

Rose Care Services Limited

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Inspection report

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09 November 2021

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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

Rose Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection there was one person using the service.

People's experience of using this service and what we found

The person had been receiving support since November 2020.

The person's relative was happy with how the care and support was being delivered and felt the care worker had developed a positive working relationship and understood their family member's needs.

The provider always tried to be as flexible as possible when arranging support to meet the person's needs. The relative said, "They offer beyond what we need. They always listen and are willing to help out."

The person's care needs were assessed and their care worker had a good understanding of how they liked to be supported. Samples of daily records showed their needs were being met.

The person was supported in the community and the care worker played an active role in supporting them with their religious needs. The relative told us this was important and spoke of the positive impact this support had on their family member.

The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The care worker felt supported in their role and spoke highly about the management team and how they were treated as part of the organisation.

The provider had systems in place to monitor the quality of the service and due to the size of the service, had regular correspondence with the relative and the care worker. The relative was positive about the management of the service and felt confident they would deal with any issues immediately.

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

Rating at last inspection

The service was registered with us on 24 August 2020 and this is the first inspection.

Why we inspected

We carried out this inspection following a routine review of information we held about this service. Our intelligence indicated there may be a higher level of risk at this service due to the length of time it had been registered and not been inspected.

Follow up

We will continue to monitor information we receive about the service. If we receive any concerning information we may return to inspect.

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 responsive findings below.

Rose Care Services Limited

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

This consisted of one inspector.

Service and service type

Rose Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

The service did not have a manager registered with the Care Quality Commission. A registered manager is a person, along with the provider who is legally responsible for how the service is run and for the quality and safety of the care provided.

We liaised with the nominated individual throughout the inspection process. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the provider three days' notice because the service is small and were not always located at the office. We needed to ensure the provider would be available to assist us with the inspection.

Inspection activity started on 25 October 2021 and ended on 9 November 2021. We visited the office location on 28 October 2021 to see the nominated individual and to review records related to the service. We made calls to the person's relative and a care worker between 29 October and 3 November 2021.

What we did before the inspection

We reviewed information we had received about the service since they were registered. This included any

significant incidents that occurred at the service. We used the information the provider sent us in the provider information return, which was submitted to us on 13 August 2021. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included records related to one person's care and one staff file in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included a range of policies and procedures.

We spoke with four staff members. This included the nominated individual, the operations manager, a human resources officer and one care worker.

We were unable to speak with the person so we spoke with their relative.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at samples of recent communication logs, further recruitment records and external training information.

We provided formal feedback to the nominated individual via email on 9 November 2021.

Is the service safe?

Our findings

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

This is the first inspection for this service. This 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

- The provider had an appropriate safeguarding policy in place and staff had a good understanding of their safeguarding responsibilities. Staff had safeguarding training as part of their induction programme.
- There had been no safeguarding incidents since the service had been registered and staff were confident any issues raised would be dealt with appropriately. The care worker added, "They followed up on some issues and dealt with this very well."
- The person's relative told us they felt the service their family member received was safe. They said, "I do feel they are safe with the carer when they are out in the community. I know they look out for [family member]."

Assessing risk, safety monitoring and management

- The provider had carried out the relevant risk assessments to ensure any risks could be managed and staff had guidelines to follow to keep them safe.
- There was a safety plan in place which highlighted some triggers of behaviour and included guidance for staff to help reassure the person or deescalate any potential challenging situations.
- We received positive feedback from the relative about the support from the care worker and felt their safety was managed well.

Staffing and recruitment

- Safer recruitment procedures were followed to ensure staff were suitable to work with people who used the service. Disclosure and Barring Service (DBS) checks for staff were in place along with appropriate references and identity documents. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- The person had the same regular care worker and the relative confirmed there were no timekeeping issues. The relative highlighted visits were planned to fit around their schedule, which worked well for them.
- Due to the size of the service, the nominated individual told us they were actively recruiting staff to be able to take on more care staff if needed.

Using medicines safely

- At the time of the inspection, the person was not being supported with any medicines, which was confirmed by the relative.
- The provider had a medicines policy in place and was aware of their responsibilities to ensure staff received training and had their competency assessed before they started providing this support.
- The provider was also aware of The National Institute for Health and Care Excellence (NICE) guidelines for

managing medicines in the community to ensure they would be following best practice.

Preventing and controlling infection

- There was an infection and prevention control (IPC) policy in place, along with a COVID-19 policy requirement that had been discussed and shared with all staff.
- Staff told us they were regularly updated with any changes in government guidance to help reduce any risk of COVID-19. Staff were also involved in the weekly COVID-19 testing programme in line with government guidelines.
- Staff had access to personal protective equipment (PPE) and confirmed they were sent regular supplies every month. They added, "They are on the ball with this, the testing, the PPE. I have felt updated throughout and they have always done well."

Learning lessons when things go wrong

- There were systems in place for the reporting of any accidents and incidents and the provider was aware of the procedures to follow. There had been no incidents or accidents at this service, so we were unable to see whether this process was used effectively.
- The nominated individual was able to give an example of how they had followed up with the care worker regarding guidelines around communication and professional boundaries to ensure best practice was followed.

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.

This is the first inspection for this service. This 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

- Assessments had been completed before the person started to receive a service and the initial referral record included an overview of the person's health and medical history to give staff an understanding of their needs.
- The provider also had assessments from a relevant health and social care professional which provided further information about the person's needs and guidelines for staff to follow to help support them safely.

Staff support: induction, training, skills and experience

- The care worker had completed an induction when they started and had access to a training programme to support them in their role. The training programme was focused around the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment.
- Where there were some training modules that had not yet been completed, the nominated individual told us they would follow this up with the care worker immediately. The care worker added, "They are constantly on at me about this to complete training and what is needed."
- The provider had also accessed some training from a neurologist around brain injuries which was more specific to the person's needs. The care worker said, "This training was very helpful. It gave me a better understanding on neurology, has taught me a lot and helped me to have more patience and be better engaged."
- The provider also ensured the care worker had regular supervision to give them opportunities to discuss their role. The care worker said, "They are helpful and it is good to catch up and get feedback about what is going on."

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

- The person only received minimal support and records of daily logs showed the person was supported to go out for lunch and get takeaways when they were out in the local community.
- The provider was aware of a possible change in needs and had suggested providing more support during mealtimes but this had not been agreed. The relative confirmed this and added, "They do offer these things and the extra support, but [family member] doesn't want this."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Although there was limited involvement with any relevant health and social care professionals, the nominated individual had regular correspondence with the person's relative and if any further support was

required.

- Samples of daily records showed the care worker recorded how the person's moods were and if there were any changes in their health and wellbeing. Records also showed the person was regularly supported to hospital appointments and therapy sessions.

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.

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.

- The person they supported had capacity and the provider respected their wishes when they did not wish to engage with them regarding their care plan. The provider only liaised with their relative.
- We were not able to see how the provider supported people that lacked capacity but the nominated individual had an understanding of the processes that needed to be followed. The nominated individual told us they had access to specific MCA training from an external training provider and would ensure staff were signed up to complete it.

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.

This is the first inspection for this service. This 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

- We received positive feedback from the relative about the caring and supportive attitude of the care worker that worked with them. They said, "We have a positive relationship with the carer. We trust them, I know I can leave them with [care worker] and there are no issues or concerns."
- The care worker had been introduced to the person before they started working with them and was positive about the relationship they had developed over the past year.
- The care worker highlighted some of the training they had received had helped them to better engage with the person which had a positive impact on the working relationship. They added, "They feel like family and treat me like a family member."

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

- The provider had regular contact with the person's relative to discuss the current care and support and if any further support was required. The relative confirmed this and said, "There is regular contact, they are actively making sure we are always involved and listen to us regarding the support we need."

Respecting and promoting people's privacy, dignity and independence

- The care worker had a good understanding about the importance of respecting the person's privacy, dignity and promoting their independence. They had completed a training module in privacy and dignity when they started working for the service.
- The care worker was able to explain how they ensured the person's privacy and dignity was maintained when supporting personal care needs out in the community.
- The relative confirmed this as told us they had observed dignified support at times when they had been together. They complimented the patience and support of the care worker and how they helped their family member to be as independent as possible.

Is the service responsive?

Our findings

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

This is the first inspection for this service. This 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

- Due to the funding arrangements of the care, visit times and hours were not scheduled at the same time each day or week and were scheduled depending on the needs of the person. This ensured the care was planned around the person and their needs.
- The relative highlighted how this was a key factor and praised the provider for how they tried to be as accommodating and flexible as possible. This included changing times for appointments or work schedules.
- The relative said, "It is very person centred and based on our needs. It is centred around us to fit with our situations and schedules. They have adjusted to us, taken things on board which is one of the best things. We are very thankful for this."

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 person's communication needs were captured and recorded during their initial referral assessment with information for staff to know how best to communicate with them. Although it was not needed at the time of the inspection, the provider did communicate with the person via their preferred communication method.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The person was supported to follow their interests and be supported in the community as this was one of the key areas of support. Samples of daily records showed the person was regularly supported to take part in their preferred activities.
- The provider also supported the person's religious needs. The care worker was actively involved in the person's religious interests as this was an important part of everyday discussions. The care worker took time to discuss their beliefs and read relevant information related to this topic and to provide support and feedback.
- The relative spoke positively about this. They added, "This is a very important aspect for them. They have a blog and they will know if the carer hasn't read it, and this kind of support really helps them."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and was discussed with people and their relatives when they started using the service. The nominated individual explained they gave people and their relatives plenty of opportunities to give feedback about their care during regular telephone calls and care reviews.
- There had been no complaints at the time of the inspection. The relative confirmed this and said if they had ever had an issue or wanted to ask something, they would call and schedule a meeting if needed. They added, "They are always actively trying to make sure the service is working well."

End of life care and support

- End of life care was not being provided at the time of the inspection. We discussed the requirements and best practice with the nominated individual if this was something they would be wanting to provide in the future, including training needs for the staff.

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.

This is the first inspection for this service. This 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of the inspection there was not a registered manager in post. Although the nominated individual was under the impression their service manager had made the relevant application, in preparations for the inspection we were informed the service manager had not submitted their CQC registered manager application and had not disclosed this to the nominated individual.
- We discussed this with the nominated individual during the inspection as it is a condition of their registration to have a registered manager in post. They acknowledged this and highlighted they would be looking into the recruitment of a new manager immediately.
- The care worker told us they were regularly reminded about their roles and responsibilities, via telephone calls, supervisions and updates from the nominated individual, which they found very helpful.
- Although there had been no serious incidents or safeguarding investigations at the time of the inspection, the nominated individual had a good understanding of their responsibilities regarding notifiable incidents and knew when notifications had to be submitted.

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

- The person's relative was very positive about the management of the service and felt due to the unique service and levels of flexibility, it had a positive impact on their lives. They added, "They listen to us and want to know how they can help us. The fact they are able to agree and take things on board is very helpful."
- The care worker was also positive about the support from the management team and the culture of the service. They said, "They have made it so good for me. [Nominated individual] is wonderful, I can't fault her. She is very understanding and I'm confident in how it is managed."

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

- Although the person did not want to fully engage with the service, staff respected their wishes and communicated with them in line with how they wanted. The relative confirmed they were fully involved and regularly asked for their feedback about the service.
- The care worker told us they always felt listened to and the provider had always taken on board anything they had raised. They added, "They are on the ball to make everything right. They are very understanding and they speak to me and treat me like their own family."

Continuous learning and improving care

- There were systems in place to monitor the service and ensure the person and their relative were happy with their care. Due to respecting the wishes of the person, the provider was not able to carry out any home visits to monitor the service. Along with regular correspondence with the relative, the provider had regular updates with the care worker to ensure the service was working well or if any improvements could be made.
- There were office meetings and discussions about the service, however they were not formally recorded. These updates were shared with the care worker and discussed during supervision meetings.
- Daily logs were checked on a weekly basis for quality assurance purposes and to ensure the correct level of care was being provided. Samples of daily log showed the level of support being provided.
- The relative said, "They do listen to us, what our needs are. I can talk with all of them at any time and they arrange everything."

Working in partnership with others

- Due to the funding arrangements of the person's care, the nominated individual explained their main involvement and communication was with their relative rather than any relevant health and social care professionals. The provider did have links with local authority commissioners within the local area to promote their business.
- We saw the nominated individual was involved in local pensioner forums and had contributed to newsletters about the care sector in the local area. The nominated individual said, "I find it rewarding to hear what people have to say and how care can be improved in the community."
- The provider also had the support of volunteers, who helped with publicity and advertising of the service. One of the volunteers, due to their background had been able to provide information and shared articles and useful links related to the person's care and support needs.

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

- Although there had been no incidents or concerns with the care and support, the nominated Individual was aware of their responsibilities of making sure they were open and honest with people and their relatives. Both the relative and the care worker were confident the provider would do the right thing if something went wrong.