Cheriton Homecare Limited

Whitehawk Inn

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
Whitehawk Inn is a domiciliary care agency that provides a live-in care service to people in their own home. At the time of the inspection four people were receiving a service in the homes in Sussex, Surrey and London.

At the time of the inspection, everyone who used the service received personal care. However, not everyone who uses this type of service will receive personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People were supported by staff who knew their needs well and provided person centred and responsive support. The registered manager led the staff to deliver person centred care, which had achieved good outcomes for people.

People were protected from avoidable harm and abuse. Safeguarding policies and procedures were embedded within practice and were consistently followed. Staff had recognised signs of abuse and had reported any concerns.

Staff ensured that people's physical, mental and emotional needs and wishes were the focus of their support. People were encouraged to live healthy lives and received food of their choice.

People received kind and compassionate support. Staff encouraged and promoted people's independence. People told us they were treated with respect and dignity and supported to make decisions about their care.

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

People, staff and relatives all spoke positively about the focus and dedication of the registered manager. People were supported by a management team that looked to ensure they received good person-centred care. The quality of care people received was audited and monitored by staff using effective quality assurance systems.

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

Rating at last inspection
This service was registered with us on 25/02/2019 and this is the first inspection since that registration. The

last rating for this service was good (published 17 February 2017). Since this rating was awarded the service has moved premises and has changed the name of the service. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected
This was a planned inspection based on the timescales set out on our registration programme.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Whitehawk Inn

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 live-in 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. Inspection activity started on 5 February 2020 and ended on 6 February 2020. We visited the office location on 6 February 2020.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with three members of staff including the registered manager and two support workers. We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the

management of the service, including policies and procedures were reviewed.

After the inspection
We contacted three professionals who was a working relationship with the service for their feedback. We also sought the feedback from three relatives.

Good

Is the service safe?

Our findings

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

The service has been operating since 2014. However, as the provider changed location, CQC is required to re-inspect under its inspection protocol. This is the first inspection for this newly registered service in their new location.

The key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that they felt safe in their homes with support from their care assistants. One person said, "I'm a very nervous person. They make me feel safe in my own home."
- People were consistently protected from abuse. Staff told us they received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe. Staff had a clear understanding of the different types of abuse, how to recognise these and what to do should they witness any poor practice. For example, one staff member said, "I observe and check how (the person) is reacting to the people in the house. If (they) feels comfortable with people in the house. I look at how (the person) is reacting to certain TV shows. I would report to the registered manager immediately."
- The registered manager was clear on their safeguarding responsibilities in reporting concerns. They said, "I talk to every one of my clients and carers once every week and I know if anything's wrong. My clients are very trusting of me and will talk to me because they know I'm fair in supporting them and their care workers. We keep such a tight rein on things there's not much scope for things to go wrong."

Assessing risk, safety monitoring and management

- Staff demonstrated a good knowledge and awareness of the risks to people they supported. Risks to people were identified, and comprehensive assessments were in place.
- For example, one person had complex risks associated with their mobility and needed support to move around. There was detailed guidance in place to support staff move and transfer the person to and from different places such as their bed, chair, and toilet. One person said, "The manual handling is particularly important to me. They won't send anyone that isn't competent to support me in this. One of my carers has been here 13 or 14 years and know me extremely well. I'm paralysed and need to be moved onto the bed. I have a super pubic catheter and they are very careful when handling it."
- Care staff told us that they were involved in the development of care plans. As live in carers, they will spend long periods of time with people and become skilled at identifying risks. One care assistant said, "Even I was involved in risk assessments. The manager tells us 'everything you observe let us know and keep us updated' so the risk assessments were updated. (The deputy manager) will come and go through my notes, reassess and we will then update the care plans."

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. Scheduling was completed by the registered manager, who drew upon a team of both self-employed workers and bank staff. Each person had

a core staff of two to three people who supported them. There were contingencies in place to cover sickness and leave.

● The registered manager ensured a robust recruitment process was in place where only suitable and experienced staff were employed. The registered manager understood the demands placed on live-in carers and only considered candidates with a minimum of 12 months experience in this area.

● New applicants are required to pass an online questionnaire prior to any offer of interview to determine their suitability. The registered manager will then assess whether the applicant is a suitable match for existing people who used the service.

● Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people.

Using medicines safely

● People's medicines were managed and administered safely. We do not inspect how medicines are stored in people's homes. Staff had received training in administration of medicines and had regular checks to ensure they remained competent.

● People told us staff supported them to manage their medicines. One person said, "I have tablets in the morning, lunch and evening. Every carer I've had, they've always been particularly hot that I take them and at the right time."

● Records were completed consistently. The registered manager had systems in place to monitor the recording of peoples' medicines.

Preventing and controlling infection

● Staff had access to personal protective equipment (PPE) such as gloves and aprons. Staff had received training in the prevention and control of infections and food hygiene.

● The registered manager said that PPE was person specific and that appropriate cleaners and equipment was available to support staff with catheterisation and continence care.

● There were adequate policies in place to support staff in the prevention of infection in peoples' homes. Staff understood their responsibilities around in this area.

Learning lessons when things go wrong

● Systems and processes were in place for staff to report accidents and incidents. Record showed that appropriate actions had been taken. The registered manager analysed the circumstances around an incident to determine whether there were trends.

● There were effective arrangements in place to respond to emergency situations. A business continuity plan was in place to prioritise people according to risk, in the event of events that cause disruption to the running of the service.

Good

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.

The service has been operating since 2014. However, as the provider changed location, CQC is required to re-inspect under its inspection protocol. This is the first inspection for this newly registered service in their new location.

The key question has been rated good. 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

- The provider carried out assessments regarding people's physical, mental health and social needs prior to them moving into the service. The provider had ensured that protected characteristics, such as people's religion, race, disability and sexual orientation were explored and recorded appropriately. This information was reflected and recorded in their care plans before care was provided.
- Staff delivered care in line with standards and best practice. For example, staff used guidance and information from a diabetic nurse to support one person to manage their diabetes.

Staff support: induction, training, skills and experience

- Staff had the training and skills to meet the needs of people they supported. One family member said, "Yes, most carers have had the correct skills to support our mum. Most carers profile is shared with us before they start caring for our mum, and so we can check they're trained. On the couple of occasions when we felt a carer hasn't built a good relationship with our mum or they are not suitable, Cheriton have acted promptly and replaced them."
- When a new person started to receive live-in care, the provider would consider what specialist training staff required to support them effectively. One staff member said, "The bi-polar training was interesting. It was challenging for me. Just by giving me the input of what to look for, how to recognise it and deal with it. Sometimes you need to step back because if you try to work against them it will make things worse."
- The provider ensured only staff experienced in providing live-in care would be considered for positions with the service. The provider employed a rigorous recruitment and induction process to ensure that only those committed to the role would be employed. New staff shadowed experienced workers when delivering support.
- Staff told us they felt well supported in their roles and were provided with regular supervision sessions. One staff member said, "I have supervisions. They are usually out of the office. Management will come to you. I will come to the office with all the record books to discuss with them.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough food and drink. Care plans detailed what support people needed and any preferences they had.
- Daily records showed what fluids had been given throughout the day as well as what people had eaten.

People were encouraged to eat as healthy a diet as possible.
● People who required additional support with their nutritional needs were supported effectively.
For example, some people required support with diabetic diets and to manage food intolerances. One staff member said, "From the beginning I study the condition of products that are allowed and not allowed. We check the ready-made meals for gluten or other allergies. One gentleman I supported had intolerances to dairy. It's about getting a variety of diet in there. You adjust to whatever they want."

Staff working with other agencies to provide consistent, effective, timely care
● Staff worked effectively with other organisations and teams to ensure people received support from specialist health care professionals. Records showed that appropriate and timely referrals were made when required.
● Staff worked together and had good communication systems in place so that people received effective care. For example, live in carers completed detailed changeover instruction forms to instruct incoming carers on the environmental situation within the home as well as current care needs and developments.

Supporting people to live healthier lives, access healthcare services and support
● People were supported to access healthcare appointments and staff were effective in supporting them with their changing health needs. One person said, "The staff take me to hospital when I need to."
● People had effective care plans in place for specific healthcare needs. For example, one person had support to record their blood sugar levels (BSL) for their diabetes. Their diabetic care plan used guidelines from a diabetic nurse to inform staff when further medical support was needed should their BSL levels be too high or low. When there was a handover to a new carer, the registered manager arranges for diabetic nurse to come to the person's home and demonstrate use of BSL machine to new carer."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.
● Staff had a clear understanding of the principles of the MCA and applied these in their practice. One staff member said, "It's about presuming people have the capacity unless there are shown not to. It is about allowing person to decide for themselves. They have the right to decide for themselves."
● One person was under the court of protection relating to their finances. The provider liaised effectively with the relevant legal bodies to ensure that care and support was conducted in their best interests.

Good

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.

The service has been operating since 2014. However, as the provider changed location, CQC is required to re-inspect under its inspection protocol. This is the first inspection for this newly registered service in their new location.

The key question has been rated good. 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

- People and their relatives told us that staff were caring and that they were well treated and supported. One person told us, "They are very kind and helpful."
- Staff were aware that they needed to build trust with those they supported as they spend considerable lengths of time supporting them in their own home. Staff told us that having a caring nature was essential to do the role. One staff member said, "I wouldn't be a carer if I didn't obey those standards, I question myself constantly." Another staff member said, "It's about empathy. It's the greatest asset of any carer. You cannot fake it. Real empathy comes from within."
- People's religious and spiritual needs were recorded when they first started using the service and staff supported them, when needed, to meet those needs. For example, care plans recorded people's chosen faiths and how they practised them.
- The registered manager demonstrated a committed and loyal approach to the people they supported and often provided direct support outside of their management role. The registered manager said, "I adore my clients and love going to meet them."

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

- People were fully involved in developing their care plans and making decisions about their care. When asked whether staff involved them in decisions, one person said, "Yes they do. It's important isn't it. If I'm not happy with anything I would tell them that. I would ask them to alter things that I'm not happy with."
- People were supported to express their views and preferences about how staff should conduct themselves in their homes. Staff followed house rules which recorded people's wishes of what people did and didn't like them to do in their homes.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and promoted their independence as much as possible. Staff told us how they would preserve people's dignity when providing them with personal care. One staff member said, "When doing anything personal care wise, I would do it in private, close the curtains. You always explain to them what you are doing before you do it and when you are doing it." One person said, "They are very courteous and friendly in a nice way
- Staff were clear on issues around confidentiality and ensuring that personal information was not disclosed

to those who did not require it. One staff member said, "When it comes to one person's wellbeing care I am not allowed to speak to anyone who is not on my list."

Good

Is the service responsive?

Our findings

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

The service has been operating since 2014. However, as the provider changed location, CQC is required to re-inspect under its inspection protocol. This is the first inspection for this newly registered service in their new location.

The key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received a person-centred service where staff responded to their physical, mental health and social needs. For example, staff sought alternative methods of pain relief and remedies to improve one person's physical and emotional wellbeing. The person, who lived with Parkinson's Disease and skin cancer which caused them to experience considerable pain when touched. The provider sourced specialist guidance from experts, and training was sourced for staff at the local hospital.
- The provider then researched and worked in partnership with pharmacists and companies to source a specialised dressing used for wound care and to promote blood clotting. The provider ensured the person was consulted on the use and benefits of the treatment. The actions of staff reduced the pain they experienced and allowed them to be able to leave their bed and visit other rooms in the house and to live as full a life as they could during that time. One staff member said, "What the clients wants, they get within reason. We bend over backwards. (The manager) is so client focussed and making sure they get the best out of life."
- People's health needs were supported by staff. For example, one person living with a mental health condition found it difficult to self-manage their diet and their diabetes. Staff used their knowledge of the person's behaviours to develop positive strategies to encourage healthy eating. One care worker said, "She was constantly hungry and wouldn't remember she'd already eaten. That was the most challenging, to maintain her healthy habits. I would prepare and leave healthy snacks out, so she could eat during the night, as she never slept during the night." One relative said, "My mum's diabetes and blood sugars have massively reduced and have become more manageable, which has had a significantly positive effect on her overall well-being. She is also far safer in every aspect of her life now."
- Staff provided responsive support to those at risks of falls. One person was living with a disease that led to severe muscle weakness and was at high risk of falls. These risks were heightened by the excessive movements of their pet dog in the home. A staff member, who was previously a qualified dog handler, went to the person's home and trained their pet and provided instruction to the person. As the person's condition also restricted their verbal communication, the staff member trained the dog with hand commands so that the person could also control the dog's movements and reduce risks to their mobility.

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.

● The provider had identified people's different communication needs and had considered and implemented the guidance within the Accessible Information Standards (AIS).

● The provider had successfully applied the standard to its staff to ensure that they could carry out their role in full. One staff member with macular degeneration was supplied with bespoke colour coded files that were tailored to meet the requirements of the condition. The provider employed an IT expert to make their screen and visual colours to suit their vision so that the restrictions from their sensory loss were minimised.

● People were supported by technology and electronic services to support them receive information about their care. The provider had employed a dedicated IT expert to develop an online portal for people and staff showing videos of the providers policies and procedures as well as information about the service. These videos contained text for people with hearing impairments to access.

● People could receive information about their care in large print formats or audio transcripts of any document. People whose first language was not English were supported to understand information relating to their care and support. The registered manager had accessed independent language services on the persons behalf and documents were processed in their native language to that they understood their care and could gain their consent.

End of life care and support

● No one was receiving end of life support at the time of the inspection.

● People were supported to plan for care at the end of life. People's specific religious or cultural needs and their choices were recorded.

● The registered manager told us that they had engaged and worked in partnership with local hospices and nurses to provide compassionate and pain free end of life care.

Improving care quality in response to complaints or concerns

● People told us that they would feel comfortable making a complaint but did not have cause to do so. One person said, "It's very good. I have no complaints. I have confidence in them."

● The provider had a complaints system and people and relatives told us they were aware of how to make a complaint.

● People had access to the complaints policy and a form to put forward any issues within their home file.

● Complaints were investigated robustly, and appropriate responses were given.

Good

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.

The service has been operating since 2014. However, as the provider changed location, CQC is required to re-inspect under its inspection protocol. This is the first inspection for this newly registered service in their new location.

The key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager worked to ensure that people received person centred care that achieved good outcomes for people. The registered manager said, "I adore my clients and love going to meet them."
- People and staff spoke highly of the management of the service and that they promoted person centred support. One care worker said, "He doesn't need to be engaged but he is. He cares about his clients and carers." Another worker said, "He does everything well. He goes to (person's name) on a weekly basis just to check on her and liaise with family."
- Staff told us that they were happy at work and described an open and inclusive culture. The registered manager placed a priority in carers being open within the organisation and being candid and honest with the registered manager and senior figures.
- The registered manager was passionate about providing a quality service to the people they supported. The registered manager said, "I have a simple philosophy, if it isn't broke don't fix it. I am confident the company is reactive enough. If I get a call that something needs to change, I will change it. It's a passion."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had systems in place to monitor and assess the quality of care provided. Systems were in place to check the safe administration of medicines.
- Regular checks were made of staff recordings. Any issues were highlighted and then addressed by the registered manager. For example, we saw a minor error in one person's expenditure recording that was addressed and corrected by the registered manager.
- Staff were confident and clear about how to undertake their roles and what their responsibilities were. They told us about providing person centred care, ensuring that people's diverse needs were met and supporting people to be as independent as possible.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

● People told us that they were involved and engaged by the provider. One person said, "Yes they do involve me. It's important isn't it. If I'm not happy with anything I would tell them. I would ask them to alter things that I'm not happy with." One relative said, "Yes, the service involves us in every decision they make. They seek our views on everything and try their best to act upon them."

● Staff described being involved in the service and their skills and opinions being used to inform people's support. One staff member described how their observations and feedback were used to inform risk assessments. One staff member said, "Even I was involved in that. They told us 'everything you observe let us know and keep us updated' so the risk assessments were updated. (The senior) will come and go through my notes, reassess and we will then update the care plans." Staff told us that the registered manager consistently sought their views. One staff member said, "He always asks you about your opinion about different situations."

● Quality assurance surveys had been completed and the results had been analysed. The surveys we viewed were scored highly by those who completed them, and comments were positive.

Working in partnership with others

● The management of the service worked proactively with organisations and services. Staff liaised with diabetic nurses, mental health practitioners, GPs and nurses to provide joined up support.

● One person received joint care and support from the provider and another independent agency. Records showed that there was regular communication and partnership working so that the person received seamless support.