Mrs Sharon Elizabeth Henderson

White River Homecare

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

White River Homecare is a community service that provides care and support to adults of all ages, in their own homes, in the St Austell and surrounding area. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and give support with meals, shopping and housework.

At the time of our inspection 38 people were receiving a personal care service. These services were funded either privately, through Cornwall Council or NHS funding.

There was a registered manager in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The service's last comprehensive inspection was 10 May 2016 when there was a breach of the regulations relating to medicines administration. We then carried out a focused inspection on the 17 January 2017 to check on the action taken by the provider to meet the requirements of the regulations. At this focused inspection we found that improvements had been made in the training of staff in medicines management and the medicines policy had been improved and the service was found to be compliant with the regulations.

We carried out this announced comprehensive inspection on 2 January 2019. We told the provider two days before that we would be coming. This is in line with our methodology for inspecting domiciliary care providers and was to ensure that someone would be available in the office at the time of our visit.

People and their relatives told us they felt safe using the service. Staff had received training in how to recognise and report abuse. Staff were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. The service was flexible and responded to people's changing needs.

People told us, "I like our daily conversations regarding family & friends, the weather," "Carers will ask me is there anything they can do for me or what do I need doing today. I do tell them when I want a drink and what to eat on each visit" and "My carers are well trained and seem to know their job. They are helpful and useful."

People received care from staff who knew them well, and had the knowledge and skills to meet their needs.

People and their relatives spoke well of staff, comments included, "We mostly have the same staff, they are a good bunch."

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were kind and compassionate and treated people with dignity and respect.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Staff told us there was good communication with the management of the service. Staff told us, "I think this company does listen to your suggestions even if they are not always followed through for whatever reason" and "I do discuss things with the office if I think there is a problem."

There were some quality assurance systems in place which were not always effective and therefore opportunities for improvement were not always identified and addressed. Where the provider had identified areas that required improvement, actions had been promptly taken to improve the quality of the service provided.

Care records were regularly reviewed to ensure staff met their needs. However, the care plans were not always updated to provide accurate up to date direction and guidance for staff. This meant some care plans provided out of date information. Staff recorded when they supported people with their medicines in the daily notes. However, there was not a robust process for staff to record, on specific medicine documentation, when they had given medicines that are required occasionally, such as Paracetamol.

The service had a process for recruiting new staff. Some checks were done before they commenced working alone, such as a DBS check. However, some staff had been allowed to start working alone with people in their own homes before the service had received any references from their previous employers. This meant staff were not always recruited safely, and people were not always protected from staff who may not be suitable to work alone with them.

We found breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of this 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 not safe. New staff were not always recruited safely and had commenced working alone with vulnerable people before references had been received from their previous employer.

People told us they felt safe using the service.

Some medicines administration processes were not robust, such as staff recording when they had given medicines occasionally, such as Paracetamol.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

People were supported with their food and drinks

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Requires Improvement

The service was not entirely responsive. Care plans in people's homes were out of date. Staff were not always provided with accurate and up to date details of how to meet people's needs.

People received personalised care and support which was responsive to their changing needs. However, this was not always recorded appropriately.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Requires Improvement

The service was not entirely well-led. Audits of care records had not identified the concerns found at this inspection.

Some care records did not provide current accurate information for staff to meet people's needs.

There were quality assurance systems in place but these were not effective and so opportunities to improve the service were missed.

People were asked for their views on the service. Staff were supported by the management team.

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.

The inspection took place on 2 January 2019. The inspection was carried out by one adult social care inspection. We told the provider two days before that we would be coming. This was to ensure the registered manager and key staff were available when we visited the agency's office.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the provider's office and spoke with the registered manager, the provider, the training manager, the administrator and two care staff. We looked at four records relating to the care of individuals, seven staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. We visited two people in their own homes.

Following the inspection we spoke with one community healthcare professional on the telephone.

Requires Improvement

Is the service safe?

Our findings

People and their families told us they felt safe when being cared for by the staff from White River Homecare. One person told us, "I am ok and fine as I do feel safe in my home during their visits."

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. There was information displayed in the office providing the contact details for the safeguarding unit. The service held appropriate whistleblowing and safeguarding policies and procedures. Staff had received recent training updates on Safeguarding Adults.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks in relation to the health and support needs of the person. For example, staff were given guidance about using moving and handling equipment, directions of how to find people's homes and entry instructions. Staff were always informed of any potential risks prior to them going to someone's home for the first time. People's individual risk assessments did not always provide sufficient guidance and direction for staff to reduce the identified risks. For example, Two people had been identified as being at risk from skin damage due to pressure. Staff were completing daily skin checks, known as skin bundles. These records showed that one person did have some areas of broken skin and this was being monitored by the district nurses. Whilst appropriate care was being provided there was no mention of staff being required to do daily skin bundles or that one person had broken skin requiring specific treatment in their care plan. The section named 'pressure care' was blank in these care plans. One person was having their food and drink intake recorded and monitored by care staff. This was not stated in their care plan. One person's care plan stated they self administered their own medicines. Staff told us this was out of date and the person was not able to do this any more.

Staff administered medicines for some people from a pharmacy prepared blister pack. This enabled staff to give specific doses of prescribed medicines at the appropriate time. Care plans contained details of medicines that people took. However, some of these records were out of date as the person was no longer taking them. Staff recorded in the daily notes when they had given people their medicines, including any occasional medicines such as Paracetamol. There was not a robust process in place for staff to record when they gave occasional medicines on medicine documentation. It was not easy to check what time staff had given these medicines. This meant there was a risk that staff could give a further dose, at the next visit, without leaving the necessary gap between doses. The provider and the registered manager took immediate action to address this during the inspection visit.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 in the Responsive section of this report.

The service had recently had a Quality Assurance Officer from the local authority visit them to check on their compliance with contractual arrangements, and this issue had been highlighted to them at that time. The provider and registered manager were taking action to improve the recorded information for staff on how to address a known risk.

Staff were aware of the reporting process for any accidents or incidents that occurred. We were told by the registered manager that there had not been any incidents or accidents in the last year.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. New care packages were only accepted if suitable staff were available. At the time of the inspection the service had staff vacancies which they were recruiting to. In the meantime some visits were covered by the senior management team. This meant that wherever possible familiar staff were used to help maintain a consistent service to people.

The service produced a staff roster each week to record details of the times people required their visits and what staff were allocated to go to each visit. Staff told us they had regular runs of work in specific geographical areas and if travel time was needed this was allocated on their rota.

People told us they had a team of regular staff and their visits were mostly at the agreed times. One relative told us, "We mostly have the same staff, they are a good bunch" and

A member of the management team was on call outside of office hours and carried details of the roster, telephone numbers of people using the service and staff with them on a mobile phone. This meant they could answer any queries if people phoned to check details of their visits or if duties need to be re-arranged due to staff sickness. People had telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours.

The service had a process for recruiting new staff. Some checks were done before they commenced working alone, such as a DBS check. Staff were provided with the opportunity to shadow experienced staff. One staff member told us, "I had good training when I started and the other girls helped me a lot. I asked lots of questions and felt supported when I was unsure." However, two staff had been allowed to start working alone with people in their own homes before the service had received requested references from their previous employers. This meant staff were not always recruited safely. People were not always protected from staff who may not be suitable to work alone with them because evidence of conduct in previous employment had not been obtained.

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

Care plans detailed whether people needed assistance with their medicines or the arrangements for them to take responsibility for any medicines they were prescribed. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help with their medicines. Staff had received training in the administration of medicines. Daily records completed by staff detailed exactly what assistance had been given at each visit.

Good

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included, "My carers are well trained and seem to know their job. They are helpful and useful," "I understand any delays because of earlier jobs but they do not rush and are good with me," "I think they are well trained, hard working and always nice to me and good at their job" and "No complaints. Reliable and trained on everything to help with my medication. All the company care staff seem to know my daily needs."

Staff completed an induction when they commenced employment. The service had an induction programme. New employees were required to go through an induction which included training identified as necessary for the service, and familiarisation with the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. The service carried out competency checks for staff to ensure their abilities.

There was a programme to make sure staff received relevant training and refresher training was kept up to date. The registered manager had an overview of staff training and when updates were required. Most staff received training in equality and diversity which helped to ensure people were not discriminated against. There was a training room in the same premises as the office which had appropriate equipment to deliver training such as manual handling. This enabled the service to be responsive to staff training needs and arrange training at short notice or for individual training for staff. If more specialist training was needed this was sourced from appropriate healthcare professionals.

Staff received regular supervision and appraisal from the registered manager. This gave staff an opportunity to discuss their performance and identify any further training they required.

Staff told us, "When working with clients, if I feel mental capacity is a problem, I talk with the family or discuss how to resolve the problems with management or at staff meetings," "I always offer to make a drink and a meal and will always encourage those who are reluctant to eat to try something different as a change to their regular food," "We are encouraged and trained to ensure each client always has a drink and something to eat that is healthy on each visit. I think this is important," "The care service we provide is satisfactory and would be recommended by me if I was a patient. I like and take part in regular training courses to improve the help I give to my patients" and "We are professional and help each other to improve the service we provide with regular training options. We discuss work and learn from each other during our quarterly staff meetings."

Some people who used the service made their own healthcare appointments and their health needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

Staff supported some people at mealtimes to have food and drink of their choice. Staff had received training

in food safety and were aware of safe food handling practices. For most people food had been prepared in advance and staff re-heated meals and made simple snacks as requested.

Staff told us they asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. People we spoke with confirmed staff asked for their agreement before they provided any care or support and respected their wishes to sometimes decline certain care. Care records showed that people signed, if able, to give their consent to the care and support provided.

The management had an understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack mental capacity to make particular decisions for themselves. We saw records of a best interest meeting held to support a person with a specific decision.

Good

Is the service caring?

Our findings

People received care, as much as possible, from the same care worker or team of care workers. People and their relatives told us they were happy with all of the staff and got on well with them. People told us, "They [carers] do a good job (washing me) in the time allowed," "Never a rush and working with a pleasant demeanour, I look forward to her visits," "Arrives on time. The carers are really interested in me and my daily care. I have never had any problems they work very hard all the time and I am grateful," "I get to have a drink and a chat which I look forward to. I do enjoy and appreciate a friendly face to talk with" and "Our conversations are about all sorts and I have no one else to talk with. They care about helping me and are good at their job."

A healthcare professional told us the staff were kind and caring. They noted that some people have the same staff member a great deal of the time to visit them. People told us that they valued this continuity.

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. Staff were kind and caring. Staff had a good knowledge and understanding of people. Staff knew people and their needs well. Staff spoke with passion and enthusiasm about their work. They told us, "I have a personal but professional relationship with my clients. They know about me and my family and I always ask about theirs. We sometimes have time for a brew together if it is my last job," "I am regularly discussing and helping her to improve her Care Plan by working with family," "Because [person's name] likes football I try to remind him when the next game is on" and "Often a change from daily routine is a great benefit and I have noticed regular family updates that I give often encourages more family contact with the client."

Staff respected people's wishes and provided care and support in line with those wishes. People told us staff always checked if they needed any other help before they left. For people who had limited ability to move around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name.

Some people who used the service lived with a relative who was their unpaid carer. We found staff were respectful of the relative's role as the main carer. Relatives told us that staff always asked how they were coping and supported them with practical and emotional support where they could. The service recognised that supporting the unpaid carer was vital in helping people to continue to be cared for in their own home.

Requires Improvement

Is the service responsive?

Our findings

Before, or as soon as possible after, people started using the service the registered manager or deputy manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, to who was asked for their agreement on how they would like their care and support to be provided.

The service used an electronic care monitoring system. Staff registered on their work mobiles when they arrive and left each visit, this meant the office staff could track visits in real time, ensuring any visits running late would be advised to the person.

Care plans were held on paper both in the office and in people's homes. They were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Care plans were reviewed monthly by the registered manager and a short note of any changes was made on the review sheet. Changes were communicated verbally or by phone to the care staff. However, any changes in a person's needs was not always reflected in an updated care plan with some plans, seen during visits to two people, providing staff out of date and inaccurate guidance and direction about how to provide care and support. These care plans were updated during this inspection visit.

Some people were at risk of getting pressure damage to their skin. Pressure relieving mattresses and other aids were provided to assist with this. Staff were regularly reviewing some people's skin on records known as skin bundles. A skin bundle is a document that requires staff to systematically observe and record every area of the person's body and record if the skin is 'not marked', 'pink', 'red' or 'broken' in each area. One person's skin bundle was being completed daily. It reported they had red heels for several weeks. We asked staff what action was being taken to address this. We were told cream was being applied. We spoke with the district nurses who advised us that they checked this person regularly and they had foam wedges to lift their heels away from the bed, or the foot rest, to relieve the pressure. We could not establish if this was being done by care staff as there was no indication of this care being required in the care plan. This person's care plan stated they were able to go 'upstairs for a shower'. The district nurses confirmed this had not been possible for several months. This meant the care plan in this person's home was out of date and not providing staff with clear guidance and direction to meet their current needs. This was despite regular reviews having been carried out by senior management. Whilst we judged that this person was having their needs met, as consistently regular visiting staff knew them very well, this meant that if new or unfamiliar staff visited this person they would not have the necessary information to provide safe and effective care.

The district nurses told us that they were concerned that some staff from White River Homecare were not always completing skin bundles correctly. They told us that they had seen records stating skin was broken, when in fact it was healed. We passed this concern on to the deputy manager who assured us this would be addressed immediately.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was flexible and responded to people's needs. One person told us, "I make my own decisions about my care plan and requirements. I discuss my daily needs, cleaning, drinking and eating. My wishes are carried out by the carers who help me and talk with me about all manner of things not just their job." Staff told us, "We discuss our families and often engage with family members when working to discuss and improve the care plan as and when required" and "There are often times when I try to adjust my visiting times at the request of a family member subject to my work diary. I try to be flexible if I can."

People said they would not hesitate in speaking with staff if they had any concerns. Details of how to make a complaint were in the care file in people's homes. People knew how to make a formal complaint if they needed to but told us issues would usually be resolved informally. People told us, "No, no problems or complaints with my carers, the management or office staff. I have the telephone numbers and relevant information about the company should I have a problem," and "No complaints but I would call the office if I had an issue, however, I do not have any problems with my carer to complain about. They are all good, nice and friendly."

The service had not reported any missed visits. People told us, "The carers and office staff are nice and good. I recommend this company they have my support. Always helping me with my daily needs, a great benefit,"

The service provided care to people at the end of their lives. One member of staff told us, "The end of life care plan can be difficult. I do have the support of other staff members but I do find it a sad time but always try my best to encourage and help the family in addressing this difficult time."

Requires Improvement

Is the service well-led?

Our findings

People highly recommended White River Homecare and the care staff without hesitation. They had a positive experience of care and a good relationship with the carers who seemed to make time to have a sit down and have a drink and conversations about family, friends and the news.
We were told the management were informative and helpful by both the care staff and the people using the service. There were no complaints reported about the care staff, management or about this service. White River Homecare provided a friendly, hard working, respected and professional service enjoyed by the people, clients, family members and all staff.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the day to day running of the service, with a deputy manager to support them. The provider also worked in the service's office, working closely with the registered manager in the day to day managing of the service.

Staff told us there was good communication with the management of the service. Staff said of management, "I like the way we all work together and know if I encounter a problem while working I will be supported to resolve it and have been helped when I have had my own domestic issues," "I think this company does listen to your suggestions even if they are not always followed through for whatever reason" and "I do discuss things with the office if I think there is a problem."

The service had effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew there were the right staff available to meet people's needs. At the time of the inspection the service had staff vacancies which they were recruiting too. All the management team went out providing care to people at certain times when staffing was short.

Staff were very familiar with the people they visited and any changes were communicated effectively by mobile phone messages and face to face conversations. Staff were able to tell us exactly what care each person needed and how they liked this provided. However, care records did not always provide accurate and up to date information to staff. There had been regular reviews of people's needs to ensure staff met those needs, but this was not clearly recorded in their full care plan. This meant some care plans were providing out of date guidance which was no longer appropriate. Risk assessments were often undated, which meant it was not possible to know when they had been carried out or when they should be reviewed.

The registered manager carried out regular audits of care plans but had failed to identify the concerns found at this inspection with undated assessments, out of date care plans and risk assessments that did not provide staff with adequate guidance on how to address a known risk.

The provider monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. People and their families told us the management team were very approachable and they were included in decisions about the running of the service. People told us

someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided.

The deputy manager carried out observations of staff working practices during a whole shift and completed spot checks at specific visits.

People were asked for their views on the service and the open culture of the management meant people were comfortable sharing their views. People and their families were asked for their views on the service whenever a senior or trainer carried out a spot check of staff working.

Where the provider had identified areas that required improvement actions had been taken promptly to improve the quality of the service provided. For example, where a concern with risk assessments being undated had been identified at this inspection, it was addressed within minutes. The service added a date box to the assessment document to prompt the person completing it to add a date.

The provider and the registered manager accepted that the concerns we identified at this inspection were a fair reflection of the service at this time. Care plans and medicine records required attention, along with urgent attention to obtaining references for two new members of staff already working unsupervised in the community.

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 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established and operated effectively to identify the concerns found at this inspection with out of date care plans and lack of medicine administration documentation. Audits and reviews which were regularly carried out were not effective in identifying these concerns.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not robust. Two appropriate references had not always been obtained before staff commenced working alone with vulnerable people. It could not be ensured that people were always protected from unsuitable staff.