

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

White Bird Care and Nursing Agency

46 College Ride, Camberley, GU15 4JS

Date of Inspection: 01 October 2013

Date of Publication: October 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Supporting workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Whitebird Care Agency Limited
Registered Manager	Mrs. Ecaterina Mitchell
Overview of the service	This domiciliary care agency is registered to provide personal care to people in their own homes. The agency currently provides this care in the Camberley area of Surrey.
Type of service	Domiciliary care service
Regulated activities	Nursing care Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Management of medicines	8
Supporting workers	9
Complaints	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 October 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

Looked at comments made by people who used the service on facebook.

What people told us and what we found

People told us they were happy with the care and support they received from the staff. One person said, "The staff consulted with me, and I signed the care plans to show I agree to the care and support in the plans".

People told us the manager made regular telephone contact with them to ask how things were going. Also the manager visited unannounced to observe and work with the support worker.

One person told us what they liked best about the agency was, "The way the staff are flexible, they work around me and what I want". One Person said, "The staff discusses my care with me. I know what is going on. I am involved in my care".

The people whom we spoke with told us they had never had to make a complaint. We observed the service had a complaints book in place. We observed their complaints guidelines was displayed on the notice board.

We found that people's risk assessments were carried out and action plans were in place to minimise or reduce the identified risks.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care was planned and delivered in line with their individual care plan.

We saw in the four care files we reviewed, that prior to people being accepted by the agency, they had a pre-acceptance assessment carried out. The registered manager said, "This is to ensure the agency is able to meet their care needs". The registered manager told us, "This initial assessment formed the basis of a more thorough assessment once the person was accepted by the agency". A relative of a person who used the service with whom we spoke supported this statement. The relative said, "The manager came out to see us and we were asked a lot of questions about what we wanted, the time we wanted care and if we had a preference regarding male or female carers. We were very impressed with how thorough she was".

This meant that people's care needs were assessed to ensure they experienced safe and appropriate care.

The registered manager told us the care plans were then developed from this fuller assessment of care and health needs. We saw documentation of risk assessments that had been carried out with risks identified and actions taken.

This meant that the provider ensured the safety of people who used the agency and their staff.

We reviewed the daily records of care given and found that care documented as given was a reflection of the care needs identified in the care plans and that care had been given by staff with appropriate knowledge. For example, we saw risk assessments were in place for people with mobility difficulties. Staff told us they had received training in this area to enable them to offer the care and support people needed. We also noted that the care plans had been reviewed and updated regularly. One person we spoke with told us, "This is definitely the best agency I have used so far. They are very flexible; they work around me and what I want. It is very nice that they are so flexible".

This meant that people's care and support were planned and delivered in line with their individual care plan.

We spoke by telephone with a person who used the service. They told us they were very happy with the care and support they received. They said they, "I cannot fault the carers". A person told us what they liked best about the agency was the way the staff involved them in their care. The person said, "Staff discuss my relative's care with me. I know what is going on. Nothing is hidden from me".

This meant that people experienced care and support that met their needs.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to the ordering and recording of medicines administered and when people were prompted to take their medication.

People told us they received help and support from their care worker in taking their medicines. For example, "The care worker will get me a glass of water and remind me it is time to take my medicine". We saw in copies of people's care plans held at the office, records of medicines taken or when staff had reminded the person about their medicines. We noted that staff had recorded those actions. This meant the provider ensured people who wished to self-medicate had been supported and reminded to self-medicate independently.

We were shown staffs' training certificates for administering and management of medicines. We noted that the certificates lasted for three years and that training had taken place August 2013. We saw documented evidence which indicated that staff had documented when people refused their medicine and what actions staff took as a result.

The registered manager said all staff who administered medicines had undertaken training to enable them to give medicines safely. We observed that each person who was able to self-medicate had a record of their medicines included in their care plan. We were told by a senior member of staff that the self-medicated medicines chart was updated whenever the person had a review of their medicines which resulted in any change of prescription medicine from their GP. This meant the provider ensured people received their medicines from staff who were appropriately trained to administer medicines safely

Care staff spoken to told us they had received training in regard to prompting and supporting people to take their medicines safely.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staffs were able, from time to time, to obtain further relevant qualifications and they received appropriate continuing development.

The manager told us, "All newly appointed care workers complete a period of induction". Staff told us they had induction training which consisted of all the mandatory training, as identified by the provider, plus information on policies and organisational material. Information on people who used the service and how to follow people's choices safely including the risk assessments had also been included in their induction. One staff told us, "The registered manager introduced me to the client and we worked together on that first day. I then shadowed a senior for a couple sessions, and then we did a few sessions where I was observed and supported. Within my first six weeks I had spot checks carried out by the manager to make sure I was working to the standard expected of me and that the client was happy with the care and support I gave". We reviewed one staff member's induction record which was completed and signed. This meant that people's health and welfare needs were met by competent staff.

One person who used the service told us they, "Felt the staff were well trained' to look after them. They said the staff had been with them a long time and they were comfortable with all members of staff.

We saw records that demonstrated that staff had received formal supervision on a regular basis. The manager said, "It is during this one to one supervision when staffs are encouraged to discuss their personal development needs".

Staff told us their training and development needs were based on their identified learning and development needs as well as the needs of the people who used the service. For example, staff had been booked to attend a 'positive approaches to challenging behaviour course' as a result of their identified learning needs and the care needs of people who used the service. This meant that the provider ensured staffs were properly trained, and supervised.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs.

We spoke with one person who told us they had never had to make a complaint. We observed the service had a complaints book and complaints guideline in place. The registered manager told us they had not received any complaints since they began trading. We saw there were no complaints recorded in the service's complaints record log. One person told us, "I have never had to complain, but if I ever needed to, I would ring the agency and arrange a meeting".

Staff told us the registered manager or other senior staff member of the agency was always available in the office or on the phone, so that people could speak with them on a one-to-one basis. They said this reduced the need for complaints. The registered manager told us the service encouraged and supported a culture of openness where individuals felt confident that their complaints or concerns would be listened to and acted upon.

People told us they knew whom to speak to if they had to make a complaint. They said they felt certain that any concerns raised would be listened to and dealt with to their satisfaction.

Staff spoken with told us they knew how to make a complaint and how to help people they cared for to make a complaint. They discussed the service's complaints procedure in detail with us.

This meant the provider ensured suitable procedures were in place to enable people to make complaints.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
