

Rock of Ages Care Limited

Rock of Ages Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rock of Ages is a domiciliary care service providing personal care and support for people in their own homes. The majority of people receiving support had their care funded by the local authority. At the time of the inspection the service provided support for 14 people.

Not everyone who used the service 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

Since the last inspection, the provider had updated their medicines policy, but medicines were still not always managed safely. We made a recommendation to the provider to seek guidance on ensuring people received their calls in a timely way.

The provider had implemented new quality assurance systems and structures, but these were not always effective as the provider had not identified the concerns, we found in relation to medicines management, staff attendance and lateness.

Despite some concerns regarding lateness, people reported they felt safe with the staff who supported them. At our last inspection we made a recommendation in relation to the provider's safeguarding procedures. At this inspection, improvements had been made. Each person had a risk assessment and these plans identified what action staff could take to mitigate potential risks.

Staff were provided with personal protective clothing and staff followed the providers infection control guidance. The provider had robust procedures for recruiting and inducting staff to help ensure only suitable staff were employed.

The provider had updated their assessment processes and each person had a new care plan completed. There was information available throughout people's care plans which enabled staff to provide person centred care. People and their relatives had been involved in the care planning process. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff attended team meetings and they had regular supervisions and appraisals in line with the provider's policy. People and their relatives spoke well of the registered manager and felt they were committed to delivering safe care and support.

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 rating at the last inspection (published 17 January 2019) was inadequate and there were multiple breaches of regulation. 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 some improvements had been made. However, we identified further improvements were needed in respect of managing medicines, and governance.

This service has been in Special Measures since 16 January 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notices in relation to regulations 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008. (Regulated Activities) 2014. When we were on site, we made the decision to carry out a focused inspection and look at Safe, Effective, Responsive and Well-led. This report only covers our findings in relation to these Key Questions.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Rock of Ages Care

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

The service was inspected 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support this inspection..

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included four people's care records and two people's medicines records. We looked at two staff files in relation to recruitment and staff

supervision. A variety of records relating to the management of the service, including policies and procedures were viewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with two members of staff. We contacted two professionals for feedback but received no response.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection we found systems were not in place to ensure the safe management of medicines and risks to people. This placed people at risk of harm and was a breach of Regulation 12 (safe care and treatment) of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvements had been made in relation to medicines management and the provider was still in breach of regulation 12.

- Medicines were not always managed safely. We reviewed one person's records and saw they were prescribed seven medicines but three of these were not included on the medicine administration record (MAR) which meant staff could not record whether or not they had administered them. This person's MAR chart had been audited but the registered manager had not identified these medicines were missing. This told us the registered manager did not always have effective auditing processes in place to help ensure medicines were administered safely.
- At the last inspection, staff were "prompting" people with their medicines which meant medicines were not always being administered safely as there was no clear guidance in place to inform staff what "prompting" entailed. At this inspection, the registered manager confirmed staff were either administering medicines or relatives were responsible. They told us, "The medicines policy is much clearer, we are no longer prompting, if we are responsible, we are only administering." We read people's communication logs and saw staff were recording they were "prompting with medication". This meant information was incorrect and we were unclear if staff were administering the medicines safely. We raised this with the registered manager, who told us this was a recording issue and they would remind staff to use the correct wording.

Failure to safely manage medicines placed people at risk of harm and was a continued breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the registered manager took prompt action to address the issues we found.
- People had been prescribed medicines to be administered as required (PRN) and the provider had completed a detailed protocol to provide guidance for staff as to when people should receive these medicines.
- Body maps were correctly completed for people who were being supported with topical creams to maintain their skin condition.

Assessing risk, safety monitoring and management

At the last inspection we found risks to people had not always been considered, assessed or planned for to ensure they received care safely. At this inspection we found improvements had been made in relation to risk assessments.

- People and their relatives told us they felt staff understood their needs and managed any known risks well.
- At our last inspection people did not have effective risk assessments. As a result, the registered manager visited each person to carry out a new risk assessment which covered a range of risks including those associated with medicines, physical health needs, and the environment where people lived in and equipment they used. Risks were assessed and given a severity rating and appropriate risk management plans were developed to mitigate the risks.
- For example, one person who was living with diabetes had a detailed risk assessment about their condition and what to do if they became unwell.
- All people had risk assessments regarding preventing falls and moving and handling and there were appropriate risk management plans. If a person's needs changed, risk assessments were reviewed and updated.

Staffing and recruitment

At the last inspection we found the provider had not carried out comprehensive assessments of staff suitability during recruitment. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 19.

- Staff were recruited in line with the provider's policy. We reviewed two staff recruitment files, and we found the provider was recruiting people safely. This helped to show us people were protected from the risks of unsuitable staff being employed to support them. In staff files we saw evidence that the registered manager had completed a Disclosure Barring Service (DBS) to check if the applicant had any criminal convictions or whether they were on any list that barred them from working with people who needed care.
- Overall people were satisfied with their call times. We reviewed five people's call monitoring logs and we found in two cases people did not receive their care at the time specified in their care plans. However, three people did receive their calls in a timely way.
- One person confirmed they did not always know when staff would turn up and, in some cases, staff did not stay the required length of time. If staff were running late, one person told us, "45 minutes goes down on the sheet and sometimes they're only here 10 minutes, quarter of an hour. It varies, it is always the same time put down on the sheet. I don't know if that includes travel." We raised this with the registered manager who told us, "We always inform service users when care workers are running late. Service users have their permanent care workers. On their days off, we allocate another care worker to cover and there are fixed time slots for each call."

We recommend the provider seek national guidance and review their staffing levels to ensure people receive their care as agreed in their care plans.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider implement national guidance in relation to safeguarding adults from the risk of abuse to ensure they had robust systems in place to report and manage safeguarding concerns appropriately.

The provider has made the necessary improvements

- As part of our inspection we reviewed all safeguarding notifications and found the provider was working within their policy. The registered manager had submitted safeguarding notifications to the CQC and had notified the local authority where there were concerns for people's safety.
- Staff were aware of their duty to raise or report any safeguarding incidents to help ensure people were kept safe. Staff had a good understanding of safeguarding and they had access to a whistle blowing policy which detailed how to report any concerns. One staff member told us, "Whistleblowing is reporting an incident anonymously."

Preventing and controlling infection

- Staff had received updated infection control and Covid-19 training. The service had a good supply of Personal Protective Equipment (PPE).
- People and their relatives told us staff were using PPE in line with the current national guidance and this helped to reassure people. Comments included, "Yes, they wear their gloves and masks and wash their hands" and, "Infection control practices were still consistent [during Covid]. They took all the precautions, put their gloves on put their masks and aprons on."

Learning lessons when things go wrong

- The registered manager monitored all incidents and accidents which occurred at the service. They had introduced clear systems and any concerns found were discussed with the staff team and used as learning opportunities for staff.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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
At the last inspection we found people's needs were not always appropriately assessed before they started to receive care and support. This was a breach of Regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to assess people needs and choices. They had made improvements in this area.

- Since the last inspection, the registered manager had undertaken new assessments for all people who used the service.
- People's assessments contained detailed information to enable effective care to be delivered to the person, such as the names and contact details of health care professionals, allergies, the person's religion and specific likes and dislikes.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to provide staff with inductions, training and supervisions. This was a breach of regulation 18 (Staffing) 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 18

- Staff received an induction which was completed over five days. Records showed this was thorough and detailed. One staff member said, "The induction was good, and I found the training helpful."
- Following the induction, staff completed a period of shadowing when they worked with more experienced staff. The length of time spent shadowing was dependent on staff skills and experience. Staff received training which equipped them for their role. Staff were encouraged and supported to complete a national qualification and the Care Certificate. The Care Certificate promotes a national set of care standards, which non-professional care staff are expected to adhere to when they provide people's care.
- The registered manager carried out on-site competency checks to support staff with their day to day practice. We saw evidence of the registered manager discussing competency checks in people's supervision notes.

- People and their relatives felt staff had the appropriate skills and knowledge required to support them. One person said, "The staff that come in are well trained".
- Staff received supervision and appraisals in line with the provider's policy. We reviewed staff records and we could see that supervision was used in a constructive way to address concerns and support staff.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection, the provider did not have effective processes in place to ensure people's care was provided in line with the principles of the MCA. This was a breach of regulation 11 (Need to consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 11.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider's processes for identifying and supporting people who lacked mental capacity were robust as it was clear how decisions around people's care had been made or agreed. The provider had completed capacity assessments for people whose capacity to consent was in doubt.
- We found the provider had incorporated the principles of the MCA into policies within the service.
- We spoke with care workers who had received training on the MCA and found they understood its principles. One staff member told us, "If [people] have capacity I must respect them but if I have concerns, I would also raise it with the office."

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

- People's care plans identified what support people required to prepare their meals. This information was detailed. We read in one person's file they were at risk of dehydration. There was detailed information to guide staff on how to support this person and we could see staff were recording their daily fluid intake.

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

- People and their relatives told us the registered manager supported them to see their GP or district nurse.
- If staff or family members were concerned about people's health, they could contact the office for support. One relative told us the registered manager supported them to seek specific equipment for their relative when their needs changed.
- The registered manager told us oral healthcare was covered as part of the assessment and we saw this was detailed in people's care plans. We reviewed people's communication notes and saw evidence people

were being supported with their oral healthcare.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

At our last inspection the provider had failed to provide sufficient information to enable staff to provide fully person-centred care or to provide information in a suitable format for them. People's communication needs had not been assessed and planned for. 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.

- Since the last inspection the registered manager had introduced a new care planning process and these plans set out how to support people in a personalised manner. Care plans detailed people's needs, choices and individual preferences. Care plans were subject to regular reviews which meant they were able to reflect people's needs as they changed over time, for example when a person had fallen, we could see the relevant paperwork had been updated to reflect the change in support provided.
- We could see evidence of people requesting personal care from gender specific staff and the registered manager told us they always ensured this happened and if they could not accommodate people's request they would not continue to deliver the package of care and support.
- People told us the service supported them to live as independently as possible. One person told us, "They encourage me to do things for myself and when I do, they also congratulate me."
- Staff confirmed they read people's care plans which helped to ensure people received person centred care. One staff member told us, "The service users are individual so I deliver the care how they would like and I appreciate their wishes."
- Staff completed daily communication logs and we could see these showed people received care in line with people's individual preferences. For example, one person liked to have their personal care delivered differently at the weekend and staff ensured this was done.

Meeting people's communication needs

At our last inspection the provider had failed to ensure that people's communication needs had been fully considered and assessed. They had made improvements in this area.

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.

- Since the last inspection the provider had introduced communication plans. These plans described how best to communicate with people. In one person's file, we read they had a hearing impairment and there was clear information to guide staff about how to communicate with them effectively.

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 provider's assessments contained information on what was important to people. This information detailed about people's families and work histories. Staff told us they took the time to talk to people about what was important to them. We read in one person's care plan how it was important staff encouraged them to meet with other people who lived near them.

Improving care quality in response to complaints or concerns

At our last inspection we recommended the provider implement a policy for dealing with complaints.

At this inspection, we found improvements had been made.

- The registered manager had implemented clear processes to record, investigate and respond to both formal complaints and concerns raised. We reviewed the complaints folders and there had only been two complaints since the last inspection. These were investigated in accordance with the provider's policy.
- People told us, when they had concerns, they spoke directly to the registered manager and these were addressed appropriately.

End of life care and support

- The provider had an end of life policy in place and people's care plans contained documentation to capture their end of life wishes such as religious requirements.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 the last inspection we found systems were not effectively operated to improve quality and safety. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements, but further improvements were needed and the provider was still in breach of Regulation 17.

- The provider did not always have effective quality assurance systems in place to monitor service delivery as they had not identified the concerns we found at the inspection, so they could take action to make the necessary improvements. For example, the provider's monitoring systems had failed to identify the concerns we found in relation to medicines management.
- The provider's arrangements to monitor the quality of the communication records were also ineffective as they were completing monthly audits yet, they failed to identify staff were recording inaccurate information. The provider was also completing quality assurance audits however these audits had not identified some people were having concerns regarding staff's time keeping.

The registered person was not always operating effective systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, there had been improvements at the service since the last inspection. The provider had updated all their policies and procedures, introduced new assessment processes, staff were recruited safely, and they followed a thorough induction before starting to deliver care.
- The registered manager had focused their time on improving their knowledge and skills. They had attended training which was delivered by the local authority and they had kept up to date with changes in best practice by signing up to newsletters from many social care resources. They were continuing to develop partnerships with other local agencies.

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

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

- The views of people were sought. Since the last inspection, the provider had introduced a new survey format for people to complete. People received monthly calls and quarterly surveys and relatives confirmed this. One person said, "Any problem, [the registered manager] calls. They are so easy to talk to, [they are] so understanding. Even the other carers as well."
- The staff spoke positively about the registered manager as they were approachable and dealt effectively when issues or concerns were raised. One staff member told us, "Yes. It's a good place to work and I feel supported, when we have issues, we report it and it is dealt with instantly."
- Relatives told us the registered manager kept them informed of important issues. A relative told us, "I find it easy to communicate, if I ever have to ring, the call is dealt with straight away."
- Staff meetings were held to give staff the opportunity to express their views and opinions on the day-to-day running of the service.
- Staff told us they attended regular team meetings and we saw minutes of these. The meetings were used to keep staff up to date on changes within the service.

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

- During the inspection, the registered manager spoke about being honest and how they had learnt from their last inspection and they were committed to the ongoing improvement of the service. The registered manager had a clear set of values. They told us they were continuing to embed this practice into all areas of work.
- The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.

Working in partnership with others

- The provider worked in partnership with healthcare professionals and commissioners to improve the quality of care and people's experience of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always ensure the proper and safe management of medicines. Regulation 12
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person was not always operating effective systems and processes to assess, monitor and improve the quality and safety of the service. Regulation 17