

Mrs Sharon Elizabeth Henderson

White River Homecare

Inspection report

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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 River is a domiciliary care agency. It provides personal care to people living in their own homes in and around the St Austell area. On the day of the inspection the service was supporting 48 people with a range of health and social care needs, including people with a physical disability, sensory impairment or people living with dementia. Support was tailored according to people's assessed needs within the context of people's individual preferences and lifestyles to help people to live and maintain independent lives and remain in their homes.

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

Recruitment systems had improved to ensure all staff had the necessary checks in place before starting to work for the agency.

Medicines were being managed safely following a review of how they should be recorded.

Changes to the service's governance systems had ensured records were robust and people's needs were being effectively recorded and managed.

Risks to people's health and safety were assessed and records showed these were being managed effectively.

Staff had access to a range of training which supported them in their role.

People told us they were confident concerns were always listened to and acted upon if necessary by management team.

Lessons were learned from incidents and accidents, by reflecting on them and putting systems in place to mitigate any further issues. Managers and staff were consistently open and transparent when things went wrong and kept records to demonstrate this.

People were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was Requires improvement (published 2 February 2019) and there were breaches of regulations. 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 River Homecare

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 domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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. This information helps support our inspections.

We reviewed information we had received about the service since registration. This included looking at information held on our database about the service for example, statutory notifications completed by the registered provider. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 2 staff recruitment files, training records, records relating to the management of the service and a variety of policies and procedures and quality assurance processes developed and implemented by the provider. We reviewed 3 people's care records. We spoke with the registered provider and 4 members of staff. We met with staff from White River Home Care in their office.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with eight people who used the service. We visited one person in their own home. We communicated with eight staff members and two professionals to gain their views.

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 the provider had failed to maintain accurate records about any risks in relation to people's care and their medicines. Also, some staff had started to support people before all the recruitments checks were in place. These were breaches of regulation 17 (Good Governance) and regulation 19 (Fit and proper person's employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 17 and 19.

Assessing risk, safety monitoring and management

- Risk assessments identified hazards and how to reduce or eliminate the risk and keep people and staff safe. For example, environmental risk assessments included analysing environmental risk. Other potential risks included the equipment people used and how staff needed to ensure they were used correctly and what to be aware of. Risk assessments were up to date and appropriate for the activity.
- Staff had good knowledge of the people they supported. They were aware of risks associated with people's care, how to monitor for these and the action to take to reduce these risks. One person using the service told us, "They [staff] understand what I need. I feel very safe when they are supporting me especially with the equipment."

● Staffing and recruitment

Staff had been recruited safely. All necessary recruitment pre-employment checks had been completed to help ensure new staff were safe to work with vulnerable adults.

- Staffing levels were sufficient to ensure people's needs could be met. People consistently told us staff were arriving on time and staying the allocated time. One person said, "It's never a worry because we know they [staff] are going to arrive. Only once were they late but that was due to traffic in the summer and the office let us know."
- Staff had access to training in how to recognise and report abuse, and people had information about this. Staff told us they would raise any issues with the registered manager or the provider. They were confident action would be taken to protect people.

Using medicines safely

- Since the last inspection we found records had been reviewed. Staff had clear directions and protocols in place for people who required medicines at different times. Staff had received updated training to ensure they understood the protocols and regular spot checks by senior staff ensured the procedures were being followed to.
- People were happy with how they were supported with their medicines. One person said, "The staff are very good at reminding me."

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and staff made them feel comfortable. They told us they had no concerns around safety. One person told us, "We are very confident in the staff who come into our home. Yes, we do feel safe".
- Staff understood what safeguarding meant and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
- Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was available for staff and people.

Preventing and controlling infection

- Systems and processes were in place to prevent the spread of infection. Staff confirmed they had received training and said personal protective equipment was available for personal use.
- Spot checks upon staff took place and checks were in place to ensure staff followed good practice principles to prevent the spread of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- The staff always reviewed risk assessments and care plans following accident or incidents to mitigate the risks of it occurring again.

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 Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service commenced supporting them. This assessment was used to form a care plan which was updated as the registered manager and staff learnt more about the person. There was evidence of changes being made as people's needs changed. For example, the need to introduce equipment as a person's mobility started to fail.
- Care plans were person-centred and focused on the individual. Care was planned and delivered in line with people's individual assessment.
- Assessments of people's needs were clear. Staff told us the information was easy to follow. Expected outcomes were identified, and care and support was reviewed regularly or when people's needs changed.

Staff support: induction, training, skills and experience

- Staff had access to a range of training to support them in their role. The training matrix showed there were some gaps in people's training records. However, a training manager had identified these and there was a plan in place which was addressing the issue. Staff told us, "Training is important. We all have the mandatory training renewed every year. Some other areas are now being focused on."
- New staff completed an induction programme to enable them to provide safe care. New staff also had opportunities to shadow more experienced staff to enable people to get to know them and for them to understand people's preferences. A staff member told us, "When I started I was supported by the manager and senior staff. I never felt I had to do things on my own and it gave me confidence."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink appropriate foods which met their needs and preferences. People told us they were able to make their own choices when they required support with eating and drinking.
- Where people required additional support. For example, using dietary supplements. Staff had guidance from health professionals.
- The service worked closely with other professionals to ensure people's identified needs were being managed effectively. For example, liaising with dieticians, social workers and other health professionals to ensure a seamless provision of care.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked with a range of health and social care professionals to ensure that people received the care and support they needed to help keep them well and in some cases, achieve personal goals.
- Staff provided consistent, effective, timely care and support to people in their own homes.

- The service considered current legislation, standards and evidence based on guidance to achieve effective outcomes.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. There were no restrictions in place at the time of the inspection.
- Staff understood what restrictions meant and had a good understanding of consent. Staff always asked permission before supporting people.

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.

Ensuring people are well treated and supported; respecting equality and diversity

- Care records reflected important information in relation to each person's dignity and privacy. It was clear care records supported people in a personalised way. For example, on people's personal profiles there were images outlining things and event that were important to the person. For example, eating out with their partner, holding a do that was especially important to one person.
- Staff focused on retaining and promoting people's independence as much as they could within a person's home setting. For example, supporting a person who was relying on equipment to improve their mobility. They told us, "The staff are very good at supporting me. They know it's really important I get my strength back."
- Care plans contained information in relation to each person's dignity and privacy and how staff should respect that. It was evident through care records and the attitude of staff that the delivery of care and support was personalised and focused on retaining and promoting people's independence.

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

- People had their needs reviewed on a regular basis and they and/or their relatives were involved in making decisions about their care. People and relatives confirmed this, and one relative said "I am the main carer so it's important for me to be involved in reviews and contribute to the reasons behind any changes. The managers are very good at letting me have my say."
- Staff knew how to effectively communicate with people, because they had the information they needed to understand the person. This helped to ensure people were involved in any discussions and decisions as much as possible.
- People told us staff had taken time to get to know them well. People's communication needs had been assessed and staff supported people to make decisions where required.
- People's personal records held information about their current needs as well as their wishes and preferences

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Confidential information was kept securely.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of care they could manage independently and when staff needed to support them. Staff promoted people to be as independent as possible by encouraging, praising and reassuring them.

Is the service responsive?

Our findings

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

At the last inspection the provider had failed to maintain accurate records in relation to people's pressure care and care plans reported inaccurate information. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Since the last inspection the provider had reviewed all care planning systems and introducing a more accurate way of reporting people's needs and ensuring staff following those directions. A regular review system had also ensured the care and support delivered was responsive to meet people's presenting needs.
- Some people needed support to help them to move around. The care plans detailed the equipment required and how staff should support them. Equipment to enable staff to support people in their own homes had been provided.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's relationships with family members and friends were supported by the service. Staff told us they supported people to use technology and contact family members in other countries around the world. A staff member told us, "It really makes a difference when we help make contact. You just see the joy on [Person's] face. It makes me proud we can support this."
- Staff supported people to engage in the community and attend appointments including dentist and opticians. Staff also sought groups which might interest and support people. For example, dementia groups which also supported families to have some respite time for themselves.

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.

- Each person's care plan included a section about their individual communication needs. For example, it was recorded if people needed hearing aids or any support with general communication. One person had limited verbal communication. To support the person staff used a limited number of simple phrases. They told us this worked because the person had familiar staff who also understood non-verbal body language.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure for managing concerns and complaints. Concerns were responded to in a timely manner. The registered manager said this often prevented, minor concerns developing into formal complaints.
- People told us they knew who to complain to and felt confident any concerns would be listened to and acted upon.

End of life care and support

- The provider had systems in place to support staff in managing end of life care. When providing end of life care, the provider worked with other professionals including district nurses and the local hospice.
- The service had introduced an end of life training programme for staff. The service was committed in ensuring all staff had access to this in order to have the knowledge and skills to support people as they were approaching the end of their life.

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 now 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the previous inspection we found the service had not identified and acted on issues found during the inspection. Since the last inspection auditing systems had improved particularly in relation to risk assessments and care plans.
- The provider understood the importance of risk, regulatory requirements and the need to continuously improve the service. The auditing system ensured there was enough oversight within the service to promote safe, effective and responsive care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Regular engagement between the provider, registered manager and senior staff supported the management team to share good practice and learning across the service. This allowed management the opportunity to reflect on current practice within the service as well as and to drive discussion about how to constantly improve provision of care.
- The provider and registered manager were visible and approachable. They took an active role in the day to day operation of the service and continually supported all stakeholders of the service.
- Staff told us it was a good place to work where they felt valued by the management team and supported each other.

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

- The registered manager was aware of the duty of candour and their legal responsibility to be open and honest.
- The registered manager clearly understood their regulatory responsibilities and ensured all levels of staff understood their responsibilities to inform managers and raise issues when important events happened in the service.

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

- Staff meetings were organised for all staff to give them an opportunity to discuss any changes to the organisation and working practices and raise any suggestions.
- There was a good communication maintained between the provider, registered manager and staff.

- Staff felt valued and well-supported by the management team. Staff told us, "It's a very positive agency. We are supported by managers to do a really good job" and "Being supported by the managers really makes a difference."
- People spoke positively about how the service was managed. People told us, "Whenever I call I know someone is going to answer even the on call. They are very professional" and "I haven't been using the agency for long, but I am very impressed by the professionalism."

Continuous learning and improving care

- The management team were keen to ensure a culture of continuous learning and improvement. At this inspection we found they had reviewed current systems and introduced new ones to help them in the overall monitoring of the service quality and safety.
- The registered manager used a range of resources to ensure the service kept up to date with best practice.

Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision and joined-up care. This included people who used the service, their families and representatives, GPs, community nursing teams and other health professionals.