Mrs Sharon Elizabeth Henderson

White River Homecare

Inspection report

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Tel: 0172673855

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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

White River Homecare(DCA) provides personal care and support to people living in their own homes in and around the St Austell area of Cornwall. At the time of our inspection White River Homecare DCA was providing support for fifty four people.

This inspection took place on 10 May 2016 and was announced. This meant we gave the provider short notice of our intended visit to ensure someone would be available in the office to meet us. The service was previously inspected in June 2015 when it was found to have failed to have complied with some of the requirements of the regulations. Recruitment procedures were not established to effectively ensure people employed by the agency were of good character or had the necessary competence to carry out their role. People were not protected because risks were not being adequately assessed or action taken to mitigate risk. The level of information in care plans was inconsistent meaning staff may not be responsive to meet people's assessed needs, There was a limited auditing system which meant the monitoring of the service was not effective. At this inspection we found improvements had been made in these areas and the service was now meeting the relevant requirements'.

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.

Medicine procedures and guidance did not ensure staff had clear guidelines in respect of their responsibility to prompt medicine or administer medicine to people. Where medicines had been administered by staff they had not always been recorded which was not safe practice.

People told us they felt safe and their care needs were met. The way staff were deployed meant they had time to meet people's needs and provide a flexible service. People and their relatives told us they knew their care workers and had a good relationship with the managers if there were any issues with their care and support. Relatives told us, "We couldn't manage without them. It gives me peace of mind" and "I rely on their support very much. They go over and above."

People told us they felt safe and secure when receiving care. People received consistent support from care workers who knew them well. People told us, "(Staff member) comes at the right time and is wonderful. We have time to have a good chat when (staff name) is helping me" and "I get a very good service from the agency and it's important that we know who is coming into the house. There are not many changes made and we usually get told about them".

People's care plans were detailed, personalised and provided staff with sufficient information to enable them to meet people's care needs. The care plans had been agreed between the service and the person or their representative. The care plans we reviewed were up to date and accurately reflected each person's

individual needs and wishes. The service's risk assessment procedures had been developed to include all areas of support while providing appropriate protection.

Staff received training and were knowledgeable about their roles and responsibilities. People said they were generally satisfied with the way staff supported them and understood how to meet their specific care needs. One person said, "Staff know what to do but sometimes I might have to prompt a new member of staff." Another person told us, "I have every confidence in the girls. They clearly know what they are doing". Training records showed staff had been provided with all the necessary training which was refreshed regularly. Staff told us they had 'lots of training" and found the training to be beneficial to their role.

Staff told us they were supported by the registered manager and the on- call arrangements provided people and staff with appropriate support when the service was closed. Staff received regular supervisions and annual performance appraisals. In addition 'spot checks' by managers were used regularly to confirm each member of staff was providing appropriate standards of care and support.

Recruitment systems had been reviewed and developed to ensure staff were suitable and safe to support people in their own homes. Necessary pre-employment checks had been completed. Staff received a full induction to understand their role and to ensure they had the skills to meet people's specific needs. This helped ensure people received care and support from staff who were competent and well matched to the role.

Audit systems had been reviewed and developed to effectively monitor and manage how care and support was being delivered to people. Auditing procedures took account of accidents and incidents, as well as concerns and complaints. These systems acted as early indicators of themes or trends which might affect individuals using the service or staff supporting people. People's views were sought formally and their comments analysed in order to determine the level of satisfaction with the service.

We identified a breach of the regulations. You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was generally safe. Staff did not have clear guidance to support people with their medicines safely.

There were sufficient care staff available to meet people's needs and provide planned care visits.

People were protected by ensuring safe recruitment procedures were in place.

Is the service effective?

Good

The service was effective. People received support from a consistent staff team who understood their needs.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet peoples specialist needs effectively.

The service's visit schedules included appropriate travel time between care visits and records demonstrated care staff normally arrived on time.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and understood people's individual care needs.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Staff supported and encouraged people to maintain their independence.

Is the service responsive?

Good

The service was responsive. There were systems in place to help ensure staff were kept up to date when people's needs changed.

People's care plans were detailed, personalised, and included

sufficient information to enable staff to meet their individual needs.

There was a complaints policy in place which people had access to. No complaints had been raised recently.

Is the service well-led?

Good

The service was well led. Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

Systems were in place to monitor how the service operated.

People told us they felt listened to and the service responded to their views.

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 checked 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 10 May 2016 and was announced. The provider was given short notice because the location provides a domiciliary care service. We needed to be sure that someone would be available. The inspection team consisted of one inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We reviewed a range of records about people's care, support and how the domiciliary care agency was managed. These included three care records, medicine administration records (MAR) sheets incident reports and other records relating to the management of the domiciliary care agency. We also reviewed three staff training records, support and employment records, quality assurance audits and a range of policies and procedures used by the service.

We spoke with the provider, registered manager and deputy manager. In addition we spoke with five staff members. We visited two people in their own homes as well as carrying out telephone interviews with three people who used the service. We also spoke with a commissioner of services and received information from two professionals with experience of the service.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe while receiving care and support from White River Homecare. Comments included, "We know the staff who come through the door which is comforting" and "(Staff names) are very reliable and I feel very safe". Staff members told us they were committed to ensuring people they supported were kept safe while promoting independence. Comments included, "The training we get makes sure we keep people safe and helps them stay in their own homes" and "Its important clients get to know us so they trust us."

The registered manager told us staff did not administer medicines but that people were prompted to take their medicine. Policies about good practice guidelines and legislative requirements were in place; however they were general and did not specifically reflect medicine management in domiciliary care settings. Individual medicine records included risk assessments which evaluated people's ability to take their medicine, based on their physical and mental capacity. Records seen at people's homes identified medicines prescribed and recorded when family supported the person. However, staff told us there were times when they had administered medicines where the person had experienced difficulty doing it themself. There were records available in the person's home to record this but on one occasion this had not been done. Staff told us they were told during induction and training to only prompt people to take their medicine. However there was no clear guidance in place for staff where a person may not be able to administer their own medicine. This resulted in staff being unsure about what action to take if the person was unable to administer their own medicine.

Where people required cream to be applied as part of their care and support there had been body maps put in place on their records. However, in one instance this had not been completed. Staff were familiar with the person's application of cream and this was recorded in the care plan but if new staff were to visit the person they would have no visual plan to follow.

We found that the registered person had not ensured safe and effective systems were in place to manage medicines. This was a breach of Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were satisfied with the times people arrived to support them and in the numbers required. For example where people needed two staff to support them, rotas ensured two staff worked together for each round. This meant staff were not waiting for another member of staff to arrive and ensured timescales were met. People told us, "(Staff names) arrive when they should. I have a call if there is a problem but it doesn't happen often." People said they had regular carers who were familiar with their needs. There were plans in place to constantly monitor staff movement and ensure gaps were covered. The registered manager told us they had recently introduced a 'floating' worker who was used to fill gaps or to respond to people who might require additional unplanned support in an emergency.

Care staff told us they received their rotas on a Friday. The rotas were divided into geographical areas, this allowed care staff to have less distance to travel between people they supported. Care staff, people using

the service and relatives, were pleased with this arrangement as it also meant that the care staff provided consistent support to people due to the care workers being allocated to work in a particular geographical area.

White River Homecare did not use a call monitoring system where staff reported their arrival and departure from each care visit by telephone. However, there were specific call times with staff identified for those visits. This meant visits could be monitored. If staff were running late or unable to attend, there was a call in system. On the day of our inspection visit all planned care visits had been provided and were running to schedule. A staff member we spoke with told us the system worked very well. People told us they were satisfied with call times, "I don't think we have had any visits which have been missed" and "Where there has been an issue they (office staff) have always got in touch with us to let us know what's happening." The majority of people supported by White River Homecare were supported by staff who lived locally. This, together with effective planning, allowed for short travel times and decreased the risk of staff not being able to make the agreed appointment times.

Risk assessments had been developed to ensure they covered all areas of care and support. This included environmental risks in people's homes and any risks in relation to the care and support needs of the person. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. One person required the use of a hoist to move from chair to bed and bathroom. Staff told us they received training to safely use equipment where it was required. A staff member told us, "We don't use any equipment before we have the training and we get checked we are doing it right regularly." Information in records we looked at showed it was relevant and reflected the level of support the person required. Regular reviews meant the information was current and where changes had been made this was reflected in the persons working records in their own home.

The way the service recruited people had been reviewed to ensure procedures were safe. Three staff files confirmed that checks had been undertaken with regard to criminal records and proof of identity. The service had checked potential new staff member's employment histories by requesting references and verifying those references before the person was employed.

People told us they felt safe with care staff and "trusted" them. Staff fully understood their role in protecting people from avoidable harm. They were able to explain how they would respond to any incident of suspected abuse. Any concerns would be immediately report any concern to their manager who, they were confident, would take appropriate actions to protect the person. Staff understood the role of the local authority in the safeguarding of vulnerable adults and contact information was available to them. In the office there were safeguarding procedures and whistleblowing policies.

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 included, "I trust the staff totally. It has been so good that we have got to know them and they know just what (persons name) needs" and "Great service. I feel well looked after by the girls who all know their jobs very well."

New employees were required to go through an induction programme in order to familiarise themselves with the service's policies and procedures and undertake some training. The induction process was reviewed regularly by the registered manager with 'spot checks' taking place to ensure staff understood and met the criteria of their role. White River Homecare had fully integrated the new Care Certificate into their staff induction process. Staff received training in all of the fifteen fundamental standards of care during their probationary period. The service was using an external training organisation to provide further training courses to their staff team. Staff were encouraged and supported to complete additional training in vocational level two care diploma. Staff told us, "The training is excellent, we get lots of opportunities to take up training" and "We (staff) are encouraged by the management to go through training courses. I find it really supports me and I've learnt a lot."

Training records showed staff received appropriated training in subjects including, safeguarding adults, moving and handling, infection control and health and safety. Staff files contained a list of training undertaken as well as certificates. The manager and training coordinator used the training matrix to identify when staff training required updating. Staff told us they felt they had received a good range of training including specific training relevant to the people they supported.

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. Individual staff supervision notes showed details of issues discussed and actions taken if necessary. For example where staff needed training updates they had been added to the next identified training programme. Staff told us they felt very supported in their role. They said, "There is always someone there to talk with if you need the support" and "They (managers) make sure we get the support we need. I think the spot checks are a good way of making sure we are doing the job right and the formal one to one's are good because we can talk things through."

People had been involved in both the development and review of their care plans. They had signed these documents to formally record their consent to care as described in these records. People told us they were able to make choices about how their care was provided and that staff respected their decisions. One person said, "This is where I live and its important staff recognise how I want things done. They respect that."

White River Homecare worked collaboratively with other health and social care services to ensure people's care needs were met. The service had supported people to access services from a variety of health professionals including GPs and district nurses. Care records demonstrated staff shared information effectively with professionals and acted on their advice. For example, supporting people who required

equipment in their home by working with occupational therapists.

Some people required specific support to access food and have meals prepared for them. We saw an example of this when we visited a person in their own home. Staff asked the person what they would like to eat and drink. The person told us staff knew the range of foods they liked and made sure it was available for them. Staff had received training in food safety and were aware of safe food handling practices.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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. We checked whether the service was working within the principles of the MCA. The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). At the time of the inspection no-one was being deprived of their liberty as a result of potentially restrictive practice.

Good

Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. People told us they knew and got on well with the staff that cared for them. Comments included, "[Staff name] couldn't try harder. They just have that caring spirit in them", "They [staff] do a wonderful job. It's nice to get the same staff the majority of the time and they are so kind and patient". Staff comments included, "We provide a high level of care" and "We care about the client's needs and wishes." Relatives told us, "I don't know where I would be without them (staff)" and "Truly special, cannot thank them enough for the support they are providing."

People's care planning records were written in a person centred way. The records helped staff understand a person's life history, their likes and dislikes, based upon the person's wishes as to what information they wanted to share. This information was available in people's homes so staff had access to it. The records in people's own homes and the records in the office contained current and up to date information about the persons needs so staff had enough information to care for the person. Comments from staff included, "Clients like to tell you all about themselves sometimes but for those who can't the information is very useful" and "The care plans are all about the person and it gives a talking point sometimes which is helpful."

Staff spoke about the people they supported fondly and told us how they had supported people to become more independent. For example, by following health professional's advice in how a person used mobility equipment. Encouraging the person to use the equipment had given them much more confidence.One person who received a service said, "They (staff) encourage me be as independent as I can be but I know they are there if I need them."

Staff and managers knew people well and it was clear when they were talking with us they had a good understanding of people's care needs and individual preferences. Staff told us they enjoyed their role in supporting people. Staff told us; "It is a job I love doing especially working with people in their own homes. You get a lot of job satisfaction."

Staff regularly visited the same people and were able to develop caring relationships with the people they supported. Staff told us; "Because we have regular clients we get to know them and they get to know us." People told us they valued having regular staff coming into their homes. One person commented, "It is so important (persons name) has the same carers on the whole as (persons name) does not like change and I don't think it would work by having different people all the time and having to explain what needs to be done."

People told us their care workers respected them and said; "They (staff) are always respectful and make sure care is taken when (person's name) receives personal care." People described the actions staff consistently took to protect their privacy and dignity while providing personal care. A relative said that staff treated (the person) with respect and dignity while providing care and support. They said, "They [staff] make sure [relative's name] care is carried out in private. They [staff] are very respectful."

Staff told us they received guidance during their induction training and when shadowing other staff members in relation to dignity and respect. Their practice was then monitored when they were observed by a senior staff member in people's own homes.

Staff told us they 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; "Some people don't see anybody else but us (staff) most days, so it's important we make that time with them special."

People were cared for by attentive and respectful staff. We saw a staff member showing patience and providing encouragement when supporting a person in their own home. Their choices were respected and the staff member was sensitive and caring in their approach. The staff member took the time to speak with the person as they supported them and the person responded positively to this approach.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff said, "We have a good system to help us to know how people want their care provided. We get to know people and their families well" and "Whenever there is a change the office updates the care plans and tell us what we need to know. Sometimes people like things done differently on different days. Because we get to know people well we understand that."

People's care and support was planned in partnership with them. People who used the service and their carers told us when their care was being planned, senior staff member spent time with them to discuss their needs and how they could be met by the service. Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. For example occupational therapists who worked with the service to support people with the correct equipment.

Care records were informative and identified how staff supported people with their daily routines and personal care needs. Care plans were regularly reviewed to respond to any changes in care. People told us they found the service was flexible and responsive in changing the times of their visits when required. For example where family commitments had meant more support was required at specific times.

Staff told us it was important to make sure they completed care records following each visit. Those we viewed in homes we visited were up to date and accurately reflected the care that had been provided. A staff member said, "It is drilled into us to make sure we write everything down and if we need to tell the office of any changes."

Care plans included information about the person so staff had a broader knowledge of their background and life history. People had the option of what information they might want to share. This information helped staff to understand how people's background effected who they are today and provided useful tips for staff on topics of conversation the person might enjoy.

People and their relatives told us they had regular contact with their care worker and senior office staff. They told us "There is always someone at the end of the phone. That gives us some comfort" and "We have had to call a few times for different things. If the person isn't there they will get back to you." There was an on call system for weekends and out of hour's services. Staff told us this worked well. However one person using the service felt that if a senior member of staff was supporting them and a call came through, they may be taken away from their duties for the period of the call. We discussed this with the registered manager who noted the information. People who used the service were given contact details for the office and who to call out of hours so they always had access to senior managers if they had any concerns.

Systems were in place to help ensure staff had access to the most up to date information about the people they supported. If anything of note occurred there were good communication systems in place to contact the registered manager or office staff by phone. Information was also recorded in people's daily records and

communication books which were kept at people's homes. A staff member told us, "I sometimes have to stay with clients for longer if they are ill or there is an emergency. I always ask advice from the office and they make sure people I'm due to visit after this client are told or a relative is called."

There was no call in system which would help the service monitor the movement of staff. However staff signed in the time of arrival and leaving. Senior staff monitored this on a regular basis. Records showed staff arrived and left at the contracted times. A person using the service told us, "The girls make sure they stay the allocated time, we've never had a problem with that." Staff told us that if there were any problems they would contact the office.

Staff told us that there were few changes in their visit schedules. Staff told us, "We get the list of clients every Friday. It's more or less the same" and "It's good that we know if we are working on our own or as doubles. It means there is less confusion."

Details of the service's complaints processes were included within people care plans. People told us they understood how to report any concerns or complaints about the service. People reported they had never wished to make a complaint. Some said they had raised a 'niggle' and when they did the managers were happy to listen and address their worry.

White River Homecare regularly received compliments and thank you cards from people who used the service and their relatives. One recently received card read, "Thank you for being so kind and attentive. You and your team were brilliant."

Good

Is the service well-led?

Our findings

People using the service told us they thought White River Homecare was well run and their comments included, "I like the fact it's a small agency and everyone knows what they should be doing", "There is always someone to get in touch with if you need to" and "The service we receive is very good. We are very pleased overall." The provider and registered manager were aware of the need to ensure people were listened to and actions taken where necessary to provide confidence in the service they received. For example where people had raised issues about the service they received, they had been responded to by senior staff visiting them in their own homes, to talk through issues and take action where it had been necessary.

People who used the service and staff working at the service were asked for their views of the overall satisfaction. The response to both surveys had been positive in that people said they were satisfied with the quality of the service they received. Staff felt it was a good service to work at and that they felt very supported by the management team. Staff comments included, "Provide good support for us. They (managers) keep staff happy in our jobs" and "Get to meet lovely clients. Staff and managers very supportive."

The service had a number of ways to monitor the quality and effectiveness of the service. These included visits to people's homes by the registered manager and senior staff. The registered manager told us information collected during the visits was used to identify any issues. The service's commitment to ensuring people's care needs were met was demonstrated by the service's response to a person's health needs changing, as outlined in the caring section of this report. This demonstrated how the service's caring and responsive approach ensured people received effective care in a timely manner.

Staff told us the management team were approachable and they felt well supported by their line managers. A staff member said, "I like working for this agency because we have good managers to support us." Staff said they had sufficient time to carry out home visits and also time to travel between people's homes. Staff felt supported by the on call system which meant staff and people could access advice and support outside normal working hours.

The provider, registered manager and senior members of the staff team told us staff turnover was low because they believed there was a good system in place to demonstrate how they respected staff and valued their skills and commitment to their work. The management team met with care staff at least weekly when they came to collect their rotas. This allowed managers to check with care staff how they were and if there were any issues they wished to discuss.

Staff meetings were held regularly, usually monthly. Staff told us these were useful and gave them an opportunity to exchange any ideas for the development of the service. One commented, "We support each other and the meetings help us get together and share ideas." Another said, "It's a great team and we support each other."

The management structure had clear lines of responsibility and accountability. The provider and registered manager showed effective leadership. People told us the service was organised and well managed. Their comments included; "They (managers) seem to have everything organised. It runs smoothly most of the time." Staff told us managers responded to staff shortages or last minute issues by carrying out home visits and supporting staff where necessary. A senior care worker told us, "It helps us keep in touch with what's going on."

In addition to managers who supported the operational side of the service, there were staff responsible for training, administration and policy reviews. The management team told us they worked as a team and recognised each other's strengths. There was an external training company to provide mandatory and bespoke training for their staff. This meant they were able to keep up to date on developments in the care sector.

The auditing process provided opportunities to measure the performance of the service. There were systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. These included audits of accidents and incidents, medicines and care records.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 We found that the registered person had not ensured safe and effective systems were in place to manage medicines. This was in breach of Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.