real enthusiasm about their jobs and the pleasure they got from supporting people. One member of staff told us how important it was to them to get to know the people they support so they could "understand their worries and insecurities".
- Staff were sympathetic to, and understanding of the additional worries and challenges people had faced during the pandemic.

Respecting and promoting people's privacy, dignity and independence

- All the people we spoke with were complimentary of the care they, or their relative received. One person told us how staff always maintained their privacy and dignity, were friendly and respected their home. A relative told us staff were "Unbelievably patient" and had "Bent over backwards" to meet their relative's needs.
- One person said "They (care staff) have improved my independence and made me able to do things for myself."
- Staff spoke about getting people's views about the care and support they received and how they preferred the support to be given.

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

- Although care records lacked signatures of people, we found evidence to demonstrate they were supported to express their views
- One person said White Rose Homecare was the first care company they had used who asked for their views and opinions about their care.
- A relative told us that family had been "Fully consulted" in decision making processes.

# Is the service responsive?

## Our findings

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

This is the first rated inspection for this 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

- Care plans were person centred and detailed.
- One person told us about how they had instructed staff in how to provide their support and were very happy with how they had responded to this.
- Staff told us care plans were easy to follow and gave them confidence they were supporting people safely and in a way that met their personal preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed as part of the initial assessment. This assessment included people's abilities and needs in relation to hearing and sight.
- The registered manager said they would be able to produce care documentation and information in alternative formats and languages if this was needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social needs were assessed as part of the initial assessment process.
- People had 'About me' documents which helped staff to get to know people.
- Staff told us how important it was to them to get to know people so they can chat with them during visits.
- One person told us most carers are "friendly and chatty" although said they sometimes had to initiate conversation with more "quiet" staff.

Improving care quality in response to complaints or concerns

- People knew what to do if they were unhappy with the service.
- One person told us the registered manager and office staff responded immediately and appropriately to any issues they might have.
- All feedback from people who used the service and staff was recorded. This included people making suggestions for improvement or making requests. The action taken as a result of the feedback was recorded.

End of life care and support

- Although the care plans we saw did not reference end of life care, they included detail of the support staff needed to provide on each visit. Staff told us that as people's needs changed the care plan would be reviewed to make sure the care provided met with people's changing needs.

# 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 rated inspection for this service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: 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: Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care.

- The registered manager was also the provider of the service. People who used the service, relatives and staff spoke very highly of the support they received from the registered manager.
- Staff said the registered manager empowered them and was always available to give support. They said the registered manager was "passionate" about providing high quality care and support to people.
- Quality assurance systems were in place to monitor the quality and safety of the service. The registered manager was in the process of improving audit systems to make sure they accurately reflected any identified issues and the actions taken to address them.
- The registered manager had engaged the services of an independent auditor to support with review of the service.
- The registered manager understood their regulatory requirements. They understood when to inform CQC of events that happened in the service as required by regulation.

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

- One person told us they received a form every three months from the provider "to see if they are doing a good job".
- Staff felt their views about the service were sought and listened to. Examples of this were changes to MAR charts and review of the way weekly rotas were sent to staff.
- Suggestions from people who used the service included calling people a few days after a new member of staff had visited to get the person's views about the staff member. Although this was already in place, the person was thanked for their suggestion and encouraged to continue to make suggestions for improvement. The person did this in suggesting people received a telephone call on their birthday. Cards and small gifts are sent to people as a result of this suggestion.
- People were complimentary of the registered manager and administration team and said they were very responsive

Working in partnership with others

- Staff worked in partnership with health and social professionals to provide people with the support they

needed.