Rosemont Care Limited

Rosemont Care Limited t/a Rosemont Care

Inspection report

11 Park Lane
Hornchurch
Essex
RM11 1BB

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Rosemont Care is a domiciliary care service based in Hornchurch, Essex. The service is registered to provide personal care for people in their own home, within the county of Essex. At the time of our inspection, the service provided a service to approximately 190 people, who received personal care and support in their own homes. The inspection was carried out on 5 May 2016 and was announced.

We initially inspected Rosemont Care on 23 July 2015 and found breaches of legal requirements during a comprehensive inspection. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to supporting staff and ensuring that there were systems to assess, monitor and improve the quality and safety of the service.

We undertook this focused inspection to check if they had followed their plan and to confirm that they now met legal requirements. After the inspection, we also received concerns in relation to the safety and management of the service. This focused inspection looked into those additional concerns. 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 Rosemont Care on our website at www.cqc.org.uk

The service had a registered manager in post. However, they were in the process of de registering from their post as the service had appointed a new manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, 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.

At this inspection, we found that improvements to record keeping, staff supervision and appraisals had been completed and the service met legal requirements. We found that there were more adequate systems to monitor the safety and quality of the service. However, questionnaires to monitor people's satisfaction with the service had not been carried out for over a year, as returned questionnaires held in the office were out of date.

People were cared for by staff who had an understanding of their needs. Staff demonstrated knowledge of safeguarding people from different types of potential abuse and how to respond. People had their individual risks assessed and had plans in place to manage the risks. Medicines were administered by staff that had received training to do this. The provider had procedures in place to check that people received their medicines as prescribed to effectively and safely meet their health needs.

Staff had been recruited following appropriate checks and the provider had arrangements in place to make sure that there was sufficient staff to provide support to people in their own homes. People told us they received care from care workers who understood their preferences for care and support.

People were listened to by staff and were involved in making decisions about their care and support. Care

workers were caring and supportive in the service they provided. Care workers provided support that ensured people were treated with privacy and dignity. People were encouraged to express their views and give feedback about their care. They told us that care workers listened to them. People felt confident they could raise any issues or concerns with the new manager, should the need arise and that action would be taken.

Care workers felt supported by the new manager and the registered manager, who gave them opportunities to develop in their roles. The service provider was committed to improving the service and the quality of care provided to people. The service provider ensured regular checks were completed to monitor the care that people received and look at where improvements could be made.

We found one area where we have made a recommendation to the service, which is detailed in the report.

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.

Staff understood how to protect people from harm and abuse. Staff supported people in a safe way.

Staff were recruited appropriately. Staff supported people to take their medicines safely.

Is the service effective?

Good

The service was effective.

Staff were supported by the manager to carry out their roles effectively. Staff received regular supervision and training relevant to their roles. Staff had a good knowledge of the Mental Capacity Act 2005.

Staff supported people to access healthcare professionals when required. People were given sufficient food and drink.

Is the service well-led?

Requires Improvement

The service was not always well-led. There was a registered manager but they had stepped down into a deputy manager and care coordinator role. A new manager had implemented systems to improve the service but some work was still in progress.

Quality assurance systems required updating as questionnaires for people had not been carried out since May 2015.

The management team were approachable and supported staff. Staff received the necessary support and guidance in supervisions and team meetings.

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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. We undertook a focused inspection of Rosemont Care Ltd on 5 May 2016. It was an announced inspection, which meant the provider knew we would be visiting. This was because it was a domiciliary care agency and we wanted to make sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

This inspection was undertaken to check that improvements by the provider to meet legal requirements, after our comprehensive inspection on 23 July 2015, had been made. The service was inspected against three of the five questions we ask about services: Is the service safe? Is the service effective? Is the service well-led? This is because the service was not meeting legal requirements relating to maintaining accurate records of supporting staff and ensuring that there were systems to assess, monitor and improve the quality and safety of the service.

The inspection team consisted of one inspector. Before the inspection, we reviewed the information that we held about the service. This included any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with the service manager, the registered manager and five care workers. We also spoke to office based staff. As part of the inspection process we also spoke, by telephone, with ten people who used the service and four relatives. We looked at documentation, which included ten people' s care plans and risk assessments, ten care workers recruitment and training files, policies and procedures and records relating to the management of the service.

Good

Is the service safe?

Our findings

Prior to our inspection, we received some concerns from staff and people about the safety of the service, following a number of complaints and incidents. We had also received information alleging that staff were not carrying out care at the appropriate times as set out in people's care plans and that people were also experiencing missed visits from care workers.

At the time of this inspection, we did not find that this was the case. We noted that the new manager had carried out an investigation into these concerns. We checked with the local authority safeguarding teams to ask if they had received concerns relating to people's safety. They confirmed that they did not have any serious concerns and that they worked with the service when required. We noted that the provider had notified the CQC and the local authority of safeguarding alerts and that there were a number of cases that were ongoing or had been closed. The manager told us, "If we have any concerns about one of our service users, we will always raise a safeguarding just in case."

People told us that they felt safe using the service. One person told us, "Yes of course, they are very safe and take care of me, they turn up on time." Another person said, "They are really safe and make sure I take my medicine and are always here." A relative told us, "They are brilliant in what they do. They carry out their work carefully and safely."

Care workers confirmed that they were aware of their responsibilities about keeping people safe. They confirmed that they had received training about safeguarding people from abuse. Training records we looked at confirmed this. Care workers were able to describe the process for reporting any potential, or actual, abuse and who their concerns could be escalated to. Staff were aware of the registered provider's whistleblowing policy and knew of the procedures to report concerns about practice within the organisation.

Care workers entered and exited people's homes safely by ensuring that they announced themselves when arriving, either by ringing the doorbell or entering with a 'keysafe'. This was a secure key to the home that is only accessible with a passcode. Care workers were required to wear a uniform and identify themselves when they enter a person's home and carried identification. They used Personal Protective Equipment (PPE) such as gloves and aprons to prevent any risks of infection when providing personal care. We saw that the service also had a sufficient stock of PPE held in their office to supply to care workers when required.

We spoke with the deputy manager who managed the rota in the office who told us that "if one of the carers is sick, we make sure we send someone to replace them." Care workers told us there were always two care workers or "double ups" to assist someone when, for example, they needed to use a hoist. Care workers told us they had sufficient time to deliver the support that was detailed in people's care and support plans.

We looked at daily notes, rotas and timesheets and saw that care workers were able to cover shifts, take breaks and complete tasks. People's risk assessments were reviewed every three to six months. The risk assessments were personalised and based on the needs of the person. The assessments were completed

with the person and identified what the risks might be to them, what type of harm may occur and what steps were needed in order to reduce the risk. These included risks around falls, manual handling and the behaviour of the person, where this was applicable.

Staff recruitment files showed that the service had safe recruitment procedures. Care workers completed application forms outlining their previous experience, provided references and attended an interview as part of their recruitment process. We saw that a Disclosure and Barring Service (DBS) check was undertaken before any new member of staff could be employed. This was carried out by the DBS to ensure that the applicant was safe and was not barred from applying to work with people who required care and support.

People were supported to take their medicine safely and told us that they were asked for consent by care workers before taking their medicines. We looked at medicine records and saw that people were prompted to take their medicines when required. A care worker explained how "we write down medicine that is taken, every tablet and every dose is recorded. We record it on the MAR sheet (Medication Administration Record)." We saw that people's files contained medicine administration records which were completed and up to date.

Good

Is the service effective?

Our findings

At our previous inspection of this service in July 2015, we found shortfalls in staff training and development. New and existing staff did not always receive appropriate training, inductions and appraisals to enable them to carry out the duties they were employed to perform. The service's policy in relation to the Mental Capacity Act (MCA) 2005 was very brief and did not contain sufficient information for staff. Staff had limited understanding of the systems in place to protect people who could not make decisions and of following the legal requirements outlined in the MCA and the Deprivation of Liberty Safeguards (DoLS). Staff could not demonstrate they knew how to effectively support people who lacked capacity or where to find the relevant support. During this inspection, we found these issues had been addressed.

The 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 whether staff understood.

During this inspection, staff told us they received training and had a good understanding of the MCA, were aware of the service's procedure and knew how to support people who lacked capacity. Care workers understood their responsibilities under the MCA and what this meant in ways that they cared for people. They said they would recognise if a person's capacity deteriorated and that they would discuss this with their manager. One care worker told us, "We have had lots of training including the MCA. I understand people have to make decisions and give consent where they can. If they need support, we would speak to a family member or ask our manager for advice." We also noted that the service's updated policy on the MCA was more detailed and contained sufficient information for care workers. Another care worker said, "I have seen the policy and know it is part of our Care Certificate training." We looked at training records and saw that staff training in the MCA had been undertaken by using videos and questionnaires. The manager told us that they would be updating the training and said, "MCA training is completed within the Care Certificate over numerous standards and I train the staff myself. I am in the process of sourcing Mental Capacity Act training as well other training courses."

Care workers told us they received the training and support they needed to do their job well. We looked at a training matrix which was in the process of being completed. However, we saw that care workers had received training in a range of mandatory areas which included safeguarding adults, medicines management, moving and handling, dementia awareness, food hygiene and falls prevention. A training register for each topic indicated all care workers that had completed or attended the training and was signed by the care worker. They received annual refresher training of mandatory topics. We saw that there was a training programme in place for Care Certificate courses, which were a set of standards that health and social care workers adhere to in their day to day work. Some care workers were also enrolled on to diplomas in health and social care. One care worker told us, "I am looking forward to doing my NVQ Level 3

certificate." Care workers also completed training satisfaction surveys which informed the manager if staff felt that the training met their expectations and helped with their development. We saw that the feedback was positive.

Newly recruited care workers now completed a more thorough initial induction and shadowed more experienced workers to learn about people's individual care needs and preferences. Care workers told us the induction training they received provided them with the knowledge they needed. A care worker informed us that, "We are well supported by the new manager and by the office staff. We get the training we need. We get refreshers every six months."

We saw evidence that regular supervision took place with individualised goals. The supervision files contained a personal development plan which contained information about the care worker's achievements, what skills they had, what additional skills they needed, any constraints in their work and what help they required to overcome them. There were also records of actions that the care worker would complete and the supervision notes were signed by the manager and the care worker. Supervisions took place every two months. The manager told us, "I want to do more frequent supervisions. They used to be every three months but I think it is better to do them every two months." Care workers confirmed that any training needs or areas of concern were discussed in supervision meetings, in order for them to develop and gain further skills. We saw that care workers were also able to talk about the support needs of people they visited and if there were any changes to their needs. This meant that the service was monitoring the wellbeing of both staff and people who used the service. Care workers told us that that they found supervision meetings helpful and supportive. One care worker said, "I am supported in my role and my one to one meetings with the new manager have been really helpful."

People who started receiving care at home from the service received an initial review after two weeks. Care workers were also supported and monitored by a field care supervisor. They would assess the performance of the care worker while they were carrying out care tasks in people's homes and ensure that they were delivering care according to people's preferences, including people receiving End of Life care. This took place at least twice a year along with unannounced telephone spot checks, which were calls to the person receiving care, to check that their care worker had arrived. The manager told us, "We aim to monitor our staff but I have had to recruit a new field care supervisor as one of our supervisors left recently."

People and their relatives told us the care workers met their individual needs and that they were happy with the care provided. One person told us, "They are wonderful, they do a great job and are very professional." Another person said that they "had great carers, they really understand my needs." A relative told us that, "Someone from the office came once to check everything was OK."

People's consent was sought before any care and treatment was provided and the care workers acted on their wishes. Care plans had been signed by people to give permission for the information in them to be shared. People were able to make their own decisions and were helped to do so when needed.

People were supported to have sufficient amounts to eat and drink and had their nutritional needs met by care workers. One care worker told us, "For lunch and tea calls, we prepare their meals if it is in their care plan. We always ask what they want to eat and make sure they have eaten enough. There are ready meals we can heat up for example if that is what they like."

Care workers had access to details of relevant healthcare professionals such as the GP or district nurse and would contact them if a person was unwell or in an emergency. One care worker said, "We are always talking to doctors and nurses and know what numbers to call in emergencies." Records confirmed that care

workers had taken the appropriate steps when a person had been unwell.

Requires Improvement

Is the service well-led?

Our findings

When we inspected in June 2015, we found that the systems the service had in place were not effective and did not enable the registered manager to consistently monitor, assess and improve the service. Accurate records of training and documents relating to the care of people were not up to date or easily accessible. People also told us that care workers arrived late and their feedback was not always analysed or responded to. In response to the inspection, the provider sent us their plan of action to meet the requirements of the Health and Social Care Act 2008 but it was sent to us late. However, during this inspection, we looked to see what improvements the service had made, as set against their action plan. We saw that changes had been made in the management of the service to ensure that the service performed better.

The current registered manager had stepped down into a deputy manager and senior care coordinator role. They will deregister with the CQC as the service had appointed a new manager, who will apply to be the registered manager once their probation period is completed. At the time of the inspection, the new manager was still working within their probation period and an application had yet to be made. Both managers reported to a responsible individual, who was the proprietor of the agency.

The registered provider sent surveys to relatives and professionals to seek their views and opinions. Feedback from people was supposed to be carried out annually according to the service's procedures but we did not see evidence of more recent surveys. We saw questionnaires which had been sent out in previous years and people made positive comments about the service they received. However, they were not in any dated order and the most recent were a year old. The deputy manager showed us a list of people that were contacted this year, following an investigation into medicine management but they contained a brief summary, relating only to medicine. We did not see evidence of any annual satisfaction surveys carried out since May 2015, although we noted that people were asked about their experiences during telephone spot checks within the past year.

We recommend that the service reviews its quality assurance procedures to ensure that questionnaires are carried out when they are due.

We saw that the new manager was in the process of ensuring that the service operated effectively and that people who used the service and staff were supported. We noted that the new manager had made a number of changes and had made improvements to record keeping, staff training and recruitment systems. They carried out audits to check that staff and people who used the service had all the necessary documents in their files, including start dates of care workers and dates of care plan reviews for people. Care workers told us the service was now well organised and that they enjoyed working there. A care worker told us, "The new manager is very good, they are very helpful and experienced. We have learnt a lot and the training is excellent."

We looked at various records including minutes of meetings, medicines records, training information, safeguarding information, health and safety information and policies and procedures for the service. Care plans were up to date and reflected people's current needs and health care conditions. Reviews of care

workers were completed internally every two to three months by a field care supervisor, to identify where any necessary improvements were required. We saw that this work was in progress as a new field care supervisor was in the process of being recruited. We saw that there was a system to store and record information, although we noted that there were some gaps where work was also still outstanding. The manager explained that, "There is still a lot of work for us to do. I have only been here since the beginning of the year. When I started, we had unhappy and disgruntled staff who caused us problems. They have left now, my staff are happy and we have made a lot of progress." People confirmed that the service was managed very well. One person said, "Like any service, they have ups and downs but we have no complaints. The new manager is doing a great job and the staff are brilliant. They are always on time and are so caring."

Timesheets and daily notes, which included what medicines were administered, were brought back to the office each month to be audited and quality checked to ensure that care workers completed them thoroughly. We saw that they were well written and easy to read. If any discrepancies were found or the care worker was arriving late, the manager would have a discussion with the care worker and take any necessary action for improvements to be made. We also saw that there was a system to monitor that care workers were where they were scheduled to be. Care workers were required to log in to the system using a Freephone number from people's phones, with their permission, when they commenced care and support in their homes.

The care workers and office staff told us they had team meetings which enabled them to discuss any issues or concerns and this was confirmed by the records we looked at. Items discussed during team meetings included guidance for care workers for completing log sheets and medicine administration forms, reporting of incidents, issues such as lateness to visits, training and a more general discussion about record keeping. We saw that minutes of team meetings were detailed and that they were well attended. Care workers also felt appreciated for their hard work and were given an opportunity to be Carer of the Month within the service, as it gave them "something to aspire to."

The new manager understood their role and responsibilities and had carried out a restructure of the systems that were in place to improve the service. The day to day management of the service included dealing with issues and concerns that were brought to the attention of senior managers. We looked at records and saw that action was taken promptly in response to concerns and complaints. People's records were kept securely, which showed that the service recognised the importance of people's personal details being kept securely to preserve confidentiality. The manager carried out assessments to check whether the service was running as it should be. They notified the CQC of incidents or changes to the service that they were legally obliged to inform us about.