White Cross Care Ltd

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## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| 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

The inspection was carried out on 06 September 2016, and was an announced inspection. The provider was given 24 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us.

White Cross Care Ltd is a small domiciliary care agency which provides personal care and support for people living in their own homes. At the time of the inspection, the service was providing personal care to 10 people.

There was a registered manager at the service. The registered manager was also the provider. 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 and associated Regulations about how the service is run.

The agency had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the agency's whistleblowing policy. They were confident that they could raise any matters of concern with the registered manager, or the local authority safeguarding team.

The agency provided sufficient numbers of staff to meet people's needs and provide a flexible service.

The provider carried out risk assessments when they visited people for the first time. Other assessments identified people's specific health and care needs, their mental health needs, medicines management, and any equipment needed. Care was planned and agreed between the agency and the individual person concerned. Some people were supported by their family members to discuss their care needs, if this was their choice to do so.

They had robust recruitment practices in place. Applicants were assessed as suitable for their job roles. Refresher training was provided at regular intervals. All staff received induction training at start of their employment.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

People were supported with meal planning, preparation and eating and drinking. Staff supported people, by contacting the office to alert the provider to any identified health needs so that their doctor or nurse could be informed.

People said that they knew they could contact the provider at any time, and they felt confident about raising any concerns or other issues. The provider carried out spot checks to assess care staff's work and

procedures, with people's prior agreement. This enabled people to get to know the provider.

The agency had processes in place to monitor the delivery of the service. As well as talking to the provider at spot checks, people could phone the office at any time.

People said that they knew they could contact the provider at any time, and they felt confident about raising any concerns or other issues.

People spoke positively about the way the agency was run. The management team and staff understood their respective roles and responsibilities. Staff told us that the registered manager was very approachable and understanding.

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

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

Agency staff were informed about safeguarding adult procedures, and took appropriate action to keep people safe.

The agency carried out individual risk assessments to protect people from harm or injury.

Accidents and incidents were monitored to identify any specific risks, and how to minimise these.

Staff were recruited safely, and there were enough staff to provide the support people needed.

### Is the service effective?

Good

The service was effective.

Staff received on-going training in areas identified by the provider as key areas. One to one supervisions took place as planned and yearly appraisal meetings took place.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

People's human and legal rights were respected by staff. Staff had the knowledge of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

### Is the service caring?

Good

The service was caring.

People felt that staff provided them with good quality care. The agency staff kept people informed of any changes relevant to their support.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Staff were aware of people's preferences, likes and dislikes.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

## Is the service responsive?

Good

The service was responsive.

People's care plans reflected their care needs and were updated after care reviews.

Visit times were discussed and agreed with people. Staff adhered to visiting times.

People felt comfortable in raising any concerns or complaints and knew these would be taken seriously.

## Is the service well-led?

Good

The service was well-led.

There was an open and positive culture which focused on people. The registered manager sought people and staff's feedback and welcomed their suggestions for improvement.

The provider led the way in encouraging staff to take part in decision- making and continual improvements of the agency.

The provider maintained quality assurance and monitoring procedures in order to provide an on-going assessment of how the agency was functioning; and to act on the results to bring about improved services.

Records were clear and robust.

# White Cross 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 06 September 2016 and was announced. The provider was given 24 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us. The inspection was carried out by two inspectors, one who visited the agency and another inspector who contacted people, families and staff for their views.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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 looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We visited the agency's office in Chatham area of Kent. We spoke with the provider who is also the registered manager. The provider/registered manager have many years of experience working within Health and Social care sectors. We also spoke with the administrator of the agency, the senior support worker and three care workers. Following the inspection visit we received feedback from relatives of people who received support in their own homes and spoke with two people who used the service and were able to speak with us.

During the inspection visit, we reviewed a variety of documents. These included two people's care records, which included care plans, health care notes, risk assessments and daily records. We also looked at two staff recruitment files, records relating to the management of the service, such as staff training programmes, audits, satisfaction surveys, staff rotas, policies and procedures.

Good

# Is the service safe?

## Our findings

People said, "The staff are so lovely and yes they make me feel safe." and "I do feel safe when they are here, they are marvellous girls."

A relative said, "I believe my mother is safe in their care, just last week they got in touch because mum was not so well and they were concerned.

Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. Staff were able to tell us the different types of abuse and how to recognise potential signs of abuse. Staff training in protecting people from abuse commenced at induction, and there was on-going refresher training for safeguarding people from abuse. Training plan sent to us confirmed that all staff had completed safeguarding training in 2016. All staff spoken with said they would usually contact the registered manager immediately if abuse was suspected, but knew they could also contact the Social Services safeguarding team directly. One member of staff said, "I would report any suspicion of abuse to my supervisor or manager, I would document what I saw, but not necessarily in the daily notes as it may be too sensitive in there. If no action was taken I would report it to the local authority." Staff spoken with understood what whistle blowing is about. They were confident about raising any concerns with the provider or outside agencies if this was needed. Staff also had access to the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "I will tell the manager if I observe bad practice." This showed that the provider had up to date systems and processes in place that ensured the protection of people from abuse.

Before any care package commenced, the registered manager told us they carried out risk assessments. We were shown their revised new risk assessment form just implemented, which confirmed this. People's individual risk assessments included information about action to take to minimise the chance of harm occurring. 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 them in and out of their bed or to a wheelchair. We saw risks assessments had been reviewed regularly and also when circumstances had changed. These made sure people with identified risks could be cared for in a way that maintained the safety of the person and the staff assisting them.

Care staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. The registered manager viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

Accident and incident records showed that the registered manager completed forms following reports from staff working in the community. The forms detailed what action had been taken as a result of the incidents. For example, calls had been made and emails had been sent to healthcare professionals in response to one

person falling from bed after rolling out of bed. The care package was immediately reviewed and increased staffing was put in place.

Staffing levels were provided in line with the support hours agreed with the care manager and the person receiving the service. The registered manager said that staffing levels were determined by the assessed needs when they accepted to provide the service and also whenever a review took place. Currently there were enough staff to cover all calls and numbers are planned in accordance with people's needs. Therefore, staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased if required. The registered manager told us that they carried out visits to people whenever required to ensure their staffing needs are met.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed. Staff we spoke with and the staff files that we viewed confirmed this. The provider also had effective system in place to check that staff's own car used for the business were appropriately insured and had ministry of transport (MOT) test certificate as they used them as part of their day to day work. We found up to date records of staff car insurance and driving licence were in place. This meant that people could be confident that they were cared for by staff who were safe to work with them.

Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment.

Care staff were trained to assist people with their medicines where this was needed. Checks were carried out to ensure that medicines were stored appropriately, and care staff signed medicines administration records for any item they assisted people to take. Recording in the care plan when they had prompted someone to take their medicines. Care staff were informed about action to take if people refused to take their medicines. For example, staff told us they will contact the office immediately and they were confident that the registered manager would contact the GP or appropriate healthcare professional.

Good

# Is the service effective?

## Our findings

One person said, "The staff know just what I need to be done, they know I have trouble walking, I have a frame, they give me time to get about."

The registered manager told us that staff completed the common induction standard before starting. The induction and refresher training included all essential training, such as health & safety, safeguarding, first aid and food hygiene. Staff were given other relevant training, such as understanding dementia, infection control and medication. This helped ensure that all staff were working to the expected standards and caring for people effectively, and for staff to understand their roles and responsibilities.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. However, two out of four staff had not received training on the application and awareness of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. A member of staff also confirmed this and said, "No I haven't not officially had the training, but I am aware of it, we talked about it." This would have enabled staff to understand issues around MCA and consent issues. While knowledge and awareness about DoLS would enable care staff to identify and report any forms of infringements on people's rights and freedom. People's care plans contained a section about consent, which they agreed with. The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision making.

We recommend that the registered manager seeks advice on the implementation of MCA/DoLS within the domiciliary care sector.

Staff sought and obtained people's consent before they helped them. One person told us "The staff always ask me what support I want that day, some days I am more able than others. They give me choices, like they ask me what I want for dinner I usually say well tell me what is in the kitchen." Staff checked with people whether they had changed their mind and respected their wishes.

Staff were supported through individual one to one supervision. Spot checks of care staff were carried out in people's homes. A spot check is an observation of staff performance carried out at random. These were discussed with people receiving support at the commencement of their care package. At this time, people expressed their agreement to occasional spot checks being carried while they were receiving care and support. People thought it was good to see that the care staff had regular checks, as this gave them confidence that care staff were doing things properly. Staff told us that the provider would occasionally arrive unannounced to carry out a spot check. This included personal appearance of staff, politeness and consideration, respect for the person and the member of staffs' knowledge and skills. Spot checks were recorded and discussed, so that care staff could learn from any mistakes, and receive encouragement and feedback about their work. One member of staff said, "Supervision is every two months and we also have spot checks every one to two months. This is where they turn up to watch us work, they check we are in

uniform and have the correct equipment such as gloves."

Yearly appraisals were carried out and reviewed. The last time this took place, development & training needs were identified. Tasks to be carried out were also identified with timescales for completion. For example, one member of staff was identified to benefit from additional training. This was actioned and planned for by the registered manager. This would enable staff to improve on their skills and knowledge which would ensure effective delivery of care to people.

Staff were matched to the people they were supporting as far as possible, so that they could relate well to each other. The registered manager introduced care staff to people, and explained how many staff were allocated to them. People got to know the same care staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness. One person said, "I do have the same girls visiting me. I know all the staff that care for me they are all lovely."

When staff prepared meals for people, they consulted people's care plans and were aware of people's allergies, preferences and likes and dislikes. People were involved in decisions about what to eat and drink as staff offered options. The people we spoke with confirmed that staff ensured they had sufficient amount to eat and drink. Staff were aware of people's nutrition, hydration and special diet needs. A member of staff said, "I always make sure people have plenty of fluids. We get to know what people like but we encourage a healthy diet. For example, we have one person who is diabetic, it important they do not eat too much chocolate, drinks plenty and makes suitable healthy choices. We have had training about diabetes, the signs to look for and what their diet should look like. Likes and dislikes are recorded in the care plan but we also ask the person what they want. We do encourage a healthy diet but of course it is there choice and that's what we have do for them."

People were involved in the regular monitoring of their health. Care staff identified any concerns about people's health to the registered manager, who then contacted their GP, community nurse, mental health team or other health professionals. Each person had a record of their medical history in their care plan, and details of their health needs. Records showed that the care staff worked closely with health professionals such as district nurses in regards to people's health needs. This included applying skin creams, recognising breathing difficulties, pain relief, care and mental health concerns. A member of staff said, "We do work alongside other health professions at times for example with an Occupational Therapist (OT). We also contact the district nurses if there is an issue they can help with."

Good

# Is the service caring?

## Our findings

People told us, "The staff are extremely kind and compassionate, I can't really say a bad thing against them. They do treat me with respect and if they didn't then I would say something" and "I have no issues with any of the carers they all treat me well."

A relatives said, "the staff are wonderful, and do treat her with respect, that one thing mum would tell me about."

People were involved in their care planning and their care was flexible. People's care plans detailed what type of care and support they needed in order to maintain their independence and reach goals to improve their lives. For example, one person's care plan detailed they needed support to apply cream daily. Daily records evidenced that people had received their care and support as detailed on the care plan. The daily records showed staff had delivered the care in their care plan but had been flexible and staff had actively encouraged independence and choices. Staff were aware of the need to respect choices and involve people in making decisions where possible. One person said, "The manager comes and goes through my care plan with me every so often, we can make changes if we want, but everything is fine."

People were informed of agency processes during the assessment visit. One person said, "The manager is fully involved with my care, we regularly talk about the care plan which was sorted out with me in the beginning." The registered manager provided people with information about the services of the agency. They told people they could contact the agency at any time; there was always a person on call out of hours to deal with any issues of concern.

The agency had reliable procedures in place to keep people informed of any changes. The registered manager told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. The registered manager told us that people were informed if their regular carer was off sick, and which care staff would replace them. People confirmed to us that if staff were running late, they do inform them. The staff do come on time, if they did not I would tell them off, no they are all lovely we have a laugh. They come to me three times a day. Three times a week they give me a shower and wash my hair when I want them to they are excellent."

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than the ones available in people's homes were stored securely in the registered manager's office. People's individual care records were stored in lockable cupboards. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Good

# Is the service responsive?

## Our findings

People said, "If I wanted to complain I would ring the office speak to the manager if I wanted to make a complaint."

The registered manager carried out people's needs and risk assessments before the care began. They discussed the length of the visits that people required, and this was recorded in their care plans. Clear details were in place for exactly what care staff should carry out whilst they were supporting people. Such tasks includes care tasks such as washing and dressing, helping people to shower, preparing breakfast or lunch, giving drinks and turning people in bed. The domestic tasks are also sometimes included such as doing the shopping, changing bed linen, putting laundry in the washing machine and cleaning. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

Staff were informed about the people they supported as the care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The plans included details of people's religious and cultural needs. The registered manager matched staff to people after considering the staff's skills and experience. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for care staff assisting new people, or for care staff covering for others while on leave, when they knew the person less well than other people they supported, although they had been introduced.

The registered manager carried out care reviews monthly with people and was in touch with them to make sure people's needs were being met. Any changes were agreed together, and the care plans were updated to reflect the changes. Care staff who provided care for the person were informed immediately of any changes. Care plans were also reviewed and amended if care staff raised concerns about people's care needs, such as changes in their mobility, or in their health needs. The concerns were forwarded to the appropriate health professionals for re-assessment, so that care plans always reflected the care that people required.

The agency's questionnaire responses from February 2016 supported what people told us. People had been asked to confirm their views about the service by answering questions. Completed feedback form asked people 'Overall, how satisfied or dissatisfied are you with our company?' Example we took answered 'Very satisfied'. 'How well did the company meet your need?' It answered 'Extremely satisfied' and when asked 'How do you rate the quality of our company?' The person said 'Very high quality'. This showed that people spoke positively about the services the care staff at the agency provided.

People were given a copy of the agency's complaints procedure, which was included in the service users' guide. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). People told us they would have no hesitation in contacting the registered manager if they had any concerns, or would speak to their care staff. Staff were aware of the complaint procedure and one member of staff said, "If someone wanted to complain I would suggest they speak to the manager. If they are forgetful I would suggest they write things down so

they don't forget what they want to say." One complaint was received in April 2016. One person was unhappy with care from a new carer because they felt rushed. The registered manager immediately changed carer the following day. This was satisfactory to the person and was within stipulated time period.

The registered manager dealt with any issues as soon as possible, so that people felt secure in knowing they were listened to, and action was taken in response to their concerns. The registered manager visited people in their homes to discuss any issues that they could not easily deal with by phone. They said face to face contact with people was really important to obtain the full details of their concerns.

Good

# Is the service well-led?

## Our findings

People said, "The service is well managed, they are so reliable, they brilliant" and "They manage my care well, very reliable, such lovely staff."

Our discussions with people, their relatives, the registered manager and staff, including our observation when we inspected showed us that there was an open and positive culture that focused on people. The agency had a culture of fairness and openness, and staff were listened to and encouraged to share their ideas.

The management team included the registered manager and the administrator (Office Coordinator). The registered manager was familiar with their responsibilities and conditions of registration. The registered manager kept CQC informed of formal notifications and other changes. The registered manager recently started the agency after working in the healthcare industry for a number of years as a registered nurse. They had set targets for staff supervisions, spot checks, risk assessments and care reviews, and this work was ongoing. It was clear that the registered manager showed a passion to ensure that people were looked after to the best of their ability. The registered manager was involved in the direct delivery of care, which meant that they were in contact with people who used the service regularly.

The aims and objectives of the service were clearly set out on their website. It stated, 'We aim to help promote and maintain your independence and for you and your family to enjoy quality of life.' We found that the organisational values were discussed with staff, and reviewed to see that they remained the same. Staff felt that they had input into how the agency was running, and expressed their confidence in the leadership. Members of staff commented, "The manager is very supportive and considerate. I can always approach her and talk to her as a person. She consults with me and listens to my opinion", "We are very much supported, recently we had a pay rise to thank us for the hard work we have done and our commitment to providing good care." and "The manager is always available and easy to talk to."

Communication within the agency was facilitated through meetings every three months. This provided a forum where staff shared information and reviewed events across the agency. Record of staff meeting we saw was dated May 2016. Areas discussed included, care delivery, staff trainings and reflective practices amongst staff. This showed that there had been a consistent system of communication in place that provided for staff voices to be heard and promoted knowledge.

Audit systems were in place to monitor the quality of care and support. Spot checks were undertaken to check that staff were providing care and support to an appropriate standard. Review meetings took place monthly and people were asked their views. The registered manager had checks in place to ensure that people received the care they were supposed to. We looked at records of spot checks that had taken place and the other records written in people's homes about the care provided. These had been checked and signed by the reviewer each time they were returned to the office each month. We spoke with the registered manager about these checks and they said that if they found any issues then they would talk with staff and offer extra training or guidance where necessary. There was a process in place to identify whether people

were getting their calls at the times that had been agreed. Other areas of audits carried out were human resources and recruitment audits last carried out on 01 August 2016, infection control dated 12 July 2016, quality management dated 20 May 2016 and Care plan dated 20 June 2016. The registered manager explained and told us that the audits are carried out at random every month. They said, "We carry out monthly audit of a chosen area amongst these areas."

There were a range of policies and procedures governing how the service needed to be run. The registered manager followed these in reporting incidents and events internally and to outside agencies. The registered manager kept staff up to date with new developments in social care. All staff had been given an up to date handbook which gave staff instant access to information they may need including policies and procedures.

Staff knew they were accountable to the provider and the registered manager. They said they would report any concerns to them. The provider had regular contact with all care staff, and staff confirmed they were able to voice opinions. We asked staff if they felt comfortable in doing so and they replied that they could contribute and 'be heard', acknowledged and supported. The provider had consistently taken account of people's and staff's views in order to take actions to improve the care people received.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.