White Bird Care Agency Limited

White Bird Care and Nursing Agency

Inspection report

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Tel: 01276685415

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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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 18 January 2018 and was announced, as it is a small service, to ensure staff we needed to speak with were available. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It is also registered for nursing care but currently does not support any people who require this type of care. It provides a service to older adults, younger adults, people living with dementia or mental health needs. At the time of the inspection, the provider was supporting three young people.

The service had a registered manager and a manager who was in the process of applying to the Commission to become a second registered manager for the service. 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.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective and well-led to at least good. At the last inspection on 22 December 2016, we asked the provider to take action to make improvements in relation to breaches of regulations we found in relation to medicines, safeguarding, notifications and good governance, these actions have now been completed.

At this inspection, we found people were safeguarded from the risk of abuse. The registered manager and the manager understood their role and responsibilities to raise any safeguarding concerns for people. Records were maintained of medicines staff either administered to people or supported people to take. Staff underwent medicines training and had their medicines competency assessed regularly.

At this inspection, we found processes were in place to monitor the quality of the service people received and to seek people's feedback in order to identify any potential areas for improvement of the service for people. The manager had since the last inspection, updated the safeguarding policy to include the requirement to inform CQC of any safeguarding alerts made to the local authority.

Risks to people had been assessed and control measures were in place to manage any identified risks. People's risk assessments were reviewed at least annually to ensure they remained relevant.

There were sufficient numbers of suitable staff to support people and meet their needs. The provider followed safe recruitment practices for people. Processes were in place to protect people from the risk of acquiring an infection during the delivery of their care. Processes were in place to ensure any required learning could take place following an incident to ensure people's future safety.

People's needs were assessed prior to the commencement of the service. The manager kept themselves up to date with developments and policies reflected current guidance to ensure people received effective care.

Staff underwent an induction to their role. We have made a recommendation about the provider assuring themselves that this meets current guidance. Staff underwent a range of training and some staff completed further training immediately following the inspection to ensure they had the knowledge to provide people with effective care. Staff received regular supervision and support in their role.

Staff supported people to eat and drink sufficient for their needs. Staff had worked with health professionals to ensure people received effective care. Staff were able to support people to meet their health care needs where they required this assistance.

People were supported 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.

People and relatives reported that staff were caring. People were treated by staff with kindness, respect and compassion during the provision of their care. People were supported to express their views and to be involved in decisions about their care and treatment as far as possible. Staff upheld and promoted people's privacy and independence during the provision of their care.

People received personalised care based on their needs and their care was kept under regular review. Staff confirmed they received relevant information about people upon which to base people's care. The service was responsive to changes in people's needs. People were supported to take part in activities that were relevant to them. Processes were in place to enable people to make a complaint if required.

The registered manager needs to ensure that record keeping standards consistently meet regulatory requirements. The manager took prompt action to rectify the record keeping issues we identified during the inspection. However, it will take time for the provider to be able to demonstrate that the actions they have taken to meet legal requirements have become embedded in practice at the service over a period of time.

The registered manager and the manager were passionate and committed to providing good care to the people they supported. They were open and transparent with people and their relatives. Staff were engaged with the service and their views sought to develop and improve the quality of care provided. The registered manager worked in partnership with other agencies where appropriate.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Systems, process and practices were in place to safeguard people from the risk of abuse.

Processes and guidelines were in place to ensure people's medicines were managed safely.

Processes were in place to assess risks to people and monitor their safety.

There were sufficient numbers of suitable staff to support people and to meet their needs.

Processes were in place to protect people from the risk of acquiring an infection.

Processes were in place to ensure any required learning could take place following incidents to ensure people's future safety.

Is the service effective?

Good

The service was effective.

People's needs were assessed and their care delivered in line with current legislation in order to achieve effective outcomes for people.

The manager took prompt action following the inspection to ensure all staff were up to date with all relevant training, in order to provide people with effective care.

Staff supported people to eat and drink sufficient for their needs.

Staff worked with health professionals where appropriate to ensure people received effective care.

Staff were available to support people to access healthcare services where required.

People's consent to their care and treatment was sought in line with legislation and guidance.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness, respect and compassion.

People were supported to be involved in decisions about their care as far as possible.

People's privacy and independence were promoted by staff during the provision of care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

Staff supported people where this assistance was commissioned to take part in community-based activities that were relevant to them.

Processes were in place to enable people to make a complaint if required.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Processes were in place to enable the provider to monitor and improve the quality of the service provided to people.

There was a registered manager in post who understood their responsibility to inform the Care Quality Commission of all notifiable incidents.

Further improvements were required in relation to standards of record keeping and their availability to reach the expected standard of 'good.' Although the manager took swift action to rectify the issues identified, it will take time for them to be able to demonstrate the actions they have taken have become embedded within practice at the service over a period of time.

The registered manager and the manager were passionate about the care provided to people and promoted an open culture

within the service.

Processes were in place to engage people and staff with the service.

The registered manager had worked in partnership with other agencies where appropriate.

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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.

We gave the service 48 hours' notice of the inspection visit because it is small and the managers are often out of the office supporting staff or providing care and therefore we needed to be sure that they would be available.

Inspection site visit activity started on 18 January 2018 and ended on 23 January 2018, it included; speaking with people or their representatives and reviewing records. We visited the office location on 18 January 2018 to see the registered manager and the manager; and to review care records and policies and procedures. The inspection team included two adult social care inspectors.

We did not ask the provider to complete a Provider Information Return (PIR) prior to the inspection; instead, we requested this information at the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager and a second manager who was also in the process of registering with the Care Quality Commission to manage the service provided. The registered manager and the manager were also the providers of the service. Following the inspection, we spoke with one person and one relative, in addition to two people's social workers and one of the provider's two care staff.

We reviewed records which included all people's care plans, all staff recruitment and supervision records,

including those of the registered manager and the manager and records relating to the management of the service.

During the inspection we asked the provider to submit additional information we required for consideration as part of the inspection process within a specified timeframe, which they supplied as agreed.

The service was last inspected on 22 December 2016 when we found four breaches of the Regulations.

Good

Our findings

People and relatives reported they felt safe with the care provided by the service. A relative said; "I feel [loved one] is safe in their care. They are aware of the risks," "They turn up on time," and "They administer the medicines and they always double check any changes."

At our previous inspection of 22 December 2016, we found people did not receive their medicines in line with good practice and were not always safeguarded against the risk of harm. These were breaches of Regulations 12 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider sent us an action plan to inform us they would meet the requirements of Regulation 12 by 02 January 2017 and the requirements of Regulation 13 by 01 April 2017.

At this inspection, we found people were safeguarded from the risk of abuse. The registered manager, the manager and a member of care staff were able to describe the purpose of safeguarding, their role and the signs, which might indicate a person had been abused. Staff had access to relevant safeguarding guidance and contact numbers if required. Records showed staff had completed safeguarding adults training. Neither the registered manager nor the manager had needed to make any safeguarding alerts since the last inspection. However, they both understood their role and responsibility to report any potential safeguarding incidents to the local authority as the lead agency for safeguarding and to the Care Quality Commission in order to ensure people's safety.

At this inspection, we found people's medicines were managed safely. A person told us staff supported them to take their medicines and their records confirmed this. Since the last inspection, the registered manager had introduced medicine administration records (MARs) for all people whom staff supported to manage their medicines. Staff signed the MAR, which provided a written record of the medicines people had taken.

Staff did not always record when people had declined their medicines or the reasons for them not taking them. Records did not always demonstrate the date people commenced a new medicine and hence from when it was to be administered. The manager was able to provide us with this information verbally; however, it is important that it is also documented, in order to provide a clear record of medicines administration. This was brought to the manager's attention for them to address with staff. Following the inspection the manager provided evidence which demonstrated that additional information and training had been provided to staff in the effective completion of people's MAR's, to ensure people's safety.

Staff had access to the provider's medicines policy for guidance where required and information leaflets

about medicines people were taking and their potential side effects. Staff underwent medicines training. The manager told us staff had their competency to administer people's medicines assessed six times per year, which staff and records confirmed. Records of these assessments were not available on the day of the inspection, but were provided afterwards as requested.

Where a person lacked the capacity to consent to the administration of their medicines covertly, a mental capacity assessment had been completed and their GP consulted as part of a best interest decision. These decisions were fully documented to demonstrate that legislation had been followed and people's human rights had been protected.

The risks to people associated with areas such as moving and positioning use of wheelchairs and falls had been assessed. Where risks were identified there was guidance for staff about how these should be managed safely, for example; through the use of equipment or by providing guidance to the person when mobilising. The manager had noted any allergies the person experienced on their records for staff's information. The manager was aware of where they could access additional assistance if required to manage identified risks to people, for example, via the person's GP or the falls team, for further guidance. People's risk assessments were reviewed annually, or more frequently when required, to ensure they remained up to date and relevant.

The risks to people in the event they needed to be evacuated from their property had been assessed. People's records stated how many staff were required to provide their care safely and the required number of staff were provided.

People determined the amount of care they required and the days and times, this was to be provided. The pattern of care calls for each person was quite different and reflected their personal requirements. A relative told us that the timing of care calls was crucial for their loved one's welfare and that care staff always turned up on time, which ensured the person's safety. People and staff were able to access the manager out of hours if required.

The manager told us that as no-one currently provided with a service needed nursing care, no nurses were employed but that they would be if people required this care. There were sufficient staff with the correct skills to meet people's current needs. The provider was looking to expand and was seeking to recruit new staff before committing to additional packages of care for people.

Staff recruitment checks had been completed, these included: a completed application form, the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. One staff member's records did not have written evidence of the date they had finished education or their full employment history and another lacked their full employment history. Although both staff were related to the providers, hence, the manager knew their education and employment history, it is a legal requirement that this information is available for review; therefore we brought this to the manager's attention. Following the inspection the manager provided evidence that this information had been documented on these staff's records, to demonstrate that all the statutory information required was physically available. The provider followed safe recruitment practices for people.

Staff had completed infection control training and had access to relevant information in the staff handbook. The use of personal protective equipment for infection control was also covered within both the provider's health and safety and infection control policies. The manager assessed staff's adherence to infection control

policies and procedures during observations of their practice, to ensure the risks of people acquiring an infection were minimised.

The manager told us there had not been any accidents or near misses since the last inspection. In the event there was an incident, they told us staff were required to complete an incident form which they would then review. The person's care plan would then be reviewed to see if it needed updating and relevant staff would be informed of the incident and any required changes to ensure the person's on-going safety. They also advised any incidents would be discussed during the staff meetings, in order to reflect upon any learning points for staff.

Good

Our findings

People and relatives reported the service was effective. A person told us, "They [staff] have the right knowledge." A relative said, "They [staff] can cope with [loved ones] challenging behaviour. They manage to work with [loved one]" and "They [the provider] did an assessment."

The manager told us they assessed each person's care needs prior to commencing a service, which records confirmed. A relative also told us their loved ones needs had been assessed.

The provider's policies to provide staff with guidance about their responsibilities and actions reflected current legislation and regulatory requirements. For example, the falls risk assessment provided signposting guidance to ensure staff would know what action to take if a person had been assessed as at risk from falls. The provider was a member of a professional trade association for home care providers. The manager told us this enabled them to receive regular emails and updates to ensure they were kept informed of developments and good practice guidelines to inform the provision of people's care.

Staff underwent an induction to their role and were issued with an induction handbook produced by a professional trade association. All staff had completed the provider's required training which included: assessing needs, communicating effectively, first aid, food hygiene, infection control, moving and handling, safeguarding, medicines administration, Mental Capacity Act (MCA) 2005 and dementia. We recommend that the provider refers to current guidance in order to assure themselves that the induction they provide also meets nationally recognised induction standards.

Staff had not undertaken training in relation to all of the needs of the people they supported such as those living with epilepsy or challenging behaviour. Instead, staff were provided with basic information about common clinical conditions within their induction handbook and additional written information was provided about specific health conditions people lived with for staff's information and understanding. We brought this to the manager's attention and following the inspection, they submitted evidence to demonstrate relevant staff had since undertaken this training to ensure they had the skills to meet the specific needs of the people they were supporting.

The registered manager and the manager both had some training certificates which were out of date. We brought this to the attention of the manager, who told us there had been issues with the retention of their on-line training records. Following the inspection, they both provided evidence that they had updated their required training to ensure their knowledge remained relevant and up to date for people.

A staff member told us, they felt "Well supported" in their role. The manager told us they completed spot checks on staff performance six times a year. Records confirmed the manager assessed staff's practical provision of care in people's homes and provided staff with the opportunity to discuss any issues arising. Staff were also provided with an annual appraisal to enable them to review their performance over the past year and to identify any goals for the next year. These measures ensured staff were adequately supported in their role.

The manager understood people's individual dietary requirements and preferences. Where staff were required to support people by providing meals or drinks this was documented in the person's records and a record was completed to demonstrate this had been provided. A relative told us that their loved one had not liked the meal they had prepared for staff to feed to the person. They were impressed that staff noted this, used their initiative, and prepared the person an alternative that they did like to ensure the person ate a meal. Staff supported people to eat and drink sufficient for their needs.

People had directly commissioned the service themselves, rather than statutory authorities such as social services and all had their families involved in their care. Therefore, the service had not had many opportunities to work across organisations since the last inspection.

The manager told us they had met with one person's healthcare professional in order to understand how to support the person effectively with their healthcare. The person's records contained pictorial and written guidance about the support to be provided for the person, provided by the professional. Records showed staff had applied the guidance provided in order to promote the person's health and welfare. The manager also told us that in the event that a person required support in attending a healthcare appointment, then this would be provided.

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.

Staff had undertaken MCA training and understood the application of the MCA in relation to their day-to-day work with people. Some written MCA assessments reviewed were not decision specific. However, the registered manager had assessed if people had the capacity to consent to receiving care and treatment and where they lacked consent had consulted relevant parties, this was confirmed by a person's relative. We highlighted to the manager the need to ensure that each written record of a MCA assessment and best interest decision only related to one decision at a time, to ensure a clear record of each decision was maintained. Following the inspection, they provided evidence that the required action had been completed in order to meet legal requirements.

Good

Our findings

People and relatives reported that staff were caring. A person told us, "We get along." A relative commented that staff were "Brilliant," and "They are caring. [Loved one] needs a lot of input and positive staff who interact. They interact with [loved one] and take [loved one] out for walks. I cannot fault them. "[Loved one] loves them [staff]."

Staff told us they treated people kindly and spoke respectfully about the people to whom they provided care. The manager told us they constantly verbally checked with people if they felt treated well by staff and through people's completion of written customer feedback forms.

The manager and staff had a good understanding of people's needs. They understood how people liked to have their care provided and what was important to people about the provision of their care. For example, the time their care was provided, not to be rushed and to have choices about how they spent their time.

Disability is a protected characteristic as defined by the Equality Act 2010. People's type and level of disability was documented in their care records to ensure staff both understood the needs of the person they were providing care for and any potential risks to the person of experiencing discrimination on the basis of their disability.

People's records documented what decisions they were able to make themselves for staff's information. The manager told us people were offered choices in all areas of their care, such as their choice of clothing or what to eat. They told us, "We do not decide for them, we listen to them." Staff confirmed they involved people in decisions. A relative also confirmed that they heard staff consult their loved one about their wishes and that these were respected. For example, if the person did not want to go out then staff did not take them out.

People or their representatives where relevant were provided with a client agreement, which set out what they could expect from the service and their rights. The provision of relevant information enabled people or their relatives where appropriate to make informed decisions about their care.

People's records documented if people required support with personal care such as bathing. Records demonstrated how staff had assisted people to complete aspects of their care such as teeth brushing, in order to support and promote their independence.

The manager was able to tell us how staff upheld the privacy and dignity for individuals during the provision of their personal care, for example, by ensuring doors were shut and that the person was not left uncovered. A relative confirmed to us that their loved ones personal care was always provided in private. People's privacy, dignity and independence were promoted during the provision of their personal care.

Good

Our findings

People and relatives reported that the service was responsive. A person told us, "They review the care" and "I can raise any issues." A relative reported, "They know what they are doing" and "They [staff] can work on their own. They use their initiative."

People or their relatives were asked to complete and sign a history form when they commenced the service, providing information about the person, and their personal history, family, religion, interests, and hobbies. A person's relative had provided the service with a detailed information booklet about the person when the service commenced, to help staff get to know the person. The provider sought information about people upon which to develop a care plan that met the person's individual needs. The manager told us they reviewed people's care on an annual basis and their care plans were then updated to ensure they remained relevant, which records confirmed.

The manager said that when a person commissioned care from the service, they or the registered manager personally commenced the person's care package to enable them to get to know the person. Then if the person's care package was settled after a month, then they introduced one of the staff to the person and showed staff what care they needed to provide, to enable care staff to take over the person's care. Staff confirmed they received relevant information about people. People's records provided clear, simple instructions for staff about the care they required.

People's care was provided by the same staff each time unless the staff were on leave or sick, when another specified staff member provided the care. Therefore, staff gained a good understanding of people's needs. A relative told us "I know I don't have to be here. They look after [loved one] well." People received personalised care.

Records showed the service was responsive to changes in requests from people about the frequency and timing of their care. A relative confirmed that they had rung and requested additional care at short notice, which had been arranged for the person. The service was responsive to changes in people's needs.

People's care plans documented their interests and hobbies. The manager told us that where people commissioned the service to support them with their wider interests and community involvement then this was provided, which records confirmed. For example, a person was provided with weekly support to go out and undertake community based activities, such as shopping, movies and meals out. The person told us, "The time out promotes my independence and well-being." A person's relative also told us staff took their

loved one out in the community. People were supported to take part in activities that were relevant to them.

The service ensured that people had access to the information they needed in a way they could understand it and are complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

The registered manager told us that at present they cared for two people who could not comprehend information provided in a written or verbal format, hence information was not provided for them in an easy read format, as this would not meet their needs. Staff understood how to interpret specific people's vocalisations and gestures. The manager was able to give an example of how in the past, they had used 'flash' cards containing images to communicate with a person they cared for at that time who could communicate in this way. The manager understood the need to ensure people were provided with information in an appropriate format.

The provider had a complaints policy, which outlined to people and their representatives how to make a complaint and how any complaints would be dealt with by the provider. People were able to make a complaint, and knew how to do this: verbally, in writing and via the provider's website. No complaints had been received since the date of the last inspection. Processes were in place to enable people to make a complaint and they felt confident these would be dealt with.

Requires Improvement

Our findings

People and relatives reported they felt the service was well-led. A person told us they were, "Really happy with the service," and "There is good management." A relative told us, "They are passionate."

At our previous inspection of 22 December 2016, we found people did not receive support from a service that undertook robust audits to drive improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager had 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 Regulation 18 of the Registration Regulations 2009. Following the inspection the provider sent us an action plan to inform us they would meet the requirements of Regulation 17 by 02 January 2017 and of Regulation 18 by 01 April 2017.

At this inspection, we found the provider did have systems in place to monitor the quality of the service provided. The provider had processes to ensure regular spot checks took place on the quality of staff's delivery of care to people and staff's competency to administer people's medicines. This ensured the quality of care provided to people was monitored. People's views and the views of their relatives about the service were sought through customer feedback forms, which were circulated three times a year. The results were positive and demonstrated a high degree of satisfaction with the service. Relatives had made written comments that they were very happy with the service and that staff arrived on time. Processes were in place to monitor the quality of the service people received from staff and to seek people's feedback in order to identify any potential areas for improvement.

The manager told us that since the last inspection they had updated the safeguarding policy to include the requirement to inform CQC of any safeguarding alerts made to the local authority. We saw this had been completed, but requested they make it explicit that a written notification was required in addition to verbally informing the inspector. Following the inspection the manager provided evidence that the policy had been amended to provide staff with clear guidance. The registered manager understood their legal responsibility to inform CQC of notifiable incidents.

Although we found improvements had been made to the standard of record keeping, further improvements were still required to meet the expected standard of 'good'. The registered manager needed to ensure that record keeping standards consistently met regulatory requirements, for example, in relation to the correct completion of people's medicine administration records where medicine has not been administered. Mental Capacity Act 2005 assessments need to always be completed for each specific decision and all written

employment information must be immediately available for staff. Records relating to staff's medicine competency assessments need to be available for review at all times. They need to ensure that the process in place to monitor whether staff need to update their training is fully effective and that up to date training records for all staff are immediately available. Although the manager took prompt action to rectify these issues during the inspection, it will take time for them to be able to demonstrate that the actions they have taken have become embedded and sustained in practice at the service over a period of time.

The registered manager and the manager of the service both displayed a passion and commitment to provide good care to the people they supported. Staff's annual appraisal records demonstrated that they enjoyed their role and working for the provider. A staff member told us there was "Great team work."

The statement of purpose set out the aims and objectives of the service for both people and staff. These were to provide a high standard of care to people that enabled them to remain living at home. Records demonstrated that the provider had been open and transparent with people and their relatives about the last CQC inspection and had taken measures to ensure they were made aware of the content of the report.

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service and the second manager was in the process of applying to the Commission to become a registered manager for the service.

The manager understood their responsibility to ensure people's confidential information was kept secure. Records were kept locked and only accessible by authorised personnel.

In addition to regularly seeking people's feedback about the service, the registered manager held staff meetings to provide staff with the opportunity to express their views about the service in addition to their supervision sessions. This ensured staff were engaged with the service and their views sought.

The service had limited opportunities for working across agencies as people commissioned the service directly rather than statutory agencies. However, records showed the manager had attended reviews of people's care where relevant.