

White Dove Care Limited

# White Dove Care Ltd

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The inspection took place on 30 June and 12 July 2016 and was announced 48 hours prior to the inspection.

White Dove Care Ltd is a small homecare agency which provides home care to people who live in the Kirklees area of West Yorkshire. On the day of our inspection they were providing care to 14 people.

The service had 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 with the staff that supported them. Staff received training in how to safeguard people from abuse. Staff were supported by the provider who had policies and procedures in place to support staff to act on any concerns raised. Staff were familiar with these policies and procedures. Staff understood what action they should take in order to protect people from abuse.

Staff were aware of the whistleblowing policy, and told us they would follow it should they need to.

On the first day of our inspection we found risks to people's safety were identified but there were no plans were in place to minimise the risks. By the time we returned this had been rectified and each person had detailed risk assessments in place.

People and their families had been involved in planning their care.

We could not be sure if medication was being administered or not. The registered manager told us this did not happen. However we saw that a staff member had been observed applying cream and following a medication check list. This meant we could not be sure that correct procedures were being followed.

There was enough staff to meet people's needs effectively.

The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people who received services.

People told us staff asked for consent before supporting them in ways they were comfortable with.

People were able to make their own decisions and staff respected their right to do so.

Staff supervision was not robust. Not all staff knew what supervision was.

Staff and the registered manager had a good understanding of the requirements of the Mental Capacity Act

2005.

People told us staff asked for consent before supporting them in ways they were comfortable with

People were supported to access healthcare services such as GP and hospital appointments

People told us staff were respectful and treated people with dignity, and records confirmed how people's privacy and dignity was maintained.

People were supported to make choices about their day to day lives. For example, they were supported to maintain any activities and access the community.

People's care records were written in a way which helped staff to deliver personalised care and gave staff detailed information about people's likes and dislikes.

People were involved in planning how their care and support was delivered.

People told us they felt able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way.

Staff told us the management team were approachable and responsive to their ideas and suggestions.

## 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 not always safe

People told us they felt safe.

Staff and management were knowledgeable in regards to safeguarding and whistleblowing.

Staff recruitment was safe and robust.

Risk assessments were not in place on the first day of our inspection although they had been completed by the second day.

It was unclear if medication was administered. The registered manager and people using the service told us medication was not administered by staff. However, a spot check for staff observed cream being applied to legs following the principles of medication administration.□

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People felt staff were skilled and experienced to meet their needs.

Staff had an induction and shadowed more experienced staff before working alone.

All staff were up to date with training.

Supervision was not robust. Not all staff knew what supervision was and were unclear about when they had been in receipt of it.

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People were supported with nutrition and hydration needs.

Staff had a good understanding of the Mental Capacity Act (MCA).

### Is the service caring?

Good ●

The service was caring.

People and their relatives told us staff were kind and caring going beyond what was expected of them.

Staff were knowledgeable about equality and diversity, recognising people's rights.

Staff told us how they would protect people's privacy and dignity and people told us this was carried out.

### Is the service responsive?

Good ●

The service was responsive.

People told us and we saw they had been involved in planning their care.

Care plans were detailed and provided a clear picture of how to support each person with each specific activity.

People and their relatives were aware of the complaints procedure and knew how to make a complaint should they need to.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

People knew the registered manager and were able to make contact with them as needed.

No auditing was in place for any aspect of the quality in the service. This meant that opportunities for learning were missed and that monitoring of risk and safety in the service was poor.

# White Dove Care Ltd

## **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.

The inspection took place on 30 June and 12 July 2016 and was announced. We told the provider in advance so they had time to arrange for us to speak with people who used the service.

The inspection was conducted by an adult social care inspector and an interpreter. The interpreter was required as many of the people using the service did not speak English as a first language.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

# Is the service safe?

## Our findings

We asked people whether they felt safe. One person told us "Yes I am very safe now." Another person told us "They are amazing; they look after me so good." A relative told us "They [the staff] are so nice. My relative is so much safer now they come in I can relax a little."

Staff had received training in how to protect people from abuse and understood the signs that might be cause for concern. Staff knew who to report their concerns to should they have any. One member of staff told us "I would contact the office with any concerns." Another member of staff told us "We can call them [the manager] any time for advice. They will help us with any concerns." The registered manager told us "all the homes we visit are in walking distance of the office. If staff have concerns they call us, and we can get to them within 10 minutes." There was an up to date policy on safeguarding. People who use the service were protected from the risk of abuse, because the registered provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

There was a whistleblowing policy in place and staff told us they had read this. One member of staff told us "If I had concerns I would raise them with my manager and if they did not do anything I would follow the policy and contact the Care Quality Commission." Another member of staff told us "If I have any concerns I would come in to the office. We can come in any time if we need to talk; it's like a family."

The registered provider's recruitment process ensured risks to people's safety were minimised. Staff told us they had to wait for checks and references to come through before they started working with people. Records showed the registered provider obtained three references for each staff member. If the person did not have a previous employer, these had come from professionals who knew the person well. One person had a reference from a teacher at the school their child attended. The registered provider had made Disclosure and Barring Service (DBS) checks for each staff member. The DBS is a national agency that keeps records of criminal convictions. This helps employers make safer recruitment decisions and reduces the risk of unsuitable people working with vulnerable groups. The registered manager told us "we don't start any one until we confirm the DBS and the three references have been received." This showed the registered provider completed a series of pre-employment checks to make sure potential candidates were suitable and safe, before they started working with vulnerable people.

Risks relating to people's care needs had been identified. However on the first day of our inspection these had not been assessed according to people's individual needs and abilities. For example in one person's care plan under physical health "aids in bathroom" was documented. In another person's care plan under a heading of stability "falls over." was documented. There was no further documentation to explain how this would be managed by staff. We discussed this with the registered manager who told us the care plans and risk assessments had changed recently and merged and there was no other risk assessment available. On the second day of our inspection every care plan had been updated and included a risk assessment of individual needs. The care plan for the person with bath aids now stated "has a bath seat. Needs assistance of two when bathing." with full instructions for staff to follow.

The office manager told us that "each person and their relatives were involved in care planning." This was documented at an initial meeting and developed over time." The care plans we looked at showed this had been the case. The care plans were detailed and included information on the person's religion, what they liked to do during the day any specific dietary needs including preference for foods. This was in the form of a list with a box for the person to identify if they had particular preference for example one person under the heading of breakfast liked toast but disliked cereal. Another person followed a certain religion and the care plan explained how to support the person to follow their beliefs.

There was enough staff to meet people's needs effectively. One relative told us "the staff are very flexible." One person agreed telling us "They work around my hospital appointments." We asked people if they had occasions when calls were missed. One person told us "They have never missed a call. I always get a phone call if staff is going to be ten minutes late." Another told us "They sometimes stay longer and are always here the allocated amount of time. We chat and they help me out like family." The registered manager told us "We don't use agency staff. We are a small company and we only work with people in the local area. We get to know everyone and their needs. We are not like a big agency with lots of calls. Our staff go to just one or two people each day. They become like family."

The registered manager told us that staff did not administer medications. Staff confirmed they did not administer medication but would for some people ask if they had had their medication to remind them. A relative told us "We do the medication ourselves. They [the staff] don't have to do that." However, a record called a "spot audit" had a section for prompting with medication and for one member of staff showed they had been observed applying cream to legs.

The spot audit had sections for checking the medication including if it was the right person, the right time, right medicine, right dose/ quantity, right manner, stored properly, and whether the record of medicines were up to date. The staff member had been observed to follow all these prompts. We asked the registered manager about this medication audit. They told us "The spot audit is the only audit we carry out." In the care plans there was a section for prescription summary under which it stated "this is not part of our service." This meant it was unclear if staff should or should not be applying prescribed creams and if so, how this was being regularly audited for each person.

This is a breach of Regulation 12(2) (g) Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 safe care and treatment.

We asked about infection control. Staff told us they were issued with personal protective equipment (PPE) and had stocks and could go in to the office at any time to collect extra supplies as needed. This showed the service provided protection for staff to prevent and control the risk of infection



# Is the service effective?

## Our findings

We asked people using the service and their relatives if they thought the staff that supported them were skilled and experienced. One person told us "They understand me and my routines." A relative told us "it's got better as it's gone along." Another agreed "the staff have been trained to help me." A relative told us "they came to the house to learn how to use our equipment."

Staff told us they had an induction before they started working with people. They told us they worked alongside experienced staff who knew people well before being on shifts alone. They also told us they were given time to read people's care records and to talk to people about how they wanted to be supported. The registered manager told us "All new staff are given time to get to know people. We are a small agency and we like to get to know people."

Staff told us and records confirmed they had been trained in all the areas the registered provider had listed as mandatory. Staff told us they were observed before they are ready to work alone. One member of staff who was recently employed told us "I have had a lot of training I enjoy that it helps me." Another staff member told us "When I first started I worked with another staff member, now I can work alone."

One member of staff told us "In the house I work in the family are there. I can ask them if I am stuck but the person can tell me what they like and dislike." All the training that the provider had identified as mandatory had been completed by all staff. The registered manager told us "We use an outside agency for our training. They do face to face training for us."

The registered manager told us and records confirmed that each staff member had an appraisal each year which looked at development and training needs. Supervision took the form of an assessment of the staff member's work and was called a 'spot audit'. One to one sessions and reviews also took place. Not all staff were aware of their supervision with one staff member telling us "I have not been in trouble" when asked if they had supervision. We discussed this further and saw documentation of a review however this was not effective or robust. There was no evidence of any meaningful discussion regarding working practice. For example in one section of the review under progress "doing well" was documented. In the section detailed goals and targets "happy as is. Would like to try level two" was all that was documented. In both employee and the registered manager's comment and notes "satisfied" was all that was documented. We looked at reviews for two other staff members and found them to be similar in content. This meant staff supervision was not effective and did not allow the provider to monitor staff performance and development needs.

We looked at the spot audit for one staff member. This had sections for each task with yes or no answers which were circled. For example, under appearance the activity being checked was "is the carer dressed in a clean smart uniform?" "Yes" was circled. "Is the carer wearing a valid current ID badge?" "No" was circled, however nothing had been written in the observations or comments box. There was a box at the end of the

audit for the registered manager's thoughts and information. There was no documentation in this box. This meant the documentation was not robust enough to monitor performance and development needs

This demonstrates a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 staffing.

Staff told us how they would support people to eat and drink what they liked. One staff member told us "Families buy food. We see what is available and offer a choice." Care plans detailed what people preferred to eat for breakfast, lunch and dinner and highlighted any foods a person did not like. For example one person's care plan stated 'breakfast - likes eggs, dislikes cereal, Lunch - likes large meal curry rice'. The care plans also recorded people's appetite. One person's care plan showed that they had a large appetite at lunch time but ate very little in the evening. This enabled staff to offer a meal of the right portion size for the person. No one using the service required a food or fluid chart.

The registered manager told us they did not hold staff meetings as the staff were very shy and would not talk. They did see the staff regularly and talk through any concerns. However these were not documented.

One person told us "if I need to see my GP they would help me prepare for that." A staff member told us "I support people to attend appointments when needed." Whilst another told us "one person I support has regular hospital appointments. We make sure they are ready to go and know that they need rest when they come back." We saw that all the care plans we looked at had a list of other health professionals involved in the person's care, and how often the person saw them. The list included district nurses, GP, dietician, dentist, social worker and physiotherapist.

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.

People told us they were asked how they wanted to be supported, and were asked to give consent to their care plan. We saw these had been signed by people using the service. The registered manager told us the care plans were "Started with a meeting where the person, and relatives if the person wanted them to be involved, discussed care needs. People were asked about their needs and how best to support them."

Staff understood and applied the principles of the MCA, however when we spoke with staff they told us "we don't work with anyone who lacks capacity." People told us they were offered choice whilst being supported. One person told us "They always make what I want to drink." Another person agreed "They prepare the food I like. I tell them what to make." A staff member told us "The person I support likes going out. It's their choice where they go."

# Is the service caring?

## Our findings

We asked people and their relatives if they thought the staff were caring. One person told us "They are very kind." Another told us "They do so much for me." Another person told us "They are so good." A relative told us "They [the staff] are friendly and helpful, they never complain." Another relative told us "if I wasn't happy I would go somewhere else. They are good at what they do."

Staff told us they were encouraged to support people in a compassionate and caring way. One staff member told us, "I am in someone's home. I have to treat them with respect like our family." Another staff member told us "I treat people the way I would like to be treated."

The office manager told us that "each person and their relatives were involved in care planning." This was documented at an initial meeting and developed over time." The care plans we looked at showed this had been the case. The care plans were detailed and included information on the person's religion, what they liked to do during the day any specific dietary needs including preference for foods. This was in the form of a list with a box for the person to identify if they had particular preference for example one person under the heading of breakfast liked toast but disliked cereal. Another person followed a certain religion and the care plan explained how to support the person to follow their beliefs.

The staff we spoke with demonstrated knowledge of equality and diversity and had received training in this area. One staff member told us "We encourage people to make decisions. We offer a choice of clothing to wear, of foods to eat, of what to do." Another staff member told us "everyone has a right to make choices."

People's care plans were written from the person's point of view, and helped staff get to know people and their likes, dislikes and preferences. People told us they were involved in planning their care before the care started. The registered manager told us "we carry out a visit where we discuss with people what support they need and how we can provide that. This forms the person's initial care plan. We will update this over time as things change, or at least every six months." People's daily care records showed staff encouraged people to be as independent as possible. Records clearly indicated what people had been able to do for themselves and what they needed support with. For example one person had treatment at the local hospital each week and after this needed more help with tasks around the house.

We asked people if they were treated with respect. One person told us "oh yes they are very respectful." A relative told us "Yes, they respect my relative. Very respectful staff."

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Care plans were signed by the person and their relatives and the office manager who had carried out the assessments and review at the first meeting and at each review. The registered manager told us "all the people we work with live with family so their families are involved in planning their care. We all sign the plans."

Staff told us they would always knock on doors before entering to maintain people's privacy and dignity.

One staff member told us "I always close curtains and doors before supporting someone with washing and dressing. We have to as there are family members in the house." One person told us "They [staff] always put towels over me when washing me." A relative told us "They do take their pride into consideration when washing and dressing."

Care records were kept in people's home and removed to the office once a month. This ensured staff had up to date information in the person's home when they were providing care

## Is the service responsive?

### Our findings

We asked people if they had been involved in planning their care. One person told us "I was when I first came to White Dove. I had a meeting with the manager." Another told us "yes, they ask me what I need." A relative told us "I was involved in planning care. We have care when I am out so it needs to be the same as when I am here." Another relative told us "we got some new equipment recently. Staff came out with a trainer and learnt how to use it, and then we updated the plan with the manager."

We saw that care plans were regularly reviewed and updated to reflect changes in people's needs. Spot checks were carried out for each person at least twice a year by managers. These checks included looking at care plans to ensure they had been reviewed and updated at least six monthly. One staff member told us "anything changes we let the manager know and changes are made." The registered manager told us these changes would be communicated in the care plans which are kept in people's homes. The office manager told us "we are in touch with people regularly so we know when things change. We only have 12 people using the service so we can be available for them."

Staff told us they were supported to understand people's needs, and to adapt the support they provided so they could respond to changes in people's needs. They told us people's care plans were useful in helping them to do so. One staff member told us, "The notes are very good. I read them each day." We looked at care plans for three people and found them to be detailed. All three care plans had details of people's religion and how often they liked to visit religious buildings and how often prayers were said each day. There was a list of foods that people liked to eat and activities that people liked to take part in. Staff had a good understanding of the people they worked with and how to support them. Capturing this detailed information about a person's life enables staff to have insight into people's interests, likes, dislikes and preferences and support them in an appropriate manner.

The registered manager told us that many of the people who used the service "did not speak English as a first language." This was managed by allocating staff who spoke the same language as the person to ensure the staff and people using the service could build up a rapport.

One person told us "they [the staff] are like family to me. If I need anything doing I just ask. They are happy to stay a bit longer if I need them to." Another person told us "they cook the food I like. I am very happy with them." A relative told us "White Dove has made such a difference to us. We had a different agency before. This is so much better. I can relax now knowing my relative is well cared for." The registered manager told us "the houses of people using our service are all within walking distance of the office. If anyone needs anything I can get to them easily. We are like family."

People told us they felt able to complain if they were unhappy with anything. One relative told us "I would contact the office if I needed to but I haven't needed to, they are very good." Another relative told us "if I wasn't happy I would use a different agency. I have no cause for complaint."

We saw that in the file in the home we visited there was a complaint form which had been given to the

person. The office manager told us each person had these forms in their home should they wish to complain. We asked if we could see the complaints file. The registered manager told us "We haven't had any complaints. We spoke to everyone who used the service and every one reported they were happy or very happy with the service. One relative told us "I am in contact with the manager. I would let them know if I had any concerns." One person told us "no complaints, I am happy."

## Is the service well-led?

### Our findings

We asked people if they knew the registered manager and if they felt they were effective. One person told us "they are so good to me." Another person told us "They are very helpful." One relative told us "They are easy to contact if I need to. It's a good service, that's why we stay with them."

There was a registered manager in post at the time of our inspection. 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.

Staff were positive in their comments about the registered manager. One staff member told us, "The manager listens to us. Another member of staff told us "I like the way they treat me." They added, "People enjoy working here." Staff also told us they felt well supported by the registered manager and the office manager. There was an open, honest culture which meant they were able to ask for help, advice and guidance. This made staff feel valued and respected. When asked if anything could be improved one staff member told us "No. It's good as it is no need for any change."

The registered manager told us they did not hold staff meeting as the staff were shy and would not discuss things in a meeting. They did explain that "staff were in the office regularly and spot checks called 'spot audit B' were carried out monthly by the office manager". This involved the office manager "shadowing the staff in a person's home and observing all aspects of care provided. This gave the office manager chance to discuss the care with the people using the service; however this was not recorded formally."

On the first day of our inspection there were no risk assessments in place this meant there was no evidence that care and support was planned and delivered in a way that reduced risk's to people's safety and welfare. We discussed this with the registered manager and by the second day of our inspection these had been put in place.

We could not be certain if medication was being administered as the spot audits had a section which observed medication being given. In one audit we saw that a staff member had been observed applying creams. However on care plans under a section for medication it clearly stated "this is not part of our service." The manager explained "the creams were not prescribed "but could not explain why the medication administration record sheet (MAR) had been used. This meant that documentation did not match what the registered manager was telling us. Therefore we could not be sure if medication was being administered or check that this was being carried out in a safe manner.

The only audits carried out were the spot audit Bs. These audits were focused on the carer's work and included headings entitled "on arrival, appearance, health safety and security, meal preparation and domestic tasks. In two of the spot audit b's that we reviewed we found a section titled 'aware of COSHH'. "No" was circled but no explanation given. Under a section titled 'manual handling' next to walking aid it was noted "yes" but no indication of which walking aid or if it had been used correctly. No observations or comments had been made. This meant that although work had been observed no conversation around areas for improvement had been documented.

No other audits had taken place. We asked about how the service reviewed accidents and incidents. The registered manager told us none had occurred. We asked about recording of missed or late calls. The registered manager told us "we don't record this." We discussed this with staff who told us "if we are running late we call the person". The registered manager told us "We are a small agency. We have 12 people who use the service. Our staff only see one or two people a day so we don't miss calls."

Daily notes were taken back to the office one month after the care provided leaving the current month in people's home so staff had an up to date record of the care provided. Again, no audit of these was carried out.

Audits of the records in the service and other documentation offer the manager a temperature gauge of the standard of service being delivered. The lack of auditing we found in this service meant that the registered provider did not have a system in place which assured them of the quality of the service being provided and therefore there was a risk that unsafe practices would go unchecked and there was no opportunity for learning to occur.

This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 good governance.

Staff told us they had access to policies and procedures held within the service. These included whistleblowing, complaints and safeguarding policies. These were reviewed and kept up to date by the registered provider. Reviewing policies enables registered providers to determine if a policy is still effective and relevant or if changes are required to ensure the policy is reflective of current legislation and good practice.

The registered manager understood their legal responsibility for submitting statutory notifications to the Care Quality Commission. However there had been no issues that needed to be submitted in the last two years.



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 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  Risk assessment were not in place on the first day of our inspection. WE could not be sure medications were not being administered.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  No auditing in place leading to a lack of management oversight of the quality of the service.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff supervision and Appraisals were not robust. Staff not aware of supervision.