Mrs Sharon Elizabeth Henderson

White River Homecare

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?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

White River Homecare provides personal care to people who live in their own homes in St Austell and the surrounding areas. At the time of our inspection the service was providing care and support to 42 predominantly elderly people.

There was 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.

People told us they felt safe when being provided with care and support by White River Homecare staff. However we found not all aspects of the service were safe. Recruitment processes were not robust and references from staff members last employers were not routinely followed up. We found Disclosure and Barring Service

Summary of findings

(DBS) checks had highlighted a concern regarding one care workers previous employment. Although we saw evidence the management team had considered this risk we were not satisfied appropriate safeguards had been put in place to help ensure people were fully protected. Where risks had been identified following an assessment of people's needs staff were not always provided with specific guidance on how to minimise the risk. Environmental risk assessments had not been completed in order to protect staff from risks while working in the community. This was not in line with the services policy on lone working.

There were sufficient numbers of staff to deliver the commissioned care. People told us care workers were rarely late. If they were held up the office would contact people to let them know of the delay and the likely time of arrival.

Staff told us they enjoyed their work and were well supported by the management team. Supervision was held regularly although these meetings were not adequately recorded. Staff underwent an induction and training was refreshed regularly. There were systems in place to help ensure all staff were kept up to date with any changes in people's needs.

People were supported by care staff who had a good understanding of their needs. Staff were friendly in their approach, unhurried and adapted how they delivered care in line with people's individual preferences. Where people had established a rapport with a particular member of staff or expressed a preference efforts were made to try and ensure that care worker supported them regularly. No-one had needed to make a complaint about the service they received. We saw thank you cards and compliments had been received.

Care plans were inconsistent in the depth of information they contained. While some contained comprehensive information in respect of people's routines and described how they wanted care and support to be delivered others were brief and lacked detail. The provider and registered manager said they would review all care plans to bring them up to the same standard.

There was no robust system in place for regularly auditing the various aspects of the service. Recording systems were inadequate.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 was not always safe. References from previous employers had not consistently been requested. Where risks had been identified in relation to the suitability of staff these had not been adequately managed to ensure peoples safety.

Risk assessments did not provided staff with sufficient information to help them minimise identified risks.

There were enough staff to meet people's needs.

Requires improvement

Is the service effective?

The service was effective. Staff knew the people they supported well.

Staff told us they were well supported by the management team.

Staff ensured people consented before carrying out personal care.

Good

Is the service caring?

The service was caring. People told us staff were caring in their approach

People were treated with dignity and respect. Care was provided in line with people's wishes.

Staff supported people to maintain their independence.

Good

Is the service responsive?

The service was not always responsive. The depth of information contained in care plans was inconsistent.

There were systems in place to help ensure staff were updated regarding people's changing needs.

People were confident any complaints would be addressed.

Requires improvement

Is the service well-led?

The service was not entirely well-led. There was no rigorous auditing system in place to help ensure the quality of the service.

Monthly management meetings were held to discuss any future plans.

People were asked for their views of the service.

Requires improvement

White River Homecare

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 17 & 18 June 2015 and was conducted by one inspector. The inspection was announced in line with our current methodology for inspecting domiciliary care agencies. This was the first time White River Homecare had been inspected as it had only been operating for 11 months. Before the inspection we reviewed all the information we held about the home.

We visited four people in their homes who received a service from White River Homecare. We also spoke with one relative. Following the inspection visit we spoke with a further two people who used the service. We spoke with the provider, the registered manager and the assistant manager. We also spoke with three care workers. We inspected a range of records. These included four care plans, six staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Requires improvement

Is the service safe?

Our findings

Recruitment systems were not robust, this meant people were at risk of being cared for and supported by staff who were not suitable for the role. We looked at recruitment files for three employees whose previous job had been in care with a different agency. The files did not include references from their previous employer. This meant the provider had not obtained satisfactory evidence of conduct in previous employment as specified in Schedule 3(4) of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Disclosure and Barring Service (DBS) checks had been obtained for people before they started work. Where one employee check had identified concerns we saw some evidence this had been considered by the management team and assessed. There was no evidence within this individuals records of a formal discussion with the employee in respect of this disclosure. The service had not adequately assessed the identified risk or taken appropriate measures to ensure people were fully protected. There was no detailed information as to how the service had come to the decision to employ the person despite the identified risk. No formal plans had been developed to ensure the identified risk was effectively managed. The service had initially provided this member of staff with additional fortnightly supervision. However these meetings had not been fully documented and were discontinued after the first two supervisions without explanation. The services decision to employ this individual without adequate monitoring and supervision while providing care exposed people who used the service to risk. Following the inspection the registered manager contacted us to inform us the individual was no longer employed by the service.

Care plans contained risk assessments for manual handling, falls, medicines and moving and handling. However information for staff on how to minimise any identified risk was vague. For example we saw recorded; '[Person's name] is at risk of falls whilst transferring' Under the section marked 'Summary of risk management plans it stated' 'We assist with transfers.' Staff did not have any further guidance on how this was to be achieved. Another person's care plan identified them as being at risk of developing pressure sores due to; 'long periods sitting.' However, the section within the care plan for information on pressure care was blank and we saw no further guidance for staff. This meant they did not have access to information on how to minimise the risk or what action to take in the event the person developed pressure sores.

There were no risk assessments in place in respect of the environment in which staff were required to work. This meant staff did not have information regarding any risks they might encounter at work such as those associated with pets and any lack of lighting or trip hazards. This was not in line with White River Homecare's lone working policy which stated; 'The assessment of all new referrals should include a risk assessment which includes threats from health and safety hazards...'

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training in safeguarding adults. Staff told us they would report any safeguarding concerns they had to the management team and were confident it would be acted on appropriately. Copies of the local authority 'alerter's guide' were available in the office and prominently displayed. The induction process required people to read this information and sign to say they had understood it. People told us they felt safe when being supported by staff from White River Homecare.

We looked at the services visit schedules and staff rotas. We found there were sufficient numbers of staff available to meet people's needs. The service was fully staffed at the time of the inspection. Staff told us the team was large enough to help ensure all visits were covered. When staff were unable to go to work due to sickness text messages were sent to the whole staff team to ask if anyone could cover the shift. If this was not possible the assistant manager or provider, who worked at the service on a daily basis, was able to provide care.

People told us they received care from a small number of regular care staff and, although there was some variation, this was at an acceptable level. No-one could recall having had a missed visit and said care staff were rarely late. If care workers were running late they would contact the office or the assigned on-call worker who would then phone people to inform them of the delay and the likely time of arrival.

There was an emergency and adverse weather procedure in place. Should conditions prohibit care staff from driving

Requires improvement

Is the service safe?

to visits they would work in pairs and walk together to previously identified local visits. Visits would be prioritised according to peoples support needs and existing social networks. The service had been on alert for this to occur at the beginning of the year and the arrangements had been put in place. Although this had not proved necessary the registered manager told us they were confident it would have succeeded.

Staff were required to prompt some people to take medicines from a blister pack prepared by a pharmacist. At the time of the inspection no-one had their medicine administered by staff which would have required more robust safeguards. Staff also assisted people to apply creams. This was recorded appropriately in people's daily records. We heard staff ask if people required pain relieving medicines demonstrating people had access to these when needed.

Staff had access to protective clothing such as gloves and aprons as well as hand gel. We observed staff clean their hands before and after giving care and using protective equipment appropriately.

Good

Is the service effective?

Our findings

People were supported by staff who were familiar with their needs and preferences and knew them well. Comments include; "They seem to know what they are doing" and, "Sometimes you get new ones who don't know as much but they always come with someone more experienced."

Staff felt well supported both by the staff team and by management. The registered manager told us they used a combination of unannounced 'spot check' observations and formal one to one supervision meetings in order to support staff and help ensure they were carrying out their roles effectively. We looked at staff supervision notes and found these to be brief and lacking in detail with sections often left blank. For example one person's supervision record just stated; '[Person's name] is polite and friendly.' This meant there was no accurate record of what had been discussed. Staff told us they were able to talk with management at any time. They came into the office at least weekly, to collect rotas and said they had plenty of opportunity if they needed to discuss anything.

New staff were required to complete an induction and several shadow shifts before starting working alone. The induction included some training and familiarisation with organisational practices and policies and procedures. Staff told us the training was comprehensive and meant they felt confident in their role. In future any new employees would be required to complete the new Care Certificate.

The provider and registered manager had recently had training in the Mental Capacity Act (MCA) and had an understanding of the legal requirements. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Care staff recognised the importance of enabling people to make choices about how their care was provided. For example, we heard of an occasion when someone had refused personal care. Staff had respected their decision but reported it to the management team. The assistant manager had visited the individual and discussed the situation with them. The matter had been resolved and the person had started to accept support with their personal care.

Staff knew the people they supported well and therefore were able to identify any changes in their general well-being quickly. One care worker told us how they had felt someone was, "not quite right." They had alerted the family and on-call who in turn had contacted the person's GP. The person had then been further referred to hospital. The care worker told us; "If I hadn't have known them so well I might not have realised their behaviour was out of the ordinary. It pays to have continuity of care."

Some people were supported with meal preparation. We saw staff asked people what they wanted to eat and drink and encouraged them to finish their meal. We heard staff remind people when they were running low on certain food items. Staff were able to tell us people's individual preferences, for example; "They prefer apple juice on their cereal, rather than milk." Only six of the 15 care workers who were working at the time of the inspection had up to date training in food hygiene. This meant people were not fully protected from the risks associated with poor food preparation. We discussed this with the provider and registered manager who told us they were aware of the gaps in training and were planning to address this in the near future.

The service had recently given one care worker responsibility for co-ordinating training and they had dedicated hours each week to enable them to do this. People told us they found staff to be competent. A room at the organisations offices had been identified as suitable for use as a training room. The assistant manager had completed a 'Train the Trainer' course and was able to deliver manual handling training to the staff team. Staff were able to request additional training if they felt they needed it.

People's care plans contained contact details for other professionals such as GP's and community health teams. We saw records of meetings involving representatives of the service and external healthcare professionals such as social workers, community psychiatric nurses and the community matron. Staff told us they had good working relationships with the local community matron and district nurse team.

Good

Is the service caring?

Our findings

People were very happy with the care and support they received from the care staff. Comments included; "They are kindly and caring", "Compassionate and jovial. We have a laugh and a joke", "Good as gold, I can't complain about any of them" and, "I'm very pleased with the care they give me." Although they did not always see the same care workers people told us this was not a concern. It was a small staff team and so people were familiar with most of the care workers. The assistant manager had responsibility for the initial assessment and they would also deliver care for the first two sessions if possible. This helped them gain an understanding of how people preferred their care to be delivered which they could then communicate with the staff team. Where someone had established a rapport with a care worker or specified a preference the assistant manager would always try to accommodate this when organising rotas. They told us about one person who was withdrawn and not very socially confident. They had formed a trusting relationship with one member of staff and were more relaxed with them. Rotas had therefore been organised to help ensure the care worker delivered most of the care. Where this was not possible, for example because of sickness or time off, two other care workers had been identified to support the care package.

Staff enjoyed their work and liked to see people getting the support they needed. They said they enjoyed chatting with people, especially those who were more socially isolated. One care worker commented; "The only thing I would change is the amount of time we have to chat with people. That's what they want really and it can make a big difference to them." Another told us, "I love working here, the clients are lovely."

People were treated with dignity and respect. Staff were able to describe to us how they protected people's dignity when giving personal care. One told us; "I always ask what they want and I respect what they want." One person said they had initially found it difficult to accept personal care but that care workers had been patient and respectful in their approach and helped them to come to terms with it. People told us staff respected their independence and helped them do things for themselves with support where possible. Staff did not rush people and one person said; "They don't rush me. I don't feel they'd sooner have my space than my company!"

We accompanied a care worker on home visits. Care and support was delivered to the individual at a pace that suited them. While the care worker was clearly knowledgeable about the person's preferences we saw they checked, for example, what they wanted to eat or how they wanted their drink. They chatted whilst they supported the person about what they had planned for the day and families as well as conversation regarding their care. This demonstrated the care and support was not purely task based.

We saw thank you cards which people and relatives had sent to the service in appreciation of the care they received. The registered manager and provider told us families sometimes wanted to discuss their worries and fears and they encouraged families to visit the office if they wished. They commented, "It's not just the person we support, it's the family as well."

Requires improvement

Is the service responsive?

Our findings

Care plans included records of the initial care assessment and information provided by the local authority in relation to people's needs. Each care plan outlined the number of visits required and the specific timing and length of visit alongside a description of the care to be provided. We found some inconsistencies in the detail of the description of care required. Three care plans outlined people's preferred routines and indicated the level of support required. Descriptions of routines were comprehensive and specified the person's preferences. For example; '[Person's name] likes to have their hair shampooed twice.' However information regarding the care and support people required in other care plans was brief and did not clearly guide staff. For example the section for night time care in one person's plan simply stated: 'Assist into nightwear. Offer hot drink.' This meant new staff, or staff unfamiliar with the person may not have known how best to support them or what was important to them. We discussed this with the registered manager and provider who acknowledged there was a variation in the depth of details recorded in the care documentation. They said they would review all care plans with a view to updating them to a consistent standard.

Personal histories had not been completed and there was little detail regarding people's backgrounds. This kind of information can help care workers to gain an understanding of people and what has made them who they are today. This can help enable them to develop positive relationships. Care plans were not signed by people or their representatives. This meant we could not establish from the records that people had consented to their planned delivery of care. However, people told us they were happy with the support they received.

Daily records were kept. These were detailed and contained information in respect of people's emotional well-being as well as their health. The records were dated and included the time of the arrival and departure of the care worker. Where two members of staff were involved in the delivery of care we noted one had signed the records on behalf of both of them. This meant it was difficult to evidence if the planned care was consistently adhered to.

There were systems in place to keep staff up to date with people's changing needs. This included documenting any changes in the daily records and reviewing care documentation monthly. In addition staff were issued with weekly memos at the same time as their rotas which updated them as to people's changing support needs. Management also communicated with staff using text messaging when they needed to pass on information quickly. We discussed the type of information which might be sent in this way and the risk of confidential information being intercepted, especially as staff did not have specific work phones. The registered manager said they would review the system to help ensure there were adequate safeguards in place to protect people's personal information.

No-one had raised a complaint with the service but people told us they would be confident to do so if necessary, comments included; "I've had no complaints, ever" and "I'd contact the office if I needed to. They're only on the end of the phone." Information on how to raise a complaint was contained in the service user guide which was issued to people when they started using the service. This included contact details for CQC and the local safeguarding team. The on-call phone number for White River Homecare was also included. This service was available between 7:00 and 22:00, seven days a week, all year round.

Requires improvement

Is the service well-led?

Our findings

White River Home care did not have robust procedures in place for auditing its performance. Although care plans were reviewed each month there were no formal systems or established routines to ensure the services systems were regularly audited to identify any areas where the service could improve. Medicine recording systems, training schedules and risk assessments had not been regularly audited. Where audits had taken place these were more in response to events rather than pro-active scheduled processes. For example prior to our inspection CQC had raised concerns with the service regarding recruitment procedures. The registered manager had subsequently contracted an external agency to audit the staff files in response. This had highlighted what records employee files should contain and the system had been tightened up. However, it had not identified the issues with references referred to earlier in this report. As outlined earlier in the report a decision had been taken to employ someone despite concerns on their DBS record. There was no robust recording of the decision making process or evidence of any relevant or targeted supervision.

On the second day of the inspection the registered manager told us they had discussed their auditing procedures with the administration manager and were planning to formalise the processes to ensure a more pro-active and organised approach to auditing.

The registered manager told us they strived to be a "family-like" organisation with an "open door" policy for staff. Staff told us they felt well supported and the office environment was friendly and welcoming. They said they felt free to voice opinions regarding the running of the service and felt their thoughts were listened to and acted on. One care worker said: "I'd recommend it as a company to work for and to anyone looking for support." Staff turnover had stabilised after what the provider described as a "shaky" start. They believed this was due to the newness of the organisation and their initial inability to guarantee staff set hours.

The registered manager told us it was difficult to organise formal staff meetings due to the constraints on people's time. However, staff said there were often several of them in the office on the day rotas were issued and they often used this as an opportunity to catch up. One commented; "It's like a staff meeting really."

We asked the provider and registered manager about their plans for the future. They told us they were happy to stay working in the immediate area because of their local knowledge. They said they were content with the size of the organisation at the moment. While they would be looking to grow in the future they believed it was important to develop slowly and ensure they could meet the demands.

The provider worked in the service on a daily basis with support from the registered manager, an assistant manager and an administration manager. They held monthly management meetings to discuss organisational practices and any financial matters affecting the service. People were unsure as to the hierarchy of the organisation with many assuming the provider was the manager. Some people had not met or were aware of the registered manager although one person said they had spoken on the telephone. However, people told us they found the service to be effective and they were able to contact the office easily with any queries.

People using the service had been asked about their views of the care provided via a questionnaire in March 2015. Of the 24 questionnaires sent out 11 had been completed and returned. The results were positive with everyone reporting they were satisfied with the care provided. The registered manager told us they planned to issue the questionnaire on a yearly basis.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: People who use services and others were not protected from risk because risks were not always adequately assessed or action taken to mitigate the risk. Regulation 12 (1)(2)(a)(b).

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: Recruitment procedures were not established or operated effectively to ensure persons employed were of good character or had the qualifications, competence, skills and experience necessary to perform the work. The information specified in Schedule 3 was not available in relation to each person employed. Regulation 19 (1)(a)(b) (2)(a)(3)(a).