White House Home Care Services Limited

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Inspection report

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Tel: 01482827902

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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

White house home care provides personal care to people who live in their own homes in the city of Hull and surrounding areas. The service office is based in a residential area to the East of the city.

This was the first inspection of the service since it registered with the Care Quality Commission (CQC) in January 2014. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to speak with us.

This inspection of White house home care took place on 21 July 2016 and was announced. We subsequently carried out a further inspection visit on 26 July 2016 which was also announced. This was to enable us to meet some people in their own homes. At the time of our inspection the registered provider was supporting 13 people living in their own homes, eight of which required support with personal care.

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

The registered manager did not have a clear understanding of their requirements to notify CQC and we found they had failed to notify us of certain events and incidents that had occurred. This was a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009.

The registered provider had no systems in place to monitor and improve the quality of the service provided. We saw there was no evidence of audits to drive continual improvement and to learn from any incidents that occurred at the service. You can see what action we have asked the registered provider to take at the back of the full version of the report.

Sufficient staff were employed by the service, however they had not always been recruited in line with the registered provider's recruitment and selection policy.

The training records evidenced that some staff had completed parts of induction training and training on the topics considered to be essential by the service. However, we saw gaps in both the training and induction that staff had received.

People were protected from harm or abuse by staff who had received training in safeguarding adults and understood the signs of abuse to look out for. They knew how to report any concerns and were aware of the whistleblowing procedure.

People were involved with the planning and delivery of their care. Reviews were held at regular intervals to enable people to provide feedback on the support they received. The registered provider had a complaints

policy in place that was provided to people when they started using the service. We saw the service received very few complaints.

Staff gained people's consent before care and treatment was provided. The service worked in-line with the principles of the Mental Capacity Act.

We found that people were cared for and supported by kind and caring staff that were knowledgeable about people's individual care and support needs. Care files were updated regularly and information shared so that staff were aware of changing needs. People's privacy and dignity was upheld at all times and their personal details were kept confidential.

People who used the service received additional care and treatment from health care professionals in the community.

The people who used the service expressed their satisfaction with the support they received with medicines, meal preparation, cleaning, personal care and support with activity.

People and staff told us the management team were approachable, supportive and listened to their views regarding the service.

You can see what action we have told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Sufficient staff were employed by the service, however they had not always been recruited in line with the registered provider's recruitment and selection policy.

People's medicines were managed safely by staff that had been trained.

There were safeguarding and whistleblowing procedures in place and staff understood what constituted abuse and knew how to report it.

Risk assessments were completed to minimise known risks in people's lives.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not provided with appropriate induction and training to ensure their skills and knowledge were up to date.

People provided their consent before care and support was provided. The principles of the Mental Capacity Act were followed.

People had their health and social care needs assessed and plans of care were developed. People who used the service received additional care and treatment from health based professionals in the community.

Is the service caring?

Good

The service was caring.

People told us that staff were caring and this view was supported by the relatives we spoke with.

People's privacy and dignity was respected by the staff and this was confirmed by the people who we spoke with.

The people who used the service were included in making decisions about their care whenever this was possible; this was confirmed by the people who we spoke with.

Is the service responsive?

Good

The service was responsive.

People were involved with the planning and on-going delivery of their care.

People's care plans contained up to date information and were reviewed on a regular basis.

A complaints policy was in place and people were provided relevant information regarding how to make complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

We found that the registered provider had failed to notify us of certain events and incidents that had occurred.

People expressed satisfaction with the consistency of the service. There were opportunities for people who used the service and staff to express their views about the service that was provided. However, we found no systems in place to monitor and improve the quality of the service and no evidence of audits to drive continual improvement.

People who used the service told us they found the registered manager was approachable.

White House Home Care Services Limited

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 registered 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 was completed by one adult social care inspector on 21 and 26 July 2016 and was announced. Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also requested feedback from the local contracts and safeguarding teams about the service; they did not have any concerns about White house home care at the time of our visit.

During our inspection we spoke with three people who used the service in their own homes (after gaining permission to do so) and two of their relatives. We also spoke with the registered manager, two staff members (one over the telephone) and the nominated individual (NI) for the service. An NI is a person employed as a director, manager or secretary, who has the authority to speak on behalf of the organisation and has responsibility for assessing and monitoring the quality of the service provided.

We looked at six people's care files along with the associated risk assessments. We also looked at a selection of documentation relating to the management and running of the service. This included quality assurance information, staff recruitment and induction records, training records and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

When we asked people about the timeliness of calls people told us their calls were made on time. Comments included, "My carer has never missed a call and always stays for the hour. I'm perfectly happy with it. One time they [staff] were five minutes late and they rang me to tell me." Another person said, "I have never had a missed call. Sometimes even if they [staff] are going to be a few minutes late they ring me and let me know. I have had very good consistency with them."

People who used the service told us they felt safe. One person told us, "Yes, I feel safe." Another told us, "Oh yes I am safe." Relatives we spoke with commented, "[Name] is most definitely safe. I have never seen anything that concerns me. We know that [Name] is getting their medication and plenty to drink and that is everything to us." Another relative told us, "[Name] gets on really well with them [staff] and we feel safe with them in the house."

People who used the service were protected from abuse and avoidable harm by staff who had completed safeguarding vulnerable adults training and knew how to keep people safe. Staff told us they were aware of what signs may indicate someone was potentially suffering from abuse. One member of staff told us, "There are different types of abuse, someone may appear withdrawn or could be jumpy. If I was worried about anything I would try to calm the person down and go to [Name of managers] or the local safeguarding team" and another told us, "Abuse can be financial or emotional and if you think someone is taking advantage of someone. I would always contact [Name of managers] and if really serious I would go to the police."

We looked at six people's care files and saw each person had personalised risk assessments in place to ensure staff were aware of how to reduce known risks and ensure the safety of the person who used the service. An environmental risk assessment had been undertaken in each of the properties where people who used the service lived and included; lighting conditions, accessibility to property and safety of floor coverings. This provided staff with information to keep themselves and others safe when visiting people. We saw these assessments were regularly reviewed and updated when required.

We found the service did not have plans in place to address risk and deal with foreseeable emergencies such as, flooding, adverse weather conditions and power failures. We also found that no risk assessments had been completed in relation to staff lone working in the community. This did not follow the registered provider's lone working policy. We discussed these findings with the registered manager who told us they would look at implementing a business continuity plan and lone working risk assessments for staff.

The staff we spoke with told us they considered people to be safe. Comments included, "We use gloves and aprons when supporting people with personal care and we have identification badges so people know who we are" and, "People have full risk assessments in place and we do mini risk assessments such as; is all of the equipment out of the way so people don't fall over it. We are always monitoring for risks. We use slide sheets to help people up in their bed and [Name of manager] will get us some training if any new equipment is put in place." Records showed staff had received training in moving and handling. However, we saw none of the staff had received infection control training to assist in maintaining good infection prevention and

control. We discussed this with the registered manager who agreed to look at the staffs' training needs. We have reported on this further in the effective section.

Staff were seen to wear uniforms and identity badges when visiting people in their homes. Staff we spoke with also told us they were provided with personal alarms and personal protective equipment (PPE) including gloves and aprons and we observed staff used gloves and aprons appropriately, when supporting people.

We looked at the recruitment records of the three staff that were employed at the time of this inspection and saw checks had been carried out with the Disclosure and Barring Service (DBS) before they had commenced work with the service. DBS checks return information from the police national database about any convictions cautions, warnings or reprimands and help employers make safer recruitment decisions. One staff member told us, "I brought a DBS across from my last employer but I had to have a new one done with this job."

We saw recruitment procedures included checks of staff's personal identity and past work experience. However, we saw no evidence of references in any of the staff files we checked, which did not follow the registered provider's recruitment and selection policy. We discussed this with the registered manager who told us they had received verbal references, which had not been recorded and they had encountered difficulty in obtaining written references from staff's previous employers. The registered manager agreed to address this issue and during the second day of our inspection we saw one staff member had two suitable references on record.

Staff were provided in enough numbers to meet people's needs at the time of this inspection. Rotas were in place on an electronic system which showed how many staff should be supporting people at each call and the registered manager told us each week a text message was sent to staff to upload the electronic system and access the rotas for the following week. The system provided a colour coded alert when the staff member had logged in at the call or not and if the call had been carried out late or early. This system helped the registered provider to identify if any late or missed calls took place.

Staffing numbers were provided to ensure people were supported to lead fulfilling lives, had access to the community to undertake daily living tasks, for example, domestic tasks, shopping, personal care, meal preparation and attending social outings.

Training records showed staff were trained to manage and administer medicines in a safe way; the registered manager had completed competency assessments on staff practice. At the time of this inspection very few people required support with their medicines and we saw people's care files included an assessment on their ability to manage their own medicines and any support required. For example, one person's medicine assessment said, 'I can self-medicate' and, 'I would like you to prompt me to take my medicines.' People using the service told us, "I do all my own medication" and, "I know all of the medicines I take and I manage them myself."

We saw evidence that people's Medication Administration Records (MARs) were returned to the service's office and were completed accurately with no gaps in recording and were up to date. One staff member told us, "I was trained in medication as soon as I started. I always make sure there is the right amount and double check it before I give any. We indicate what date the medication started on the MARs and record in the persons log sheet. We normally leave the old one in the person's home for a week or so and then return it to the office."

Requires Improvement

Is the service effective?

Our findings

People who used the service told us the staff who supported them understood their needs and delivered a good level of care and support. Their comments included, "I know they do their own training and [Name of manager] has done the job for years. Everyone who starts goes out with the managers to learn and they are always introduced to you first. They [staff] know about me and they know if there is anything wrong. Sometimes I will stay in bed and they will adjust my calls to support me with that." Another person said, "For what I need they have the right skills. They [staff] are very good."

We were unable to see any supervision records held with staff at the service in the last year. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Staff told us about informal supervisions and that the registered manager would check they had no problems. Comments from staff included, "I did have someone observing me during induction and at least once a week I talk to the manager and I call them all the time," "I talk to [Name of managers] every day if I have a problem. We have more one to ones and the manager always rings me to see if I'm all right." Another member of staff said, "I am well supported, I have had a couple of problems and [Name of manager] has helped me sort them out."

The service did not have a training policy in place. Staff told us they received induction and training which they felt equipped them to meet the needs of the people who used the service. Comments included, "I have done moving and handling, safeguarding, health and safety and medication. Yes I have had enough training and my medication training has been updated. I had a probationary period of six months and [Name of manager] came out and observed me and did spot checks to see if I was on time and following the persons care plan" and, "During my induction we did different simulations with hoists and slide sheets and I have done the Care Certificate, safeguarding and dementia training. I have visited a few people who have dementia and I know that following people's routines is important and I try and prompt a memory and be patient." The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We looked at induction records for the three members of staff that currently worked at the service. We saw some staff had completed workbooks upon commencing employment with the service, which included shadowing and observations of practice around personal care, use of personal protective equipment, moving and handling, record keeping and medication. However, we were unable to see clear recorded evidence of any staff's completed induction to the service. We discussed this with the registered manager and NI who showed us a new induction process they told us would be completed by all staff who were employed by the service.

We saw from training records held that staff had completed training in moving and handling, safeguarding, dementia and medication. We discussed staffs training needs with the registered manager who showed us a training matrix that highlighted statutory, essential and service specific training which included food safety, infection control, nutrition, health and safety and fire safety. However, the registered manager told us this training matrix was not currently adhered to.

When we asked the registered manager what the services essential training was they told us it was moving and handling, safeguarding and medication and that all staff were to complete the Care Certificate. We found there was a lack of training in specific areas such as first aid, infection control and food safety. This meant that staff would not have the skills required to confidently manage situations which could pose a risk or potential risk for people, for example medical emergencies, infection control and preparing food safely. Whilst there had been no immediate impact on people, it was important staff received appropriate induction and training for them to feel skilled and confident when supporting people.

People who used the service told us that their consent was gained before care and support was provided. One person commented, "Yes they do ask me. They know my routine and always ask if I'm comfortable and if there is anything else I need." A relative told us, "They [staff] sit with [Name], talk to her and listen to everything she says and encourage her to eat. They completely understand her needs and treat her as [Name] and have got to know her."

Staff understood the importance of gaining people's consent before care and support was provided. During discussions staff told us the different ways of gaining people's consent. We were told, "I am always asking the person if they are okay with me doing this?" and, "I try and give as much information as possible and I assume all people have capacity. I will ask the person if they are okay and explain what I am doing or speak to their next of kin and all sit together and talk about the person's choices."

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, 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. For people in the community who needed help with making decisions an application should be made to the court of protection. 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 were being met. At the time of our inspection no one who used the service was deprived of their liberty or under a court of protection order.

People who used the service told us they were able to discuss their support at any time. One person told us, "They [staff] are interested in me and I absolutely get person centred care. [Name of staff] and me get on like a house on fire." A relative told us, "We are in contact quite a lot with [Name of manager] and we do communicate." This indicated that there was good communication between the service, people who used it and their families.

Information in individual care records indicated that people who used the service received input from other health care professionals such as GP, occupational therapists and emergency services (when required). One person who used the service told us, "They [staff] have rang an ambulance for me a couple of times and I know if I needed help they would act on it. They [staff] have looked after the sore on my leg very well alongside the district nurse" and a staff member told us, "One person we supported had Parkinson's disease and as their health showed deterioration we called in the occupational therapist and the GP. If anyone needs their GP I would ring them." Another said, "On one occasion we had a person on end of life care and I stayed behind after my call to support them further." Any contact with health care professionals was documented in the person's records. This meant staff were aware of people's health care needs so that they could provide appropriate support.

We asked staff how information was shared with them if a person's needs had changed. One staff member told us, "We will get a phone call asking us to come into the office and they [Managers] will go through the person's needs and any changes that have been made. They keep us well updated and we are told to check the electronic system for updates to peoples care plans.

Good

Is the service caring?

Our findings

People using the service told us they were supported by caring staff. One person told us, "I cannot fault them. They give me a five star service and nothing is too much trouble. They are accommodating and friendly and they [staff] all like coming here." Another told us, "They are good and get on and do their job. They are absolutely lovely." A third person said, "[Name of staff] is very easy going and pleasant. She will chat and is interested in me."

A relative we spoke with said, "They [staff] are doing a really good job, if they weren't I would tell you. In fact they have gone over and above in the past and have stayed with me when [Name] has been ill and need an ambulance." Another relative told us, "Staff are doing an outstanding job. They [staff] are brilliant at communicating and [Name of relative] is very fussy and likes everybody."

We found positive relationships existed between people who used the service and staff. We saw one person being supported by staff who demonstrated a commitment to meeting their needs and observed this was carried out in a relaxed atmosphere with staff and people talking together with smiles on their faces.

At the time of this inspection the service was small and employed a small number of staff. This enabled people who used the service and staff to develop meaningful caring relationships. Interactions observed between the staff and people who used the service were friendly and respectful. One staff member told us, "I spend time with people and we will sit and have a cup of tea with them. It helps us to get to know them." Another said, "Care is about how people speak to others. People are not treat any different and we are enthusiastic. We have more than enough time with people and we are never rushed. We had one person who was terminally ill and we worked alongside the nurses to find things they liked to eat."

People were supported to maintain their independence. A member of staff we spoke with said, "I will monitor if the person has the ability to do the task. People can do things for themselves and one person I support can make their own porridge and cup of tea and another can brush their own hair and teeth and is independent with walking." A relative told us, "They encourage [Name] to do things like washing the pots" and a person using the service told us, "I can shower myself and [Name of staff] wash my back and I can brush my teeth."

We observed people were treated with dignity and respect by staff who recognised the importance of treating them as an individual. People with whom we spoke confirmed this. A member of staff we spoke with said, "I help one person with their personal care. I make sure the doors are closed and help with their top half first, then when I help with their bottom half I will make sure they are covered with a towel." A person using the service told us, "[Name of staff] always looks the other way and draws the curtains when I am in the bath."

People's care plans contained information regarding their preferences for how care and support was to be delivered. For example, one person's care plan said, 'I wish to remain as independent as possible with food and drink but I may need encouragement to have breakfast and tea.' This information provided staff with

valuable insight in to the person they were supporting which enabled them to engage people in a meaningful way. A member of staff told us, "People's care plans give you a good background."

The registered provider had in place a data protection policy and systems were in place to ensure people's private and confidential information was held securely. We saw people's records were stored in a locked cabinet that was located in a locked office with close circuit television. All information was also stored and backed up electronically so it could be accessed remotely by the service staff.

Good

Is the service responsive?

Our findings

People who used the service or those acting on their behalf contributed to their initial assessment and on-going planning of their care. One person using the service said, "Yes I have a care plan and I worked with them [the service] on it. They will review it straight away if there is any change, like my hoist has been changed." A relative said, "We were completely involved in [Name] care plan and we are in contact a lot with the service."

We saw that the initial assessment completed on individuals was based on information gathered from the person themselves and from the support plan provided by the local authority that commissioned the service (when they funded the care package or were involved in the person's care). The assessment included information about personal details, time/days of calls required, environment, next of kin and health professionals involved in the person's care.

Each person who used the service had individual care and support plans in place, which contained information about their needs and what support was required from care workers to meet them. We looked at the care support plans for six people who used the service and found these contained person centred information about the person including information about their likes, dislikes, personal preferences and support required with personal care, eating and drinking, domestic duties and medication. This meant that staff had information that helped them to get to know the person and provide care according to their needs and preferences.

People told us the service responded appropriately to their needs. One person said, "If I want to up my hours they are flexible with that. For example, I have four calls each day and occasionally I have forgotten about a hospital appointment and they will always change the time of my calls to accommodate me." They went on to say, "I stayed up the other week to wait for [Name of a company] and I didn't go on bed rest as I normally do. They [staff] came at 7:00pm in the evening instead so I could go to bed. On a Monday I go to bed at 6:00pm as I have been out all day." A relative told us, "I was getting concerned about [Name] wearing the same clothes. I spoke to [Name of manager] and this is now being monitored and recorded." This meant that the people had been listened to and their individual needs met.

Staff knew the people they cared for including their hobbies and interests and supported some people to access the community and activities as part of their package of care. One person using the service told us, "I go out on a Monday and a Thursday each week. I go to two afternoon clubs in local pubs and have my breakfast out. I have also been to see [Name of singer] and to the theatre.

The registered provider had a complaints policy in place at the time of our inspection. The policy covered response and acknowledgement times as well as guidance about how the complaint could be escalated if the complainant felt the response they received was unsatisfactory. We saw that the policy was provided to people who used the service in their service user guide.

People told us they knew how to complain. One person who used the service said, "I would just ring [Name

of manager]" and a relative told us, "The complaints procedure is in the service user guide and we sat and went through it with [Name]." Checks of the complaints/compliments log kept by the service showed that they had received one formal complaint in the last 12 months. We saw evidence to confirm that when complaints were received they were responded to appropriately in line with the registered provider's policy.

Requires Improvement

Is the service well-led?

Our findings

People who used the service and staff knew the names of the registered manager and the nominated individual (NI). This showed us they made themselves available and known to people rather than being office-based. One person told us, "I know the manager quite well and they seem pleasant and I think they would listen." Another person commented, "It's managed very well compared to big companies. They [staff] will listen and you can talk to them." One staff member told us, "We all understand each other. The manager is absolutely lovely and we get along well, it's like having a friend. She keeps you informed, will help you and is always approachable."

Our observation of the service was that the people who used it were treated with respect and in a professional manner. We asked the registered manager about how they kept up to date with best practice guidance. They told us they were currently working towards achieving a Quality Credit Framework (QCF) qualification. The QCF is a new credit transfer system, which has replaced the National Qualification Framework (NQF). It recognises qualifications and units by awarding credits. They went on to tell us they liaised with local authorities, hospitals and social services to keep up to date with changes in the sector.

We sent the registered provider a 'provider information return' (PIR) that required completion and return to the Care Quality Commission (CQC) before the inspection. This was completed and returned with the given timescales. The information within the PIR told us about changes in the service and improvements being made.

During the preparation for the inspection, we checked our system for notifications of incidents which affected the safety and welfare of people who used the service. We found we had received no statutory notifications from the registered provider. We asked the registered manager and NI if there had been any events and incidents at the service. They told us that they had provided some end of life care to several people who had passed away and confirmed that they had not submitted any statutory notifications to CQC in relation to the deaths. Lack of notification of the death of a service user is a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009 (Part 4). On this occasion we have written to the registered provider reminding them of their responsibility regarding notifications to CQC.

The registered manager told us they provided a localised service to Hull and at the time of this inspection were also providing services to people in Ottringham, Brandesburton, Skidby and Tickton. They said customers rang up personally after hearing about the service via word of mouth and the service also received referrals directly from hospitals and their company website.

We found from observations that the service focused on giving people good, consistent quality care, but some documentation needed development. We saw no evidence that the registered manager had completed audits to check that any systems at the service were being followed. We saw there had been a failure to identify shortfalls in staff training, recruitment, induction, and the lack of risk assessments for lone workers and business continuity in the event of emergency.

A failure to audit systems could potentially impact on people who used the service. For example, a failure to identify shortfalls in induction and training may mean people being supported by staff who did not have up to date skills and knowledge, which could potentially affect the care provided to them. Similarly, shortfalls in identifying any recruitment gaps could mean people being supported by staff who were not suitable to work in the care industry. The lack of lone worker's risk assessments could potentially leave staff without adequate guidance in these circumstances and the lack of a business continuity plan may impact on the delivery of care for people during emergency situations.

We discussed the shortfalls in the systems with the registered manager who agreed to take action and implement regular quality checks of the service delivery. We were unable to determine if these would be effective as they had not been implemented at the time of this inspection.

This was a breach of Regulation 17 (2) (a) (f) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did not see any regular meetings for the people that used the service, their relatives and staff. However, as the service was small we were told by people that we spoke with that feedback was requested verbally. When we asked people's relatives if they had the opportunity to discuss the service one person told us, "Me and [Name of manager] we do talk about the service. Verbally we have been asked if [Name of relative] is happy, if there is anything we want to change or if they can improve anything in any way." A staff member told us, "I talk to the manager every week."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who used the service were not assured a quality service because there was no effective system in place to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (2) (a) (f)