

White House Home Care Services Limited

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Inspection report

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Date of inspection visit:
25 October 2019
01 November 2019

Date of publication:
27 November 2019

Ratings

Overall rating for this service	Good ●
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

About the service

White House Care Services is a small domiciliary care agency. It provides personal care to people living in their own homes and flats in the community. At the time of the inspection the service was providing personal care to 11 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People who used the service and relatives were positive about the care and support provided by White House Care Services. They felt the service was well-run and were pleased that their loved ones were supported by a small team of familiar staff. They told us support visits were not missed and staff stayed the full length of the visit.

The registered manager and care staff were approachable, and people told us they felt able to raise any concerns with them. The service had not received any recent complaints. As well as managing the service, the registered manager carried out support visits alongside support workers. This gave her the opportunity to regularly review people's support needs and also check that staff were working to a good standard.

Thorough recruitment checks had been carried out on new staff to ensure they were of good character and suitable to work with vulnerable people. Staff told us they felt supported and received the training they needed for their role. All staff were regularly supervised. However, we found there was no supervision schedule in place to ensure these were carried out at regular intervals. We have made a recommendation about this in the effective section of this report.

People were helped to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Person-centred care plans and risk assessments were in place which identified the support people wanted. However, it was not obvious that people or their relatives had been involved with reviewing their care plans.

Staff treated people with dignity and respect and promoted their independence. Staff supported people with meal preparation where needed. They liaised with health and social care professionals effectively and sought advice quickly if people became unwell.

People told us they were happy with the way the service was run. The registered manager had improved the governance systems since our last inspection and there was better oversight of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (report published 23 October 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

White House Home Care Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a small domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager, who was also the owner of the service, registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that someone would be in the office to support the inspection. Inspection activity started on 25 October 2019 and ended on 5 November 2019. We made telephone calls to relatives on 25 October 2019, visited the office location on 1 November 2019 and made telephone calls to staff after this visit.

What we did before the inspection

We reviewed information we held about the service. This included the previous inspection reports, action plans. We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We looked at three people's care records, which included support plans and risk assessments. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a range of documents relating to how the service was managed, including policies and audits.

We spoke with the registered manager, a company director and the office manager. We spoke on the telephone to five relatives and two people who used the service. We visited one person in their home and spoke with their relative. We spoke to two support workers on the telephone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the registered provider had failed to operate robust recruitment procedures to ensure all staff were suitable to work with vulnerable people. This was a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had made the required improvements and was no longer in breach of this regulation.

- Records looked at confirmed that disclosure and barring service (DBS) checks were completed, references obtained from previous employers and any gaps in employment explored. This helped ensure only people of suitable character were employed.
- The selection and interview process were recorded, and showed how the provider assessed each candidate's suitability for the role applied for.
- Where possible, people were regularly supported by the same care worker. This provided continuity of care. The service employed only a small number of staff and people told us this was what they liked about the service. One person said, "I think they are very good. I like the fact it's a small team."

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the service they received was safe. No one we spoke with raised any concerns about the service. One person said, "It's absolutely marvellous. I can't sing their praises enough."
- Staff had received safeguarding training and those we spoke with were aware of the signs of abuse and of their responsibility to pass on any safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks to people's safety and well-being had been assessed and preventative measures put in place, when needed.
- People's care records contained information about environmental risks, such as poor lighting, limited space and pets and how these risks should be managed.
- Some people used special equipment to minimise risks. For example, the use of a hoist to minimise the risk of falling. Where such equipment was in place, there were instructions in care records which described how it should be used correctly and safely.
- There were systems in place to ensure the safety of staff working in the community. There was a lone working policy and safety procedures were discussed with staff during their induction. Staff carried torches and safety alarms. Staff recorded when they arrived and left each visit, on their mobile phones. This was a live system which was monitored by staff in the office and informed them of the location of each support

worker. This helped keep them safe.

Preventing and controlling infection

- Measures were in place to prevent and control the spread of infection.
- Staff had completed training about infection control and food safety.
- Staff were provided with personal protective equipment, including disposable gloves, aprons and anti-bacterial hand gel, to minimise the risk of infection.

Using medicines safely

- Staff had received training in medicines administration and had their competency assessed.
- The registered manager carried out audits of people's medicine administration records (MARs) to check that medicines had been given as prescribed.
- Some people needed to take their medicines at a specific time to help them manage an illness. A relative told us their family member always received their medicine for Parkinson's disease at the correct time.
- Where the service had produced their own MARs some information about people's medicines had not been signed by staff to show it was correct and accurate. This could lead to confusion and possible medicine administration errors, although no errors had occurred. The registered manager assured us additional information would be signed by two people in future.
- One person was receiving blood thinning medicine. There was no risk assessment in place to guide staff on how to manage the possible side effects of this medicine. The registered manager told us they would put a risk assessment and information leaflet about this medicine in the person's care file.

Learning lessons when things go wrong

- All accidents and incidents were immediately recorded onto the service care management system which staff could access on their mobile phones. This ensured prompt action was taken. An incident form was then completed when staff returned to the service office.
- Incident forms contained information about the nature of the incident, action taken and any recommendations. We reviewed incident forms for some minor incidents and found the appropriate action had been taken, including informing people's next of kin.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- All new staff completed an induction programme and spent time shadowing more experienced staff. This prepared them for their employment.
- Staff completed a variety of training including health and safety, safeguarding and specific medical conditions, such as diabetes. Training was completed as e-learning, and practical subjects, such as moving and handling were undertaken face to face.
- The service had its own training room, equipped with a bed and hoist so moving and handling training could easily be provided. The registered manager and company director had completed train the trainer courses to enable them to provide training to other staff.
- Staff received regular supervision and an annual appraisal. This gave them the opportunity to discuss their work performance, training needs and any areas of concern. The registered manager had improved the documentation of supervision meetings since our last inspection.
- Spot checks on staff were carried out by the registered manager. Spot checks are when a senior member of staff calls at a person's home during a visit by a care worker, so they can observe them and check they are working to the required standard. In addition, the registered manager regularly worked with support staff. This enabled them to continually monitor standards. However, we found there was no supervision or spot check schedule to ensure these were carried out at regular intervals.

We recommend the provider establish a schedule of regular supervision meetings and staff spot check visits.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed before being offered a support package. This ensured the service could meet their needs at their preferred times.
- People's care plans described the support required for each support visit and reflected their personal choices and preferred routines.
- People's nutritional needs were assessed, and their food preferences recorded. Staff prepared meals for people and ensured food and drinks were available at the end of their visits. Where people required support with meals this was detailed in their care plan.

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

- Staff worked with healthcare professionals to ensure people's health needs were met.
- Staff took appropriate action when people were unwell and referred people for specialist help, such as district nurses or their GP.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff had a good understanding about issues of capacity, choice and consent.
- People who used the service and relatives told us staff always sought their consent before carrying out support tasks.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect and involved as partners in their care.

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

- The service provided support tailored to people's requirements and wishes.
- People and their relatives were involved in agreeing their support package. This gave them the opportunity to specify their support needs and the times for each visit.
- People who used the service and relatives said they were able to telephone the registered manager at any time if they needed to. This included in the evening and at weekends.

Ensuring people are well treated and supported; respecting equality and diversity; respecting and promoting people's privacy, dignity and independence

- All the people we spoke with were very positive about the White House Care Services staff and the support they provided. Relatives told us, "They are absolutely excellent." and "They are always willing to help." One person who was supported by the staff said, "They are like friends now." and another told us, "I know them very well and I'm happy with them."
- Staff knew people well and were able to describe the support they required.
- Relatives told us staff always asked their family member if there was anything else they would like help with at the end of their visit.
- The minimum time for each visit was half an hour. Some people required longer, and this was arranged as part of their support package. The registered manager told us it was important to have visits of at least half an hour, so that staff did not feel rushed and had time to interact and engage with people. One relative told us, "The staff always talk to her, sit and chat and have a laugh."
- Staff were respectful of people's privacy and dignity and encouraged them to be as independent as possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

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

At our last inspection we found a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care records did not include full information about how people's needs should be met. At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

- Since our last inspection the registered manager had carried out a full review of what information was needed in people's care files to ensure they were thorough and person-centred.
- People had detailed support plans for the different areas that they needed assistance with, such as personal care, medicines and domestic tasks. These gave staff accurate and up-to-date information and helped them support people in a person-centred way.
- People's care records contained information about people's religion and cultural beliefs, and whether there was anything within their faith that the support worker should be aware of.
- People told us staff were punctual and reliable and stayed for the allotted time. If staff were delayed, people were informed by telephone. No one we spoke with complained of missed visits.
- The service was flexible. The times of people's support visits could be changed if people had to attend medical appointments at their usual support time. One relative commented that the service had been able to provide extra support when their family member was recovering from an operation.

Improving care quality in response to complaints or concerns.

- The service had a complaints procedure, which was available to everyone and kept in their care file.
- The service had not received any recent complaints. People we spoke with were confident any concerns or complaints raised would be dealt with. However, people spoke highly of the service and no one had any negative comments about it.

End of life care and support

- There was no one receiving end of life care at the time of our inspection, although staff were able to provide this support and had done so in the past.
- The registered manager explained they would work with other professionals, such as district nurses, if they were supporting people at the end of their lives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was currently no one receiving support from the service who had specific communication needs. However, people's hearing, sight and speech were looked at as part of the initial assessment process to ensure staff could tailor their support appropriately.
- The service was able to provide some information, such as the complaints procedure in large format for people with a visual impairment.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we identified a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was because we identified a number of issues around the governance of the service. At this inspection we found some improvements had been made and the service was no longer in breach of this regulation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Since our last inspection the registered manager had revised people's care files to ensure they contained detailed and up-to-date information.
- We found care plans were person-centred and provided staff with clear guidance about how people wished to be supported. Care plans were reviewed when people's needs changed. However, it was not obvious from people's care records when and who had been involved with the review and if they had agreed to the care plan. The registered manager told us they would record this on care records in the future.
- The registered manager was aware of their responsibility to apologise to people and/or their relatives when mistakes were made and act on their duty of candour. There had not been any recent events that required this response.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since the last inspection the registered manager had improved the auditing system to ensure greater oversight of the service. Monthly audits were completed, including of the care files, training records and MARs. Actions were taken when concerns were identified.
- The service had up-to-date policies available in the office to provide guidance for staff on a range of topics related to their work. The registered manager had devised information sheets about the way they expected staff to carry out some support tasks. This helped staff work to the required standard.
- The registered manager used the Skills for Care website to keep their knowledge up-to-date. Skills for Care is an independent charity which provides support to employers and people working in adult social care.
- There had been an improvement in the supervision and appraisal of staff and how this was recorded. However, there were no supervision and spot check schedules in place to ensure these were carried out at regular intervals. We have made a recommendation about this in the 'effective' section of this report.

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

characteristics; Working in partnership with other agencies

- Relatives were happy with the way the service communicated with them and were able to keep in touch with the registered manager through phone calls and text messages. One person told us, "If there are any worries they will let me know."
- The registered manager regularly visited people to provide personal care and this gave them the opportunity to gather their views on the service. People were encouraged to review the service on-line and we saw positive reviews of the service on the Homecare.Co.UK website.
- The registered manager communicated with staff through a monthly newsletter, staff visits to the office and through regular contact with them while on support visits.
- There was limited partnership working with the local authority as the local authority did not commission care packages from the service. However, the registered manager was aware of their responsibility to report any safeguarding concerns to the local authority safeguarding team.