

AVR (Oxon) Limited

# Roses Care Services

## 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

This announced inspection took place on 2 February 2016. This domiciliary care agency is registered to provide personal care to people in their own homes. At the time of our inspection the service was supporting 44 people in their homes.

There was a registered manager in post. 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 received safe care and support. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. There were sufficient staff to meet the needs of people that used the service and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

Care records contained risk assessments and risk management plans to protect people from identified risks and helped to keep them safe but also enabled positive risk taking. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. In addition, people were supported to identify and respond to their changing healthcare needs.

People received care from staff that were kind and friendly. People had meaningful and fun interactions with staff and looked forward to seeing the staff. Staff understood people's needs and ensured people were given choices about how they wished to receive their care. People received care at their own pace and had their privacy and dignity maintained when receiving assistance with their personal care.

People's care needs were assessed to ensure the service could meet people's expectations before they began using the service. Care plans were written in a person centred manner and focussed on empowering people to receive the care they required. They detailed how people wished to be supported and people were fully involved in making decisions about their care. People received the care they needed and a suitable complaints procedure was in operation to resolve any concerns people raised.

People and staff reacted positively to the registered manager and the culture within the service focussed upon supporting people's health and well-being which enabled people to stay in their own homes as long as possible. Systems were in place to identify where improvements were required and for people and staff to

provide feedback about 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?

Good ●

The service was safe.

People received safe care and support. Staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were managed in a way which enabled people to be as independent as possible and receive safe support.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

### Is the service effective?

Good ●

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical health needs were kept under regular review. People were supported by a range of relevant health care professionals to ensure they received the support that they needed in a timely way.

### Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people and staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and these were respected and accommodated by staff.

### Is the service responsive?

Good ●

The service was responsive.

Pre admission assessments were carried out to ensure the service could meet people's needs.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

There was a transparent complaints system in place and concerns were responded to appropriately.

### Is the service well-led?

Good ●

The service was well-led.

Systems were in place to monitor the quality and safety of the support people received.

A registered manager was in post and they were active and visible in the service. They worked alongside staff and offered regular support and guidance.

People and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

# Roses Care Services

## **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 2 February 2016 and was completed by two inspectors. The inspection was announced as we needed to be sure somebody would be at the service when we visited.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home.

During our inspection we spoke with six people, three relatives, three members of care staff, two members of office staff and the registered manager.

We looked at care plan documentation relating to seven people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. One person said, "I feel very safe with the carers. They treat me well." Staff were able to tell us about signs they looked out for which may suggest somebody was at risk of harm. One member of staff said, "If I had any concerns about anybody I would report it to the office. We've got an out of hour's number, there's always someone available." Staff received training to support them to identify signs of abuse and they understood how they could report their concerns. One member of staff said, "All safeguarding concerns go through the manager but if they're away there are other members of the team we can report it to." We saw that appropriate safeguarding referrals had been made to the relevant authorities and full investigations had been completed when concerns were identified. People using the service were kept involved and were informed of the outcome at the conclusion of the investigation. The registered manager took swift action to make improvements when concerns were raised and ensured that new measures were in place to support the person and ensure their safety.

People's needs were reviewed by staff so that risks were identified and acted upon. Staff understood the varying risks for each person and took appropriate action. For example, one person struggled to get themselves off the bed and staff understood how they could safely support the person and reduce the risk of them falling. Staff put plans in place to support the person as safely as possible and requested additional equipment to support the person in the long term. Staff also understood their responsibility to identify new risks, for example if people's behaviours or health changed. We saw evidence of staff raising their concerns with the office staff who requested further professional assistance when necessary.

Accidents and incidents were recorded and reviewed by the registered manager. People we spoke with could not recall any untoward accidents or incidents occurring whilst they received their care however all accidents or incidents were recorded. We reviewed these and saw that following one incident in which the carer scolded themselves on the kettle the registered manager had taken action to support the person that lived at that house to ensure they also did not scald themselves and also took action to ensure all other staff were vigilant when using other people's kettles. The registered manager took action whenever needed following each incident to prevent the risk of a repeated incident.

There were appropriate arrangements in place for the management of medicines. One person told us, "The girls [staff] don't get involved with my medicines, they just help with my cream and they do that all alright!" One member of staff told us, "We have training so we know what to do with medication." We saw that staff completed medication administration records in people's homes if they had supported people to take their medicines. We saw that one person's medication changed on a regular basis and the registered manager had taken ownership of ensuring that people received the correct dosage at the correct time. A risk assessment had been put in place to reduce the risk of a mistake and staff were kept updated about the current guidelines.

There were appropriate recruitment practices in place. One member of staff said, "I shadowed other staff until my DBS was back, I wasn't allowed to lone work." Staff employment histories were checked and staff

backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start work and provide care to people. This meant that people were safeguarded against the risk of being cared for by unsuitable staff.

There was enough staff to keep people safe and to meet their needs. One person said, "They [the staff] come when they're supposed to come." and another person's relative told us, "They [the staff] tend to come at approximately the same time, but they're not great at letting us know if they'll be late." Staff told us they felt the scheduling was well planned and staff had sufficient travel time to get to each person. One member of staff said, "I have enough time to complete all my calls, but if there are too many calls, or if one takes longer than expected I phone the office and it's never a problem." Staff within the office, including the registered manager were able to provide personal care and supported people if staff called in sick or were running late. We found that most people received their care at the time they expected to receive it, or within 30 minutes of the agreed time. We did see examples of people receiving their care earlier or later than arranged and staff were aware of the requirement to let people know if they would not be on time. The registered manager prioritised people who were particularly vulnerable or anxious to keep them informed about any changes and people reported positively when this occurred.



# Is the service effective?

## Our findings

People received care and support from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. One person told us, "The carers are all excellent. I feel like they're all fully trained." Another person said, "I think the staff are skilled in what they do." and a relative told us, "The carers are very well trained. They have even had extra training to look after [name]. The district nurse had to prescribe some new medication and they all came to the house to be shown how to use it." Staff told us they received lots of training and this prepared them for their roles. One member of staff said, "I've had lots of training, it is very good. We have booklets to complete. I do them in the office and the team leader explains things to me." We saw that for new staff there was a program of induction, observing experienced staff and training. Experienced staff were required to refresh their training regularly and were knowledgeable about current practices including safeguarding and supporting people to move safely.

Staff told us they felt well supported in their roles. They told us the management team were accessible and often supported them to provide care to people when it was needed. We saw that staff received supervision and appraisals which provided feedback about their performance and identified further training they could benefit from.

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. We checked whether the service was working within the principles of the MCA and we saw that they were. The management team and staff were aware of their responsibilities under the MCA. We found that staff received training on the MCA and that when staff had identified that people's mental capacity may be limited, the registered manager had arranged meetings to consider this further and make a best interest decision regarding the level of support they received with their personal care. Families were fully involved in this process when people were unable to participate themselves. Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care and the registered manager had involved the appropriate professionals when necessary. Staff carefully considered whether people had the capacity to make specific decisions or provide consent in their daily lives and where they were unable to, decisions were made in their best interests.

People were supported with their meals and drinks when necessary. One person's relative told us they were happy with the support their relative received. They told us, "They always record what [name] has eaten." We saw that staff received specific training to support people who were unable to eat food themselves and had their nutritional needs met through a PEG (percutaneous endoscopic gastrostomy) feed. We also saw that people's care plans recorded if people required support with their meals and staff supported people to eat the food and drink they enjoyed.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. For example staff ensured that one person with a high level of care needs was monitored closely and further medical assistance was sought if their condition changed or deteriorated. One relative told us, "[Name] is quite fragile and she can deteriorate very quickly. Roses respond to her quickly and keep me involved in deciding if any changes are required." Staff were knowledgeable about people's health needs and understood when people were not feeling themselves. We also saw that staff were vigilant to people's changing health needs, for example when one person had been unwell; staff supported the person to seek medical assistance. The person explained, "The carers knew something wasn't quite right and told me to contact the doctors. It turned out I had an infection." Care records confirmed that people were supported to access specialist nurses and their local doctors when they needed extra support with their health care.

## Is the service caring?

### Our findings

People were cared for by staff that were kind and passionate about providing good care. People spoke extremely positively about the attitudes and characteristics of the staff that supported them. One person said, "I get on very well with all of the carers, there's not one that's not been good. We have a good laugh and banter together."

Staff demonstrated a good knowledge and understanding about the people they cared for. The staff showed a good understanding of people's needs and they were able to tell us about each person's individual choices and preferences. People had developed positive relationships with staff and they were comfortable sharing personal information about themselves and their families. One person said, "We do have a good chat together, I know all about their families and what's going on at home. They're like our friends really, but they are still professional." People told us they felt that staff listened to them and talked to them appropriately.

People told us that staff supported them at their own pace and they were not rushed. One person said, "They [the staff] encourage me to be independent but they don't rush me. They give me time to try and do what I can." We saw that care plans recorded what people required help with and people were happy with the support they received.

People were encouraged to express their views and to make their own choices about the care they received. One person told us, "They've [the staff] got to know me and know my routine. They know what I want them to do but they still ask me if everything's alright. They're very good." Staff told us that wherever possible they gave people choices in how they wanted their care, and we saw care plans reflected this, for example, giving people a choice about how they wanted their feet washing.

People told us that staff respected their privacy and dignity. One person explained that the staff kept them covered up whilst supporting them with their personal care. They said, "They put a towel over me if I'm going to the bathroom for a wash and they always close the curtains so no-one can see what's going on." Staff we spoke with were aware of the need to maintain people's dignity and were able to provide examples of how they supported people in a dignified manner.

The registered manager had a good understanding of advocacy services and understood when there could be a need for people to receive support from an advocate. For example, if they had little family involvement or required support with making financial decisions. The registered manager explained that there had been occasions they had supported people to access outside agencies including Age UK when people would benefit from further advice and guidance.

## Is the service responsive?

### Our findings

People's care and support needs were assessed before they were accepted by Roses Care Services. This ensured the service could meet people's needs and understand their expectations. One person said, "The registered manager came to see us in hospital. We explained what help we needed. There were lots of questions so they knew what we wanted." We saw that the registered manager ensured they gathered as much information and knowledge about people during the pre-admission procedure from people themselves, their relatives, and if already involved, other professionals involved in people's care. This ensured as smooth a transition as possible to receiving the care people wished to receive.

People's care plans contained information about people's past history and their support networks. For example, one person's care plan detailed the person's family support and the people that were important to them. The person commented that staff often asked them about other members of their family and used the information to have meaningful conversations together.

People's care records detailed people's choices and preferences and how they liked to receive their care. For example care plans recorded people's preferences for the timings of their visits and we saw that care was scheduled to meet those needs. Most people told us they were kept informed if the staff were running very late and staff confirmed they tried to keep people updated whenever possible. Staff were able to explain how they provided personalised support individual to each person and understood people's preferences.

People received the care and support they expected and required. One person's relative told us, "They're absolutely superb. They stay for the length of time we expect and do everything they can while they're here." Another relative told us, "The carers are great. If they notice there's something to do they do it." Staff completed records for each visit which documented the care and support people received. One person said, "They always record in the book what they've done. Our [relative] likes to read it and check everything's OK." We examined these records and saw that people had received the care and support they required.

People's care plans were updated as required. We saw that most care plans were updated at regular intervals and all care plans were updated when people's needs had changed. One person's relative told us that the service was flexible and responded to their relative's needs. They said, "They are always helpful and flexible. They let me change call times if I need to, for example if [name] has a hospital appointment."

A complaints procedure was in place which explained what people or their relatives could do if they were unhappy about any aspect of the care they received. One person said, "If I did want to make a complaint I would call the manager or deputy manager. They're very efficient." Staff were responsive and aware of their responsibility to identify if people were unhappy with any aspect of the service. Staff understood how they could support people to make a complaint. We saw one complaint that had been responded to appropriately and in a timely manner. The registered manager had sought to include the complainant as much as possible and to work with them to resolve their concerns. We saw that action had been taken to make direct improvements to the care that had been complained about and the registered manager had made further efforts to make improvements throughout the service by updating staff where poor practice

had been identified.

## Is the service well-led?

### Our findings

People received care from a service that was well-led. People spoke highly of the management and told us they were flexible and approachable. People knew who the registered manager was and confirmed that they came to provide personal care if other staff were running late or had called in sick. One person said, "We see [name] every so often. She's spot on. We're very impressed with everything really. It's just right for us." Staff also told us they had confidence in the registered manager and felt well supported. One member of staff said, "I love working here. We try our best to give people the best care." The registered manager told us they had met everyone that received care from the service and regularly visited or spoke to people on the phone so people would be familiar with them and they could better understand the demands placed on staff.

The service used spot checks and observations to ensure people received good quality care. Staff told us that a member of the management team went out on visits with them periodically to ensure they were providing the care that people required, and to a good standard. Often, these visits would be unannounced so they could see what time staff arrived. In addition, members of the management team completed visits with other staff when people required the support from two members of staff. This enabled the management team an insight into the care that people received and provided people with an opportunity to provide feedback directly to the management team about the service they received. We saw that when it had been identified that the staff could make improvements these were dealt with appropriately.

Staff visiting people's homes were required to log into a call monitoring system at the start and end of every visit. This ensured the service could monitor whether people received their care at the times they required it, and for the length of time they expected. This was monitored by staff at the office and action was taken to address any issues that were identified.

The culture within the service focused upon supporting people's health and well-being, and enabled people to stay at home for as long as possible. All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff were focussed on the outcomes for the people that used the service and staff worked well as a team to ensure that each person's needs were met. Staff clearly enjoyed their work and told us that they received regular support from their manager. The registered manager was passionate about supporting people's independence and to receive good quality care in their own homes.

Systems were in place for people and their relatives to provide feedback about the service. During each review, there was an opportunity for people to feedback any complaints and compliments. We reviewed these and found that they were largely positive. One review read, "Great service; is beneficial and supports [name] well. Carers are really good." In addition to reviews with staff, people were invited to complete a survey about the quality of the service they received. We saw that these comments praised the service and where negative comments had been received the registered manager met with people to understand their concerns and how they could be resolved.

Staff received regular newsletters to keep them informed about changes to the service. One member of staff

told us, "We receive a staff newsletter so we always know what's going on." We also saw that the service held regular staff meetings which reminded staff of their responsibilities and enabled staff to provide feedback about the service. Minutes of the meetings were available for any member of staff that were unable to attend.

The home had policies and procedures in place which covered all aspects relevant to operating a care home which included safeguarding and recruitment procedures. The policies and procedures were detailed and provided guidance for staff. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role. The registered manager understood their requirement to submit appropriate notifications to the CQC and was aware of how they could do this.