

The Roof Support Services UK Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Roof Support Services UK Ltd is a domiciliary care agency. It provides care and support to people in their own homes in the London Borough of Brent. The provider supports people living with mental health needs, dementia or who have physical disabilities. At the time of our inspection the service was providing care and support to 77 people although only 10 people received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and relatives thought the service was good and said they were safe. There were procedures in place to protect people from harm and abuse. There were arrangements for preventing and controlling infection. Staff supported people with their medicines safely.

There were enough staff to meet people's needs. Staff received supervision and training and felt supported by their managers. The provider had systems to ensure they only employed fit and proper staff to provide care and support.

The provider developed care plans with people and their relatives, which set out their likes, care preferences and communication needs. People and their relatives knew how to raise issues or complaints and said the provider was approachable and responsive.

There were systems in place to monitor the quality of the service and make improvements when required. People, relatives and staff were asked to give feedback about the service. They felt the service was managed well. The provider worked in partnership with other professionals and services to meet people's needs.

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

Rating at last inspection and update

The last rating for this service was requires improvement (26 May 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. At our last inspection we recommended that the provider consider current guidance on reviewing and updating people's care and risk management plans so as to assesses and support people to manage risks to their safety and well-being. At this inspection we found the provider had made improvements.

Why we inspected

We carried out an announced comprehensive inspection of this service on 22 April 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what

they would do and by when to improve managing medicines, person-centred care and having effective systems in place to monitor and improve the quality of the service. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, responsive and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Roof Support Services UK Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next 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 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 well-led findings below.

The Roof Support Services UK Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection was conducted by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 8 August 2022 and ended on 15 September. We visited the location's office on 18 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, director and office manager. We viewed a range of records, including three people's care and risk management plans and care records. We saw three staff files in relation to recruitment and supervision. We viewed a variety of records relating to the management of the service, including audits, meeting records and procedures. After our visit we spoke with two people who used the service, one relative of a person who use the service and three care staff. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found that medicines support was not always managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff supported people to take their prescribed medicines safely and there were systems in place to ensure this.
- Staff had completed medicines support training and the registered manager assessed their competency to provide this. We saw they had used these assessments to address staff performance issues when required. The managers also discussed medicines support with staff at regular team meetings.
- People's care and risk management plans set out the medicines support they required. Staff used medicines administrations records (MARs) to note they had supported people to take their medicines as prescribed. MARs set out the necessary information for staff to administer medicines safely and had been appropriately completed. The registered manager audited MARs regularly.
- The service liaised with people's GPs and pharmacists so as to support people to access their prescribed medicines appropriately.

Assessing risk, safety monitoring and management

At our last inspection we recommended that the provider consider current guidance on reviewing and updating people's care and risk management plans so as to assesses and support people to manage risks to their safety and well-being. At this inspection we found the provider had made improvements.

- The provider assessed and supported people to manage risks to their safety and well-being. A relative told us they felt their family member was safe and said, "They're an honest company" and "I trust them."
- People's care and risk management plans considered various topics including their mobility needs, known health conditions, continence management and if a person used any equipment, such as a walking frame or hoist. People's plans set out actions for staff to lessen these risks.
- Staff told us they found care and risk management plans helpful and one commented, "They write everything on how you care for the client." Staff were provided with training and information about people's known health conditions so they could understand how these may affect a person.
- We found one person's plan needed more information for staff about the support to provide to the person while they were mobilising. We discussed this with the registered manager and they agreed to update this area of the plan.
- The registered manager assessed people's home environment to identify and address potential risks, such as the use of appliances or cables that might present a tripping hazard to a person. This helped them to

ensure the environment was safe for a person and suitable for staff to provide care safely. We saw the provider had liaised with statutory services and other professionals when they noted people may need new equipment or adaptations to their home so their needs could be met safely.

- The provider had contingency plans to help ensure the service could continue in the event of an emergency, such as significant staff illness.

Staffing and recruitment

- Sufficient numbers of staff were deployed to meet people's needs safely.
- Staff said they had enough time to support people during their care visits without rushing and to travel between their care visits.
- The provider arranged for staff to attend care visits that were near to where they lived whenever possible. This helped to ensure they had enough time to travel to people while lessening the risk of travel disruptions. The provider used a digital call monitoring system to monitor care workers arriving and leaving people's homes in real time to reduce the risk of late or missed care visits.
- Staff generally visited the same people so that people could develop trusting relationships with the staff supporting them. A relative told us they felt staff and managers understood their family member's care and support needs.
- The provider followed appropriate recruitment processes with new staff to make sure they only offered roles to fit and proper applicants. We saw that during interviews they looked for prospective staff to demonstrate empathy for people receiving a homecare service. They also established an applicant's experience and employment history and completed a range of checks including Disclosure and Barring Service checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people using the service from the risk of abuse.
- Staff completed training on adult safeguarding and those we spoke with knew how to recognise and respond to concerns of possible abuse. We saw the registered manager had taken action in response to such concerns and liaised with statutory services appropriately. Service records showed the management team discussed safeguarding with staff at regular team meetings to continue to promote awareness, and staff confirmed this.

Preventing and controlling infection

- There were suitable arrangements in place for preventing and controlling infection.
- The provider supplied staff with personal protective equipment (PPE) so they could support people safely. This included masks, gloves, aprons and hand sanitiser. Staff told us they were always supplied with this and could access more as and when they needed. The provider had sufficient stocks to meet ongoing requirements and handle a short-term disruption in supplies.
- Staff received training and information about how to use the PPE appropriately. The provider conducted checks on staff in people's homes to make sure they used PPE as required.
- Staff completed regular tests to identify if they had contracted COVID-19. The registered manager had encouraged staff to take up COVID-19 vaccinations and the majority had done so.

Learning lessons when things go wrong

- There were processes in place for recording and responding to accidents and incidents.
- The provider maintained records of these and lessons learnt from them, including actions taken to report and involve other agencies to support people. We saw the provider used information from incidents to inform and initiate reviews of people's care plans.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; 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

At our last inspection we found the provider had not always ensured people received care and support in a planned way. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received care and support that met their needs and preferences.
- Care plans set out person-centred information about people's care and support needs and preferences. For example, one person's highlighted items it was important to them to have near that before staff left. Another person's plan was clear about their preference for the gender of staff to provide their personal care.
- People's plans set out the outcome they wanted to achieve. Plans promoted people's independence, highlighting when a person needed only prompting, , or minimal assistance.
- The provided ensured care plans were reviewed and updated regularly so as to reflect and meet people's needs.
- We saw records of people's daily care that indicated people received care in line with their plans. Staff also used these records to note people's appearances and mood so as to help monitor their well-being.
- The service supported people to maintain relationships and take part in activities meaningful to them, when this was part of their planned care arrangements. For example, attending college or other places of a person's choosing. A person's relative confirmed this took place.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

At the last inspection we found the provider did not always record and plan how to meet people's communication needs. This was also a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The service supported people to meet their communication needs.
- Care plans set out if people had communication or sensory needs and how staff should support these. For

example, when a person lived with a visual impairment, there was basic information for staff on where position themselves and how to speak so they could communicate effectively with the person.

Improving care quality in response to complaints or concerns

- The provider had systems in place for receiving and responding to complaints. This included maintaining a log of complaints or concerns each year, that actions taken in response and the lessons learned from this. People we spoke with said they were able to raise issues and were listened to.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Continuous learning and improving care

At our last inspection we found the provider's audit systems for monitoring the quality and safety of the service were not operated effectively to identify and address improvements to the quality of care provision. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider carried out a variety of checks and audits to monitor the safety and quality of the service and make improvements when needed. These included reviews and audits of people's care plans, checking records of daily care, use of MARs, training, supervisions and staff spot-checks.
- The registered manager and supervisors conducted regular spot-checks on staff in people's homes. These checks considered issues such as staff punctuality, staff staying the appropriate amount of time, their dress and professional approach, if they provided care as planned, and always treated people with dignity and respect. Staff and people we spoke with confirmed these were unannounced for the staff involved. Service records showed actions were taken in response to issues these checks had found. The registered manager and supervisors also conducted home visits checks with people when care staff were not present.
- The provider used a monitoring system to track and maintain the use of these audits and checks to make sure they took place when required. This system also enabled them to monitor staff COVID-19 testing, surveys, complaints and safeguarding concerns to ensure these were managed appropriately.
- Since our last inspection the provider had liaised with the local commissioning authority to ensure they made appropriate improvements to the service. For example, this joint-working had informed how the provider had improved their records of people's daily care.
- The registered manager accessed resources to keep their knowledge and practice up to date, such as various local authority webinars and Skills for Care networks.

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

- There was a positive culture to the service that supported people to achieve good outcomes.
- Feedback from relatives and staff indicated they found the service was consistently well-led and their care helped them. A relative told us the managers were "quite hands-on" and visited their family member regularly.

- Staff said they felt supported and could contact a senior member of staff at any time if they needed advice. One member of staff told us, "I get support from my care manager and care coordinator and the staff office help when I need anything."
- The registered manager understood and explained their duty of candour responsibilities. One person we spoke with confirmed this took place when they had raised an issue with them. They commented, "[The registered manager] apologised... it was all sorted out and is all very good now."

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

- People, relatives and staff were involved in the service provision.
- People and relatives were involved in planning and reviewing their care. A relative told us they found communication with the provider good and said, "I talk to them, they fix it." A person told us, "If we are not happy, they come to the home, sit down and see how we can resolve things."
- The registered manager and director held regular team meetings with staff to discuss the running of the service. There were two meetings a month to accommodate staff attending at different times. Staff said these were helpful and one worker said they appreciated the provider discussing adult safeguarding and health and safety in the meetings.
- The provider had also recently sent people and relatives questionnaires so they could provide feedback about the service. These asked assorted questions, such as if people were happy with the management of the service, if their family were involved in their care, and if staff treated them with respect and helped them make choices about their care. The provider had received 15 responses at the time of our inspection and we saw these showed people were happy with their service. One person had commented, "So far I am very pleased with the way that I am looked after."
- Similarly, the provider had recently sent questionnaires to staff so they could comment on issues such as the management of the service, training and supervision, how quality improvements were discussed with them, and how people and those important to them were involved in their care planning. The 12 respondents received at the time we inspected had reported they were happy with how the service was being managed. These questionnaires enabled people, relatives and staff to comment on and influence the management of the service.

Working in partnership with others

- The service worked in partnership with other health and social care agencies to help people to receive joined-up care and support, such as people's GPs, pharmacists, social workers and occupational therapists.