Care Quality Commission

Rosebud Homecare Limited

# Rosebud Homecare Ltd

## Inspection report

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## Ratings

| Overall rating for this service | Requires Improvement |
|---|---|

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

We carried out an announced comprehensive inspection of this service on 01 December 2015, during which breaches of legal requirements were identified. We found that systems for recording medication administration were not sufficient as the service did not retain records of when medication was given. In addition, the provider was not aware of the statutory requirement to send the Care Quality Commission (CQC) notifications of certain incidents. Quality assurance procedures at the service were also not sufficient to help them to assess, monitor and improve the quality of care being provided.

We asked the provider to submit an action plan to tell us how they would meet these regulations in the future; they stated that they would be meeting them by 25 May 2016. During this inspection we returned to see if the service had made the improvements they stated in their action plan. We found that the provider was now meeting these regulations.

We undertook this focused inspection on 11 July 2016, to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosebud Homecare Ltd on our website at www.cqc.org.uk.

Rosebud Homecare Ltd is registered to provide personal care to people in their own homes. They operate in and around the Milton Keynes area. On the day of our inspection there were 41 people receiving care from the service.

The service had a registered manager. 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.

Improvements had been made to the systems in place for recording medication administration at the service. Medication Administration Record (MAR) charts were retained by the service and used to demonstrate when medication was administered by members of staff. These MAR charts were collected and reviewed by senior staff and used to identify any concerns or staff training requirements.

The registered manager and office staff had familiarised themselves with regulations and associated statutory requirements, such as sending the CQC notifications of certain incidents, for example, safeguarding concerns. They had implemented systems to ensure that these notifications were sent in a timely manner if required. They had also introduced a number of quality assurance systems, including audits and satisfaction surveys, to help them assess, monitor and improve the care being provided by the service.

## 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 consistently safe.

There had been improvements made to the systems in place for recording medication administration. Medication Administration Record (MAR) charts were held by the service and checked regularly for their accuracy. In addition, staff received training and had their competency assessed to ensure medication was administered safely.

We could not improve the rating for safe from requires improvement, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

### Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

The registered manager had a greater awareness of the notifications they were required to send the Care Quality Commission (CQC) and had implemented systems for these notifications to be sent when necessary.

There had also been improvements made to quality assurance systems at the service. A series of checks and audits had been introduced to help the registered manager and provider assess, monitor and improve the quality of care at the service.

We could not improve the rating for well-led from requires improvement, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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# Rosebud Homecare Ltd

**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.

We undertook an announced focussed inspection of Rosebud Homecare Ltd. on 11 July 2016. This inspection was carried out to check that improvements to meet legal requirements had been made. We inspected the service against two of the five questions we ask about services; is the service safe and well-led. This is because the service was not meeting some legal requirements within these areas.

The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Providers are required to send statutory notifications about important or serious events which take place at the service. We also reviewed our previous inspection report and an action plan sent to us by the provider before this inspection.

During the inspection we spoke with the provider and the registered manager about the changes which they had made at the service since our previous visit. We also spoke with the care manager and human resources and training manager.

We reviewed 10 people's Medication Administration Record (MAR) charts and associated care plans, to monitor the improvements in this area. We also reviewed changes made to the quality assurance and management systems at the service to see if changes had been implemented.

Requires Improvement

# Is the service safe?

## Our findings

During our inspection on 01 December 2015, we found that there were not always current and up-to-date records available, relating to the administration of people's medication. Medication Administration Record (MAR) charts had been put in place by the local district nursing team, however these were sometimes removed by the district nurses meaning that the service did not have full records of when medication was administered. In addition, there were some gaps on the MAR charts which were available, which meant it was not clear if medication had been given or not. This was a breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the provider had made improvements to the systems for recording medication administration. The registered manager told us that they had established a system to ensure that all MAR charts were collected from people's homes once complete, and that the district nursing team no longer removed MAR charts from people's homes.

The care manager confirmed that this was the case and showed us that completed MAR charts were being stored at the service, alongside people's care records. They told us that they reviewed these records to check for any gaps, so that these could be addressed with members of staff. We saw that MAR charts were in place and had been completed by members of staff to indicate when medication had been given. We also saw that they had been checked by management staff for errors and that these had been addressed with individual members of staff.

The human resources and training manager told us that they and the care manager conducted regular spot checks of staff members during care visits. Part of these spot checks included observing staff administrating medication to ensure they were doing this correctly and recording it accurately. We saw that the spot check template had been expanded to include medication administration, as well as checks of people's medication paperwork and stock levels, to help check for any errors.

The registered manager also told us that staff members were supported to ensure they had the skills they needed to administer medication, including recording administration correctly. Where necessary, staff were re-trained to help safeguard against future errors or missed signatures on MAR charts. Training records showed that staff members had been trained in this area and additional courses had been provided to ensure the all had the skills and knowledge they needed.

Requires Improvement

# Is the service well-led?

## Our findings

During our inspection on 01 December 2015, we found that the service had not always sent the Care Quality Commission (CQC) notifications of specific incidents, such as safeguarding alerts, which they were required to by law. The provider had not been aware of these requirements, therefore notifications had not been sent when required. This was a breach of regulation 18 (1) (2)(e) Care Quality Commission (Registration) Regulations 2009 (Part 4).

During this inspection we found that the provider had made improvements in this area. They were able to demonstrate to us that they had an awareness of the notifications they were required to send, and had ensured that all management and office staff were also aware. The registered manager and care manager confirmed this and explained the circumstances under which they would send notifications to CQC. We saw that there were now copies of the regulations available in the office to help offer guidance and that there were systems in place to ensure that notifications were sent when appropriate.

The registered manager told us that they had not been any notifiable incidents since our previous inspection; therefore there were not any specific examples for us to review. We saw that there were systems ready to submit notifications if required. For example, we saw that there was a safeguarding file where incidents were recorded with a log sheet to record actions taken, including sending statutory notifications.

In our 01 December 2015 inspection, we also found that there were not sufficient systems or processes in place to assess, monitor and improve the quality of care provided by the service. There was a lack of formal quality assurance procedures in place to monitor care being delivered and, whilst feedback had been sought from people, there was no analysis to identify trends and areas for improvement. This was a breach of regulation 17 (1) (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made to quality assurance procedures during this visit. The registered manager explained that they had increased the checks that were being carried out to help monitor care delivery and identify areas for improvement. They told us that they had introduced medication, risk assessment and care plan audits. These were carried out regularly to ensure that paperwork was reflective of people's needs and to ensure staff were performing their roles appropriately.

The provider also told us that they were in the process of analysing feedback from a recent survey of people receiving care from the service and their family members. We saw that a large number of questionnaires had been returned and that the provider was going through these to identify trends and areas for development. They assured us that when they finished they would use these results to develop an action plan to help improve the service.

We also saw that the registered manager met with the provider and other managers at least once each week. They told us that they used these meetings to discuss current and on-going concerns and to develop and update their action plan. Minutes from these meetings showed that action points had been discussed, prioritised and allocated to the most appropriate member of staff.

The care manager told us that staff spot checks, which had been previously carried out, had been developed to make them more robust. For example, they now included reviews of staff medication handling and the accuracy of medication records. They explained that this allowed them to quickly identify specific areas of development for each staff member, and to implement appropriate actions, such as additional training or supervision.