

White Rose Homecare Limited

# White Rose Homecare Limited

## Inspection report

Carlisle Business Centre  
Carlisle Road  
Bradford  
BD8 8BD

Tel: 07988808983

Date of inspection visit:  
10 December 2019  
12 December 2019

Date of publication:  
29 January 2020

## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

White Rose Homecare is a domiciliary care agency providing care to people in their own houses and flats. This service was registered with the Care Quality Commission in December 2018, although the first service commenced in September 2019. At the time of our inspection, two people were receiving this service. We have been unable to allocate a rating to our key questions to give an overall rating as there was insufficient service history for us to form a judgement.

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

Staff were able to recognise signs of abuse and knew how to report this. No safeguarding incidents had occurred up to the time of this inspection. There were sufficient numbers of safely recruited staff to meet people's needs. Risks to people had been assessed, although some updates were needed.

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.

Staff received effective support through induction and ongoing supervision. People needed minimal assistance to ensure they had sufficient nutrition and hydration. People were supported to access healthcare services and examples were found where this happened.

Staff were motivated to provide safe, effective and compassionate care. People's care needs and preferences were well known to staff. People's equality, diversity and human rights were protected by staff.

Feedback from a relative regarding the service provided to one of the two people supported was very positive.

Care planning records showed aspects of person-centredness, although information known to staff was not fully recorded and reviews needed further detail to ensure these reflected staff knowledge.

The registered provider's consultant had commenced their audit in November 2019. A second audit showed the following month showed improvements in the service. No formal staff meetings were taking place due to the size of service, although staff were in day-to-day contact. There had been no incidents requiring a statutory notification to the Care Quality Commission. The registered manager was open and transparent throughout the inspection.

### Rating at last inspection

This service was registered with us on 19 December 2018 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date the service was registered with the Care Quality Commission.

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

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

We always ask the following five questions of services.

### **Is the service safe?**

Insufficient service history was available for us to rate this key question.

Details are in our safe findings below.

**Inspected but not rated**

### **Is the service effective?**

Insufficient service history was available for us to rate this key question.

Details are in our effective findings below.

**Inspected but not rated**

### **Is the service caring?**

Insufficient service history was available for us to rate this key question.

Details are in our caring findings below.

**Inspected but not rated**

### **Is the service responsive?**

Insufficient service history was available for us to rate this key question.

Details are in our responsive findings below.

**Inspected but not rated**

### **Is the service well-led?**

Insufficient service history was available for us to rate this key question.

Details are in our well-Led findings below

**Inspected but not rated**

# 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 over two days 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.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 48 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.

#### What we did before the inspection

Before the inspection we reviewed the information we received from the service. We also asked the local authority, safeguarding teams and other professionals, including Healthwatch who have contact with the service for any information they could share. Healthwatch is a consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any information of concern.

During the inspection we spoke with the registered manager and a member of care staff. We spoke with one relative of a person receiving this service. We looked at two people's care plans in detail as well as other records including those connected with recruitment and training, medicines administration and quality monitoring.

# Is the service safe?

## Our findings

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

This was our first inspection of this service. We have been unable to allocate a rating to this key question as there was insufficient service history for us to form a judgement.

Systems and processes to safeguard people from the risk of abuse

- At the time of our inspection, there had not been any allegations of abuse for the service to report.
- A relative told us, "I feel my [relative] is safe. I know she's in good hands."
- Staff were able to identify different types of abuse and their reporting responsibilities. A staff member told us, "I'm very aware (to look for) any changes in behaviour or marks."

Assessing risk, safety monitoring and management

- Most risks to people were assessed appropriately, although one person's falls risk assessment had not been completed accurately. Another person's environmental risk assessment needed updating following an incident which occurred in September 2019.
- Other risk assessments we looked at were accurate and covered a range of risks including moving and handling, nutritional needs, oral healthcare and the living environment. Action had been taken to reduce these risks to people.
- Monthly body mapping was used to identify any issues with regards to people's skin integrity.

Staffing and recruitment

- There were sufficient numbers of staff to meet the needs of people receiving this service. The registered manager was in the process of recruiting additional staff to expand the service.
- A relative told us, "They're really prompt." Call times were being recorded, although these were the contracted call times and not the times staff arrived to provide care. The registered manager said they would ensure actual call times were recorded following the inspection.
- An effective out of hours system was in place.
- Two staff files were reviewed and showed safe recruitment practices were followed.

Using medicines safely

- At the time of our inspection, the registered provider supported one person with managing their medicines. This meant there was limited evidence to show how people's medication needs were met. The September 2019 medication administration record for this person showed they received their medicines as prescribed.
- Staff had been trained in administering medication, although a formal competency check was needed in line with national guidance. The registered manager told us they would deal with this.

Preventing and controlling infection

- There were sufficient supplies of products used to maintain good standards of infection control.
- Staff received training in infection control.

### Learning lessons when things go wrong

- The registered manager was developing this service in its early stages. They said they had taken guidance from their consultant whilst implementing new systems.



# 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 was our first inspection of this service. We have been unable to allocate a rating to this key question as there was insufficient service history for us to form a judgement.

Staff support: induction, training, skills and experience

- Staff support was provided through induction and ongoing supervision.
- A member of care staff told us, "The induction helped me understand White Rose Homecare."
- Training records showed staff received in mandatory subject such as manual handling, first aid, food hygiene, nutrition, basic life support and safeguarding. A member of care staff told us, "[Registered manager] wants me to do an NVQ level 3 in health and social care"
- Supervision records for the registered manager and member of care staff contained sufficient detail and showed training and support needs were covered.

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

- People were supported to receive adequate nutrition and hydration, although the responsibilities staff had in this area was limited due to the independence of people they supported.
- Through discussion with the registered manager and a member of care staff, as well as records we looked at, it was evident people's nutritional needs were known. A relative said, "[Staff member] knows my [relative has a specific health condition]."
- A 'near miss' report form dated December 2019 showed appropriate action was taken where one person was at risk due to their lack of appetite. Suitable action was taken in response.

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

- People were supported to access healthcare services and receive effectively, timely assistance.
- Healthcare appointments were noted in care records and where required, staff supported people to attend these appointments.
- Examples were seen where staff had recognised the need for medical input which was subsequently organised. On one occasion, the registered manager had assisted a person by contacting their GP as they were anxious about not receiving a new supply of medicines.
- A relative told us, "They keep me up to date. Communication is great, its instant."

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. We checked whether the service was working within the principles of the MCA.

- The registered manager and member of care staff told us one person did not have capacity in one area of their daily living. A mental capacity assessment was needed to formally record this and prompt a best interests assessment. The registered manager said they would follow this up.
- People directed how they wanted to be supported. A relative told us their family member was given choice by staff. The registered manager and member of care staff explained how they offered people choice and met their preferences.
- Consent to care was recorded in people's care plans.

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

- People's needs were assessed by the registered manager before their service started. This helped to ensure their needs could be met.

## 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 was our first inspection of this service. We have been unable to allocate a rating to this key question as there was insufficient service history for us to form a judgement.

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

- Care plans recognised people's equality, diversity and human rights and how these needs were to be met. People's care needs were known to staff and they were able to describe individual's preferences. The preferred gender of care staff people wanted to be supported by was listed. This helped to ensure one person's religious needs were met.
- The registered manager assisted one person to understand correspondence they received. This helped to reassure this person and agree action they would take in response. The registered manager was compassionate and offered to support a person going through a specific event in their life. The registered manager said, "We're there to support emotionally."
- A relative we spoke with told us, "They're (staff) really thoughtful. They've been a life saver."
- Staff were motivated to provide safe, effective and compassionate care. A member of care staff told us, "The service we provide is so person centred, its right up my street."

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

- People and their representatives were at the centre of agreeing what they wanted from their care package.
- A relative told us, "[Registered manager] was really understanding. I met with him. I felt he really listened to how [name] is best looked after."

Respecting and promoting people's privacy, dignity and independence

- A member of care staff told us they assisted one person with bathing. They made sure they did not take over the task and promoted the person's independence.
- One person wanted to retain the ability to carry out a specific household task, although they needed some support with this. Arrangements were made which took into account the person's physical ability, which meant they were able to continue this task with minimal support. A relative confirmed this happened and said, "My [relative] felt proud [of what they had done]."
- Staff were aware of their responsibilities and described action they took to ensure people's privacy and dignity was respected.

## Is the service responsive?

### Our findings

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

This was our first inspection of this service. We have been unable to allocate a rating to this key question as there was insufficient service history for us to form a judgement.

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

- Care plans contained aspects of person-centredness, although they required more detail to show what support was needed at each visit. For example, one person's bathing routine was known to the registered manager, but the same detail was not recorded. The registered manager updated this following our inspection.
- A monthly review of care needs was completed, although there was no commentary to show whether people's needs were found to have changed. The registered manager said they would add this at future reviews.
- Two examples were discussed with the registered manager whereby changes to people's circumstances had not been reflected in care records. These changes were known to staff, but records had not been updated. The registered manager said they would do this following our inspection.

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.

- Where a person's first language was not English, staff were able to meet their communication needs. A relative told us, "[Registered manager] was brilliant. He spoke to [name] in [their language]" The registered manager said 'service user' guides could be produced in different languages.
- People's communication needs were assessed and details of support people needed were recorded in care plans.

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 receiving this service were supported to access the community when they wanted this assistance. One person was supported to meet their friend in the community and another person occasionally wanted to go to the local shops.

Improving care quality in response to complaints or concerns

- No formal complaints had been made to the registered provider at the time of our inspection. However, we saw a concern was recorded on an accident/incident form which had been acted on.
- The 'service user guide' stated how people could raise a complaint if they were dissatisfied. A relative told us, "Right now I can't complain. If I did, I could ask if we can have a chat. They do listen."

## End of life care and support

- End of life care wishes had been discussed with one person, whilst family were responsible for these arrangements for another person. A basic record of wishes was recorded in care plans we looked at, although we discussed how this could be developed with the registered manager.

## 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 was our first inspection of this service. We have been unable to allocate a rating to this key question as there was insufficient service history for us to form a judgement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager said they wanted to be a competent, responsible provider.
- A member of care staff told us they felt empowered to provide effective care for people which met their care needs.
- People were involved in setting up their own package of care and were able to direct what they wanted from the service which made it person-centred.
- A relative told us, "I can see things are going well. I would recommend White Rose Homecare."

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

- At the time of our inspection, there had been no events requiring a notification to be submitted to the Care Quality Commission.
- The registered manager was open and transparent throughout the inspection.

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

- At the time of our inspection, the registered manager was not carrying out any audits. However, as part of the consultant's role, they had completed an audit of the service in November and December 2019. These showed the service was improving.
- A 'Weekly manager's report' was completed in December 2019, which was the first record of a management meeting taking place. Due to the size of the service, no formal staff meetings were held as the registered manager and one member of care staff were in day-to-day communication.

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

- The registered manager told us they asked people and relatives for feedback about the service they received. However, this quality checking was not being recorded. The registered manager said they would implement this following our inspection.
- A relative told us, "[Registered manager] is so approachable. He's always looking for feedback."

Continuous learning and improving care

- The registered manager wanted to improve the service they provided. They told us, "I have supervision from [a consultant]." This showed the registered manager was committed to developing their own

knowledge and understanding of providing this type of service.

- The registered manager said they looked at reports produced by the Care Quality Commission when inspecting other services. They said, "I'm hoping we can learn from other providers, where they got it right and wrong."

Working in partnership with others

- The registered manager was receiving support from a consultant and another registered provider. We recommend the registered manager explores further opportunities for partnership working which may include attending provider meetings run by the local authority and other service providers.