White Bird Care Agency Limited

White Bird Care and Nursing Agency

Inspection report

Bailie Court
199a North Lane
Aldershot
Hampshire
GU12 4SY

Tel: 01276685415

Date of inspection visit:
22 December 2016

Date of publication:
18 September 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 16 and 22 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care; we needed to be sure that someone would be in.

The service had not previously been inspected.

White Bird Care and Nursing Agency provides personal care to people in their home. At the time of the inspection there were three people using the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People did not receive care and support from a service that followed current legislation. The registered manager was unaware of the changes to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People did not always receive their medicines safely. The registered manager did not demonstrate good practice in safe medicines management. The service did not maintain records of medicines staff administered.

People were not protected against the risk of harm as the registered manager failed to submit safeguarding alerts to the local authority safeguarding team and the CQC. Staff were aware of the importance of reporting safeguarding incidents to the registered manager, however these were not always followed up with the local authority safeguarding team.

People received care and support from staff that did not always receive mandatory training to meet their needs. The service had failed to ensure staff underwent Mental Capacity Act 2005 [MCA] training. The registered manager was unaware that MCA training was mandatory, however on the second day of the inspection it had been confirmed that all staff had undertaken and completed MCA training and were applying the MCA principles in their work

The registered manager did not have robust audits in place to ensure care plans, staff training and personnel files were up to date and met people's needs. The registered manager did not drive improvement of the service through auditing systems.

People were protected against the risk of avoidable harm as the service had risk assessments in place that reflected people's changing needs. Risk assessments looked at people's mobility and medicine needs. Risk

assessments were reviewed regularly to reflect people's changing needs and gave staff clear guidance on how to manage risks.

People received care and support from staff that reflected on their working practices. Staff received on-going supervisions and appraisals. Staff were given one-to-one time with the registered manager to discuss their roles, responsibilities and areas of improvement. Staff were also able to identify areas of training needs required to enhance their skills and knowledge.

People were supported by sufficient numbers of knowledgeable staff to meet their needs. The service had recruitment procedures in place to ensure suitable staff were employed. The service was able to demonstrate staff personnel files contained application forms, training certificates, references and Disclosure and Barring Services [DBS] checks. A DBS is a criminal check services carried out to enable services to make safer recruitment decisions. Staff underwent induction training, which gave them knowledge on the service's expectations and appropriate practices.

People's consent to care and treatment was sought prior to care being delivered. Staff were aware of the importance of ensuring people's consent was given prior to delivering care and support. Where people did not give their consent, this was respected by staff. People were given information and explanations about the care they received which enabled them to make decisions.

People's privacy and dignity was respected. People were encouraged to maintain their independence where possible. People were supported to access sufficient amounts of food and drink to meet their dietary and nutritional needs. Where agreed in people's care packages, staff prepared meals and snacks for people.

People received care and support that was person centred and reflected their preferences. Care plans documented people's likes, dislikes, preferences, medical and health needs and gave staff clear guidance on how to support people in line with their preferences. The service was caring. People received care and support from staff that demonstrated compassion and kindness.

People were encouraged to participate in activities of their choice. Where people's care packages afforded, people could engage in planned activities both in house and in the local community.

People were encouraged to raise concerns and complaints. People were aware of the process in raising a complaint and felt comfortable in doing so. The registered manager was aware of how to manage concerns and complaints raised in a timely manner that sought a positive resolution.

The registered manager operated an open door policy whereby people, their relatives and staff could meet with the registered manager and share their concerns and feedback on the service provision.

We have made one breach in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around good governance. We also made three recommendations in the report in relation to safeguarding notifications, training and record management. You can see what action we told the provider to take at the back of the full version of the 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 always safe. People did not always receive their medicines in line with good practice.

People received care and support from staff that had undergone the necessary recruitment checks to ensure their suitability. People received care and support from suitable numbers of staff.

People were protected from avoidable harm as the service had risk assessments in place that gave staff clear guidance on how to support people and manage identified risks.

Is the service effective?

Requires Improvement

The service was not always effective. Staff did not always receive all mandatory to ensure people's needs were met. The registered manager was unaware that Mental Capacity Act 2005 [MCA] training was mandatory.

Staff were aware of their roles and responsibilities in line with the MCA and deprivation of liberty safeguards.

People received care and support from staff that reflected on their working practices. Staff received regular supervisions and annual appraisals.

People were supported to access sufficient amounts of food and drink to meet their dietary and nutritional needs as agreed in their care package.

People received support to access health care services as and when needed.

Is the service caring?

Good

The service was caring. People received care and support from staff that demonstrated compassion and kindness.

People had their dignity and privacy maintained when receiving care and support.

People received information and explanations about the care

and support they received.

Is the service responsive?

Good

The service was responsive. People received care and support in a person centred way that met their needs. Care plans were developed and reviewed to reflect people's changing needs.

People were encouraged to make choices about the care and support they received and had their choices respected.

People were encouraged to participate in activities of their choice.

People were aware of the procedure in reporting their concerns and complaints. The registered manager was aware of how to manage complaints in a timely manner.

Is the service well-led?

Requires Improvement

The service was not well-led. The registered manager was not working in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager did not carry out robust audits of the service to drive improvement.

The registered manager operated an open door policy and made herself available to people, their relatives and staff.

White Bird Care and Nursing Agency

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 16 and 22 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care; we needed to be sure that someone would be in.

The inspection was carried out by two inspectors. Prior to the inspection we reviewed the information we held about the service, for example feedback from members of the public and statutory notifications.

During the inspection we spoke with one person who used the service, one relative, one care support worker, operations manager and the registered manager. We looked at three care plans, two staff personnel files, training files, complaints file, quality assurance questionnaires and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People were not always protected against the risk of harm as the registered manager failed to submit safeguarding alerts to the local authority safeguarding team. Staff had adequate knowledge of the procedure in responding to safeguarding concerns. One staff told us, "Safeguarding means vulnerable adults and protecting them from harm and neglect. I will report any concerns and if the company doesn't do enough I would use whistleblowing to report the abuse or neglect. Firstly I would contact management, the council or CQC." However, on the first day of the inspection the registered manager was unable to tell us the correct procedure for raising a safeguarding alert. During the inspection we looked at the incident and accident file and found one incident whereby injuries were sustained, which required notification to the local authority safeguarding team. We raised our concerns with the registered manager who told us, they would not be raising a safeguarding alert as this may be detrimental to the relationship with the person's relative and that the person often fell over. After the inspection the registered manager confirmed an alert had been raised with the local safeguarding authority.

These issues were a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People did not receive their medicines in line with good practice. We received conflicting information as to the level of support given by the service when administering medicines. For example people, a relative and staff confirmed that the service administer medicines. One person we spoke to told us, "The carer helps me. She puts the medicines in an egg cup for me, then leaves them on the side until I finish breakfast. The staff, wait until I've finished to make sure that I take my medicines. They pop them out of the packet for me, I could do it myself but she likes to do it." A relative told us, "[My relative] does have two different meds, staff pop out the medicine into [relative's] hands and [he/she] administers them. It works well. Staff use gloves, [my relative] doesn't miss their medicine and I don't have to worry about that." A member of staff told us, "No I don't do the medicine. I've not had medication training. The other carer has done the training and takes the lead on administration of the medicine. She will complete all the records. I don't have anything to do with the medication. However the registered manager told us, "We verbally remind people to take the medicine. You [staff] hand the dossette box, glass of water to the person and remind them to take the medicine. We don't need medicine administration recording sheets [MAR's] as we do not administer medicine. The service carried out a 'self-medicine administration form' which stated there were three levels people would be rated as. For example, unable to self-medicate, able to self-medicate under supervision or fully able to self-medicate. We looked at one 'self-medicine administration form' and found that this gave staff guidance on how to support people, however whilst this had been signed by the person, there was no clear indication as to what level they had been assessed as reaching. This meant that there was a risk of people not receiving their medicines as prescribed and in line with good practice.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received care and support from staff that had undergone safe recruitment procedures. During the

inspection we looked at staff personnel files and found staff had two references, photo identification and disclosure and barring service [DBS] checks on file. A DBS is a check the provider undertakes to make safer recruitment decisions. Upon employment staff were required to complete an induction to ensure they understood their roles and responsibilities within the service.

People were protected against avoidable harm. One person told us, "They [staff] know how to help me. I have issues with my mobility, but they [staff] know what to do." The service completed risk assessments that identified the risk, and looked at all aspects of support required to ensure the risk was minimised. Risk assessments looked at medicine management and mobility. Risk assessments were reviewed regularly to reflect people's changing needs and gave staff clear guidance on how to safely support people when faced with identified risks.

People received care and support from sufficient numbers of staff to meet their needs. One person told us, "Yes, I have enough help." A relative told us, "They [staff] are absolutely amazing, they have saved our lives and we couldn't get the right level of care for my relative. The registered manager told us, "At the moment we have on-going recruitment. The person's care needs are decided by the local authority who state the staffing level required." The operations manager said, "The initial assessment and the local authority assessment indicate the level of care people need. If no assessment is provided, we create a care plan and determine how many staff are needed, depending on their needs." Records showed the service discussed both increases and decreases to people's support needs with the local authority to ensure people received the correct level of support at all times.

Requires Improvement

Is the service effective?

Our findings

People did not always receive care and support from staff that received mandatory training in Mental Capacity Act 2005 [MCA]. Although feedback from relatives was positive records showed staff did not receive MCA training. A relative told us, "Yes, they [staff] are skilled and experienced. You don't have to watch what they [staff] are doing they are part of the family." We checked staff files and found staff did receive on-going training in other mandatory areas, for example, food hygiene, health and safety, infection control, safeguarding and safe medicine administration. We raised our concerns with the registered manager who was unaware that MCA training is mandatory for all care staff and confirmed that staff had not received the training. On the second day of the inspection the registered manager said, "If someone has MCA problems, we would go to their relatives who make their decisions and record this. We always check their records and would deal with the G.P, local authority and social worker." After the first day of inspection the registered manager provided us with confirmation that all staff had been enrolled on MCA training within two days.

People were supported by care staff that understood their roles and responsibilities in line with the MCA. We spoke to staff after the registered manager had enrolled them on the MCA training and found staff had adequate knowledge the MCA. One staff told us, "Yes, I have completed the MCA training recently. I always do what is in the best interests of people; I never make a decision for people. If a person doesn't remember information at a certain time, it doesn't make them incapable of making a decision."

People's consent to care and treatment was sought in the manner they chose prior to being delivered. For example, one person did not like being asked for their consent on each visit, and told us, "No they [staff] don't ask for my consent every time. They just get on and do things without asking. I'm not really worried if they ask me or not. They are doing a job and they know what I like so don't have to keep asking me and I prefer that." The registered manager told us, "We ensure people are supported to make decisions about their care through staff training and understanding people's needs." Records documented where people's consent had been given, for example with care they wanted to receive.

People received support from staff that underwent an induction from staff that had clear knowledge of their roles and responsibilities. One staff member told us, "I completed my induction when I first started and it included, understanding a carer's job, shadowing staff, rules and regulations of the organisation and MCA. At the time of the inspection, the registered manager was unable to provide the service specific induction programme staff were supported to complete. The registered manager told us, "The staff have to follow the 'Home Care Workers Handbook' by UKHCA." The registered manager informed us that staff would shadow her for between one to two weeks during which time she ascertained their competency levels. We were unable to find any documentation that staff competencies were assessed prior to being deemed competent to lone work during the inspection. We shared our concerns with the registered manager and requested a copy of completed staff competency information be sent to us. The provider submitted this information to us.

People were supported by staff that received regular supervision and annual appraisals and reflected on their working practices. One staff told us, "I had my last appraisal in January 2016 and my next one is due in

January 2017. The registered manager is very supportive and if I need any help I will contact the office." During the inspection we requested staff supervision and appraisal documents, the registered manager was unable to locate them . After the inspection the registered manager sent us copies of the supervision records. Supervision records covered care delivered, observations, training needs, personal care and safeguarding.

People were supported to access sufficient amounts of food and drink that met their dietary requirements and preferences. One person told us, "If I want something I'll ask." We spoke with the registered manager who told us, "Staff inform people's relatives where there is a need for additional food to be purchased."

People received support to access health care services if agreed in their care package. One person told us, they were supported to visit the GP if needed. The service had clear processes in place to guide staff on how to raise concerns regarding people's health, whereby people's next of kin would be informed and where appropriate an appointment made with the GP as soon as possible. However we were unable to locate any records at the time of the inspection that demonstrated people were supported to access health care services.

Good

Is the service caring?

Our findings

People received on-going care and support from staff that treated them with compassion and kindness. One person told us, "One staff takes her time and does more than what she should do, I'm not complaining about that." A relative said, "From the minute they [staff] stepped into the house they are amazing. My relative is their number one priority. They know all relative's needs. I'd highly recommend them [service] to anyone that's looking for carers. They [staff] are honest and caring and very thorough. They have a routine and it's a lovely atmosphere when they come in."

People had their privacy and dignity respected. One person told us, "Oh yes, they [staff] do respect my privacy. They [staff] come round at night time and help me prepare for bed. [Staff] always checks to see that I am comfortable and she is really very good." A relative said, "Yes, definitely yes." The registered manager told us, "By ensuring the staff respect people's wishes which are gathered in the initial assessment".

People were given information and explanations about the care they received, so they could make decisions about their care. One person told us, "Yes, they [staff] tell me what's going on but I don't need to be told all the time." We spoke with the registered manager who told us, "Staff tell people what's happening so it is clear to them."

People's confidentiality was maintained and respected. Staff were aware of the importance of maintaining confidentiality and reporting any breaches. One staff told us, "I never ask to see information about a person without asking their permission first. If people say this is between 'you and I' and that they want to keep it confidential, I would make them aware that I have to escalate the problem." The service kept confidential information stored securely in locked cabinets, with only authorised people having access.

People were encouraged to maintain their independence. One person told us, "I try to be independent." Care plans documented people's independence level and areas they required support with, for example support with mobility. Staff were aware of the importance of supporting people to remain independent where possible.

Good

Is the service responsive?

Our findings

People had care plans that were person centred and reviewed to reflect their changing needs. We received mixed feedback about people's involvement in care planning. One person told us, "I haven't seen it [care plan] but I know it's there. I don't really have meetings to my knowledge. They [staff] don't talk to me about the care I want." However we did not find any evidence to confirm what the person had told us. A relative told us, "Yes, my relative has a care plan and it's due to be reviewed soon. They [staff] have a review meeting with us and our relative present. They [staff] do take our views on board." Care plans gave staff guidance on how to meet people's health needs, medical needs and preferences. Care plans detailed people's preference's, likes and dislikes, medical needs, health needs, life history and goals. We looked at people's care plans and found these were shared with people and their relatives to contribute to their on-going development.

People were encouraged to participate in activities of their choice if agreed in their care package. For example, a relative told us, "[My relative] gets lots of support with activities. For example, to go to the cinema or out for a meal." The registered manager informed us the activities they currently supported people with were, shopping, meeting friends, meals out and cinema visits. Records confirmed what people and the registered manager told us and documented people's preferences regarding activities. Where agreed in people's care packages support was given to people to access the local community to participate in the activity.

People were encouraged to make choices about the care and support they received. One person we spoke with told us they were supported to make choices, for example, what to wear and what to eat that day. Staff were aware of the importance of supporting people to make choices about the care they received.

People were encouraged to raise concerns and complaints. One person told us, "I have never had any complaints but if I did I would tell the registered manager, so they could do something about it." A relative told us, "I think I would go through their [the service's] complaint process but there is nothing I need to complain about. We could just talk to them." The registered manager was aware of the correct procedure in managing complaints and told us, "There is a complaints form in people's files in their homes." We looked at the complaint file and found there had been no complaints raised against the service in the last 12 months.

People received care and support from staff that attended their visits at the time agreed. One person told us, "Staff are always on time. There's only been one time when they [staff] were late, but they [staff] let me know first." The registered manager monitored staff attendance and had contingency plans in place to cover staff lateness and absence. The registered manager and other management staff were part of the on-call process and covered staff shortages when they arose. This meant that people were not left unsupported and their care package was fulfilled as agreed.

Requires Improvement

Is the service well-led?

Our findings

People did not receive a service that was well-led. During the inspection we identified risks that the registered manager was unaware of and how they impacted people. People did not receive support from a service that undertook robust audits to drive improvement. The registered manager did not complete robust audits of the service relating to, training or staff personnel files. Had comprehensive audits been completed the registered manager would have identified issues such as missing references from staff personnel files and training not undertaken. During the first day of the inspection we asked the registered manager to provide us with audits of the service, the registered manager was unable to show us this documentation. During the second day of inspection we spoke with the registered manager who told us, "We do checks and reviews, go to people's files and see if assessments needs to be done. We check to see if the Disclosure and Barring Service [DBS] checks are in date every year and that the training is up to date." After the first day of the inspection the registered manager provided us with copies of audits undertaken.

We also identified that records were held by the service were not always up to date or accessible. During the inspection we asked the registered manager to provide us with documents. The registered manager was unable to locate some paperwork and did not have a system in place to ensure paperwork was easily accessible. We raised our concerns with the registered manager who was uncertain if documents were in place or was unable to locate them. We gave the registered manager a deadline to submit the documents; however the registered manager failed to provide us with copies of completed audits of the service.

People received care and support from a service that was not aware of the most recent regulations. The registered manager lacked understanding of the changes to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We informed the registered manager to the changes in regulation that took place in April 2015 to which the registered manager told us, "I didn't know the regulations had changed, it's not my responsibility to know that they were changed. You should have told us." This meant that people were at risk of receiving care that did not comply with the up-to-date regulations. At the end of the inspection the registered manager informed us that they had downloaded the correct regulations and would be working in line with the regulations.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager failed to notify the commission of incidents and had insufficient knowledge on the process of safely reporting safeguarding alerts and concerns. This was a breach of Care Quality Commission Regulation 18 of the (Registration) Regulations 2009.

We received mixed reviews about the registered manager. For example, one person told us there was a language barrier at times with the registered manager. "I know who [registered manager] is. I feel I can talk to her, I do understand most things. But when she gets flustered I find it difficult to understand her." A relative told us, "Yes, the registered manager is approachable, she is lovely." A staff said, "A very good place to work. We are very professional."

The registered manager operated an open door policy whereby people, their relatives and staff could access her. People and their relatives confirmed they could make contact with the registered manager to raise concerns and complaints or to discuss any matter relating to their care. The registered manager told us, Staff can always approach me. I operate an open door policy and discuss anything the staff need to. If they [staff] need advice, I listen to them and try to help."

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 18 Registration Regulations 2009 Notifications of other incidents The registered manager failed to notify the commission of incidents and had insufficient knowledge on the process of safely reporting safeguarding alerts and concerns.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not receive their medicines in line with good practice.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not always protected against the risk of harm as the registered manager failed to submit safeguarding alerts to the local authority safeguarding team.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People did not receive support from a service that undertook robust audits to drive improvement.