

Romie Care Services Limited

Kingsheath - Birmingham

Inspection report

1st Floor, 93 High street
Kingsheath
Birmingham
West Midlands
B14 7BW
Tel: 0121 444 3841
Website: www.example.com

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Overall summary

This inspection took place on 20 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be available to assist us during our inspection. The inspection was undertaken by one inspector.

At our last inspection of the service in May 2014 we found that there were missed and late calls that put people at risk of not receiving an adequate service and that could put people's health at risk. Following that inspection we

issued the registered provider with warning notices because they were failing to meet people's needs safely and there were shortfalls in the monitoring of the quality of the service provided. We returned to check compliance with the warning notices in October 2014 and found that improvements had been made but a compliance action was made in respect of the monitoring of the service as further improvements were needed. At this inspection we found that the improvements had been sustained.

Summary of findings

Kingsheath – Birmingham provides personal care to people in their own homes. At the time of our inspection there were 97 people who were receiving a service.

At the time of our inspection the registered manager had not been in post for over nine months and no application to register a new manager had been received. This is a breach of Regulation 5 of the Health and Social Care Act 2008. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from abuse because staff were able to recognise the signs and symptoms of abuse and knew how to raise concerns. Staff had received training that enabled them to provide safe care and support.

There were sufficient numbers of trained staff that had received the appropriate recruitment checks to ensure that people received care and support from suitable staff.

People told us that they were happy with the care and support they received from staff that were knowledgeable about their needs and attended at the agreed times.

People told us that they were asked for their consent to the care and support they received and this involved an assessment of their needs. This showed that people's consent to care and support was obtained and their rights were protected.

People were supported to eat and drink sufficient amounts to remain healthy and health care professionals were involved in their care if needed.

People told us they had developed caring and friendly relationships with their care workers. People's privacy and dignity was maintained and their independence promoted by staff.

People were able to raise concerns and felt that any issues raised were appropriately addressed.

There were systems in place to gather the views of people on the quality of the service to ensure this was provided appropriately. Improvements continued to be made and some improvements were still needed in the quality of the records and monitoring systems.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe and staff were able to identify and raise any concerns so that people were protected from harm. Risks to people were assessed and managed appropriately.

The appropriate recruitment checks were carried out to ensure that only suitable

people were employed to support people. There were sufficient numbers of staff available to meet people's needs.

People received their medicines as required.

Good



Is the service effective?

The service was effective.

People told us that staff were knowledgeable about their needs and had the skills to provide the care and support they wanted.

People were asked to give consent to the care and support they received.

People received the support they needed with eating and drinking and healthcare professionals were involved to ensure people remained healthy when required.

Good



Is the service caring?

The service was caring

People had developed good relationships with staff that were caring, polite and promoted their independence.

People were supported to express their views and make decisions about the care and support they received. People felt their privacy and dignity was maintained and their independence encouraged.

Good



Is the service responsive?

The service was responsive.

Care workers provided care and support in a personalised and responsive way because changes in people's care needs were monitored and responded to.

Systems were in place to gather the views of people about the service they received and complaints were responded to appropriately.

Good



Summary of findings

Is the service well-led?

The service was not consistently well-led.

There was no registered manager but there was an appropriate management structure and systems in place to provide leadership and good management.

There was an open, inclusive and responsive culture that ensured that there was continual improvement in the quality of the service.

Some improvements were needed to the auditing of records so that improvements could be made when required.

Requires Improvement



Kingsheath - Birmingham

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 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.

This inspection took place on 20 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be available to assist us during our inspection. The inspection was undertaken by one inspector.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We considered any information shared with us by Local Authority Commissioners.

As part of our inspection we spoke on the telephone with six people that used the service, two relatives, four staff and the acting manager. During our visit to the service's office we looked at records that included the care records of three people that received a service, the recruitment and personnel records of three staff, complaints records and quality assurance records.

Is the service safe?

Our findings

People that used the service told us that they felt safe with the staff that supported them. One person told us, “Feel safe? Absolutely.” Another person said, “I feel safe with them [staff].” A family member told us, “He [person receiving service] feels comfortable and safe with the carers.”

People were protected from the risk of abuse because staff had received training that enabled them to identify the possibility of abuse and informed them of the actions they needed to take to protect people. All staff spoken with were able to describe the different types of abuse and the actions they needed to take to raise any concerns they had. All the staff confirmed that they had received training so that they were aware of the signs to look out for that might indicate that people were being abused or at risk of abuse. For example, if they saw someone was bruised they would ask how it had happened and pass the information to senior staff to follow up. We saw that safeguarding alerts were raised with the local authority appropriately so that people were protected.

People were protected from risks of preventable injury because risks associated with the care provided by the staff and the environment had been assessed and plans put in place to minimise them. People had been involved in discussions about risk to them and how they should be managed. For example, one person told us, “The medicines have to be locked away so that I don’t take too many.” Two relatives spoken with told us that risk assessments were carried out and the records we saw confirmed this. Staff told us that they were aware of the risks to people and knew how to provide safe care and they had access to the care plans and risk assessments that included emergency contact numbers. Records we looked at showed that a variety of risk assessments were in place that covered environmental risks, health issues and equipment used. Management plans were in place to minimise identified risks however some of these required more detail so that staff had all the information they needed to provide consistent care.

People were kept safe in emergencies. All staff spoken with knew what to do in the event of an emergency and how to report accidents or incidents so these could be managed effectively.

People told us that they received their calls as at the agreed times to that they received the support they needed; and there was consistency in the staff that supported them. One person told us, “They were not brilliant [in the past] but they have improved.” Staff confirmed that there were enough staff available to carry out all the scheduled calls and there was time between calls to enable them to get there without being late. One staff told us, “If I’m sick they will cover my calls.” Discussions with the manager and records showed that they spent a significant amount of time covering calls because there had been some staff turnover, including a team leader and these posts had not been recruited to.

Staff spoken with told us that the appropriate recruitment checks were carried out and induction training provided before they started work. Records confirmed that the appropriate checks had been carried out and training provided to equip staff with the skills they needed to carry out their role safely. This included shadowing experienced staff before they were allowed to work alone. This meant that people received care and support from appropriately recruited and trained staff.

People and relatives spoken with told us that where needed staff supported them to take their medication safely. Staff told us that they received medication training to enable them to support people to take their medicines. Records looked at showed that new documentation was being introduced so that it was clear what medicines people were taking as previous records did not identify the medicines being prompted. Risk assessments showed that arrangements were in place to store medicines securely where people were at risk of taking too much medicine

Is the service effective?

Our findings

People that we spoke with told us that they were happy with the care provided and thought the staff were knowledgeable and well trained. One person told us, “They [staff] are competent.” Another person said, “The one carer has had training but the others I’m not sure.” A relative told us, “The service has improved. Used to have difficulty when regular carer wasn’t coming. We raised this and now they [staff] know what to do.”

Staff spoken with were knowledgeable about the people they supported. They told us that they had received training and support to enable them to carry out their roles. Staff told us that before they started working they received training in areas such as safeguarding, infection control, medication and moving people safely.

Staff were monitored to ensure that the work they carried out matched the care plans and to a standard required by the registered provider. Some people told us that they were aware that the staff were observed during calls and feedback on practice provided. Staff told us that following their induction training they worked alongside more experienced staff that monitored their work until it was felt they were competent in carrying out their roles. This meant that it was checked that people arrived at the required times, carried out tasks competently and wore the correct uniforms and equipment such as gloves and aprons. One relative told us, “One person came the other day and they stood and watched what the carers were doing.”

Most people told us that they were happy that they received the support they wanted when they needed it by staff who stayed the correct length of time to carry out the required tasks. People told us they received continuity of care from regular staff. One person told us, “Now and again the carers come and go (start and leave the job) so that means changes in carers.” Another person told us that the sometimes the carers were late but they never rang the office as it didn’t make a difference to them when they came. People felt that they were kept informed if staff were going to be late. People felt that the service had improved

but there was the occasional hiccup when staff could be late. This showed that although there were variances in the timings of the calls people were happy that their needs were being met.

People told us they were able to decide on the care they received. One person told us, “They [staff] ask what help I want and ask for permission to give it.” Another person told us, “They [staff] asked what help I wanted and what times I wanted it.” Staff told us that they asked people what help they wanted each time they visited and referred to care plans, body language and relatives for people who were unable to express their opinions verbally. The manager was aware of the needs of the Mental Capacity Act and Deprivation of Liberty Safeguards and how this impacted on the care provided by the staff. Plans were in place to ensure that all staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff spoken with told us that there was no one whose liberty was being restricted but if they had concerns about anyone’s safety they would inform the senior staff. The manager told us that they would contact the social work team if they felt anyone’s liberty was being restricted.

People were supported to eat and drink where needed to remain healthy. People told us that drinks and snacks were left for them when needed. One person told us, “Staff ask me if I want something special [to eat].” Another person told us, “They do my breakfast for me and leave a bottle of water for the day.” Staff told us that if people were not eating as usual they would record this in the person’s records so that all staff were aware and they would let the senior staff know so that they could contact the family. Care records looked at showed that staff recorded what people had eaten and where food supplements had been given to people.

People told us that staff would assist them to receive medical care if needed. One person told us they looked forward to chatting with staff and this helped them emotionally. Another person told us, “If I’m not well they [staff] would get the doctors or contact my daughter.” Staff told us they would have no hesitation in calling emergency services if needed.

Is the service caring?

Our findings

People told us that they were happy with the care workers that supported them and people had built up good relationships with their regular care workers. One person told us, “[Name of staff] is wonderful. Her whole attitude is good.” Another person said, “They [staff] are very good and I speak well of them.” One relative told us, “Very satisfied with the service and particularly with our regular carer. She is very supportive. It’s reassuring.”

People told us that they were able to express their views and make decisions about the care they received. People felt that they were listened to and were involved in planning their own care. Staff were able to tell us about the things people were able to do themselves. Care records looked at confirmed people had been involved in planning their care. We saw that people were able to make choices about who supported them with personal care so that they felt comfortable with the individuals. A relative told us, “Had one lady who was disrespectful, so I rang and they sent someone else.”

People were happy that their privacy and dignity was being maintained. One person told us, “They call me by my name and ask me if I am happy with what they are doing.” All the staff spoken with had a good understanding about how to promote privacy and dignity and were able to give good examples of how they maintained people’s privacy and dignity. For example, ensuring doors and windows were closed and people were kept covered whenever possible when personal care was provided. This was confirmed by one person that received a service. One member of staff told us that their induction training covered how to promote privacy and dignity.

People were supported to remain as independent as possible. One person told us they were supported to prepare meals, another person told us, “I say I can wash myself, we have a laugh and a joke, they [staff] wash my back and help me to dress.” Staff told us they encouraged people to do things for themselves such as heat up meals and wash some parts of their body themselves. One member of staff told us, “We explain we will support them to do as much as they can for themselves and do what they can’t do.”

Is the service responsive?

Our findings

People and relatives that we spoke with told us that they had been involved in the planning and review of their care. People told us that they had been asked what help they wanted when their care packages were set up. People also told us that staff asked them what they wanted at each visit and at reviews of their care. One person told us, “They [staff] ask how things are going at the reviews.” Staff told us and records showed that needs were assessed and care was planned so that care was provided based on the individual needs of people. Staff spoken with were knowledgeable about people’s needs. They were able to describe to us how they met people’s care needs in a personalised way and how they supported people to express their choices and maintain their independence by encouraging them to do as much as they could for themselves with staff support.

People and relatives told us that they had been asked if the care provided was meeting their needs and if any changes were needed. One person told us, “They carry out a review about every three months and ask if everything is alright.” One relative told us, “Had a lady come a week or two ago and she was asking questions. I think they would be flexible to changes in times if needed.” Another relative told us that

due to the person receiving support not sleeping well at night the carers ensured that they kept the noise levels low so that they [the relative] could have a lie in in the mornings. This showed that the service was flexible and responsive to the needs of the people receiving a service and their relatives.

People and relatives told us that they were happy with the service and had found that when issues had been raised they had been addressed. Everyone spoken with told us that they knew how to make a complaint and that they had telephone numbers to call if they were unhappy. One person told us that they had raised that they were unhappy with a particular member of staff and when they raised it that member of staff was not sent to their home again” Another person told us, “I would get in touch with the company and I think they would do something about it if I was not happy.” Another person told us, “I know who to call if I’m not happy. If it wasn’t for them I don’t know where I would be.” During our inspection of records in the office we saw that concerns raised by people by telephone or in writing were recorded. The manager was able to tell us what they had done in response to the concerns raised but the records did not evidence the actions taken and what feedback was given to the person who had raised the concerns.

Is the service well-led?

Our findings

At our last full inspection of the service in May 2014 we found that there were many missed and late calls that put people at risk of not receiving an adequate service and that could put people's health at risk. Following that inspection we issued the registered provider with warning notices because they were failing to meet people's needs safely and there were shortfalls in the monitoring of the quality of the service provided. We returned to check compliance with the warning notices in October 2014 and found that improvements had been made but a compliance action was made in respect of the monitoring of the service as further improvements were needed.

At this inspection people and relatives spoken with were complimentary about the care provided by the staff and felt that the service had improved. One person told us, "They were not brilliant but they have improved." The number of missed calls that we had had concerns about were much reduced and information shared with us by the local authority showed that there had been improvements in the service provided.

The registered manager for this service had not been in post for over nine months but had not applied to have their registration removed. The acting manager had been in post since November 2014 and told us they had submitted an application to be registered over the past few days however; at the time of writing this report no application had been received. This is a breach of Regulation 5 of the Care Quality Commission (Registration) Regulations 2009.

People spoken with were not always sure who was managing the service but said that they were always responded to if they rang the office. Staff told us that there was always someone available to offer advice and support and that they received regular training and supervision. One member of staff told us that the acting manager was caring and supportive. Staff confirmed that they were able to make suggestions at staff meetings and during supervision sessions about ways in which the service could be improved for consideration and action if possible. The manager confirmed that staff meetings had not been held regularly because it was difficult to get staff together but important information was shared with staff with their

calls rosters. This showed that there was an open and inclusive environment that ensured that staff received support and advice when needed and that people received the service they needed.

People were given the opportunity to comment on the service provided on a regular basis. People told us that the staff always asked if they were happy with the care they provided and confirmed that they received regular questionnaires that asked if they were happy with the care they received. We saw that the most recent anonymous questionnaires showed that people were happy with the service provided. The analysis of the most recent questionnaires showed that people were happy with the service provided but the registered provider had identified that the management of concerns and complaints could be improved. The registered provider told us that this was an area they were going to make further enquiries about so that they could improve people's experiences.

Relatives told us that there were regular reviews of care and they were able to say if they were happy with the care or not. We saw that the reviews were audited and a report was in place that showed the issues that had been raised. Records showed that regular telephone surveys were carried out to ask people their views about the service. Four people had commented that some staff were better than others. The acting manager told us that the people had been spoken with to get more information and she was aware of the reasons for these comments but there was no record of the reasons or any analysis that could show if there was a developing theme so that actions could be taken to address the issues. We saw that there was a complaints record but there was no analysis of these either to identify themes and trends so that the information could be used to improve the quality of the service.

We saw that actions were being taken to improve the quality of the service. We saw that improvements were in the process of being made to ensure care records were accurate, detailed and personalised but this was a work in progress. For example, some risk assessments needed more detail to ensure that staff worked in a consistent manner. We saw that checks were carried out on staff to ensure that they were attending calls at the correct time and staying for the appropriate length of time. We saw that there was a schedule in place so that each member of staff received a minimum of three supervision and spot checks on the work they carried out in a year. The schedules did

Is the service well-led?

not identify planned dates so that the acting manager and registered provider could easily monitor if this was being achieved or take actions to ensure that actions were taken to achieve the set targets. We saw that calls were being covered by the team leaders and acting manager but this meant that time was taken away from carrying out management tasks and there was a need for more staff to be recruited.

The acting manager told us that they met with the registered provider on a regular basis and found that they were supportive however; we saw that they were not provided with a record of the meeting to show what actions had been decided and the timescales for achieving the actions. There was no record of issues discussed such as the need to recruit more staff and what actions were to be

taken to ensure this was achieved in a timely manner. We saw that there were gaps in the actions being taken by the registered provider to monitor the quality of the service provided and to ensure the service was continually improving. For example, there was no evidence to show that the provider was checking the complaints record to ensure that actions were taken to address the issues on an individual basis and to identify any developing themes and trends. The registered provider had not ensured that the appropriate notifications were sent to us as was required by law; how it was assured that there sufficient staff to cover the calls and how the competency of new staff had been confirmed before they were allowed to work unsupervised.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | <p>Regulation 5 (Registration) Regulations 2009 Registered manager condition</p> <p>How the regulation was not being met:</p> <p>There was no registered manager in post.</p> <p>Regulation (5)(1)</p> |