Rosywood Care Services Ltd

Rosywood Care Services Milton Keynes Branch

Inspection report

Challenge House
Sherwood Drive, Bletchley
Milton Keynes
Buckinghamshire
MK3 6DP

Tel: 07807083399
Website: www.rosywood.com

Date of inspection visit:
09 August 2016

Date of publication:
15 September 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 9 August 2016 and was announced.

Rosywood homecare provides personal care to people who live in their own homes in order for them to maintain their independence.

At the time of our inspection the provider confirmed they were providing personal care to 27 people. Prior to this inspection we had received concerns in relation to the care people were receiving and the management of the service. We therefore needed to ensure that people's care was being delivered in line with the fundamental standards.

Care plans reflected how people preferred to receive their care, but did not contain personalised information on people's personality, personal history, hobbies and interests. The service had a mission statement which outlined that this information would be documented, but it was not.

Systems had not been in place to pick up on or rectify staff lateness to care visits. People told us that staff had been late and they had not received a phone call to inform them of this. The management were not able to accurately monitor the staff calls and take immediate action as and when required.

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.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and were confident in using them. People had risk assessments in place to guide staff to support people safely within their homes, and enable people to be as independent as possible.

We saw that there was a sufficient amount of staff employed within the service which meant that staffing levels were adequate to meet people's current needs.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

Staff all confirmed that they had a thorough induction into the service and that on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles.

People told us that they were happy in the way that they were supported with medicines. We saw records that showed us medicines were administered safely and on time. Medication record audits regularly took place to keep track on the quality and pick up on any mistakes

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported people with this. Staff were able to support people with making and preparing food when required, and staff promoted healthy choices to the people they were working with.

People were offered support to access health appointments when they need the support. People's health was monitored by staff when required and recorded.
People were involved in their own care planning and were able to contribute to the way in which they were supported.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required.
The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed.

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 were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care and support plans were not always personalised and

reflective of people's personality, individual likes, dislikes and personal history.
People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Requires Improvement

The service was not always well led.

People told us that staff were not always on time to provide their care, and systems had not been in place to accurately manage this and rectify the issues promptly.

People knew the registered manager and were able to see him when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

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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. 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 9 and 12 Aug 2016 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager or someone senior would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by one inspector.

Prior to this inspection we had received some information of concern. We therefore reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We spoke with six people who used the service, two relatives of people that use the service, four support workers, the registered manager, and an administration staff member. We reviewed six people's care records to ensure they were reflective of their needs, six staff files, and other documents relating to the management of the service, including quality audits.

Good

Is the service safe?

Our findings

People told us they felt safe receiving care from the service. One person said, "I feel like I am in safe hands with the care that I receive." Another person told us, "Yes I definitely feel safe with them." All the people we spoke with made similarly positive comments around feeling safe within the care of the service.

All the staff that we spoke with had a good knowledge and understanding about the signs of abuse and how to report it. One staff member said, "I would immediately escalate my concerns to the manager." Another staff member said, "I would speak with management or the safeguarding team at the council." All the staff we spoke with also understood the whistleblowing procedures and were confident to use them if required. The registered manager was aware of the requirement to notify the Care Quality Commission (CQC) about incidents as required and we saw evidence that they had notified us when needed.

Risk management plans had been created in order to assess any risks that were present within people's lives and make sure that they were being supported in as safe a manner as possible. We spoke with people about the risk assessments that they had and everyone we spoke to was happy that they reflected their needs. The assessments we saw within people's files included moving and handling, environmental risk, risk of falls, Waterlow scores (the measured risk of developing pressure sores) and MUST score (Malnutrition Universal Screening Tool). The risk assessments we saw measured the risks to a person and gave staff instruction on how to prevent risk and how to respond to certain situations. They recognised the need for people to be able to do things for themselves where possible and promoted positive risk taking. We saw that all the risk assessments were regularly reviewed and updated by a senior member of the team.

Safe recruitment practices were followed. The staff we spoke with told us that they had undergone a full Disclosure and Barring Service (DBS) check. The registered manager told us that staff were not able to start work until security checks had been completed. The staff we spoke with confirmed this. We saw that the service maintained a record of all staff members ' DBS checks. We looked at staff recruitment files and found application forms, a record of a formal interview, two valid references and several personal identity checks.

There were enough staff employed within the service. The staff we spoke with told us that they felt there were enough of them to cover the shifts required. The registered manager told us that the majority of the staff team were employed to part time hours and could work flexibly to pick up shifts as required, and that no agency staff were required. The staff we spoke with confirmed this, and the rotas we saw showed that all the shifts were being covered by staff.

Medication was being administered in a safe manner. One person told us, "The staff do my medication. I am happy with the support I get." We saw Medication Administration Records (MAR S) that showed people were supported with medication. The MAR S we saw were in a standardised version that was provided by the local authority. The staff we spoke with all felt that they could use the MAR accurately and were happy that the training they had been provided with enabled them to do this. All the MAR sheets that we saw had been filled in accurately and had been audited by the management. The service had a medication policy that all the staff were aware of.

Good

Is the service effective?

Our findings

The staff provided effective support to people using skill and knowledge that they had been trained with. One relative of a person told us, "The staff support [person's name] and I think they are very good with him. They have a good manner and know what to do." Other people we spoke with said that staff were well trained and had the right set of skills to support them.

An induction programme was provided to staff members before they began working with people. One staff member said, "I started by doing a lot of online training within the office, as well as some sessions with the local authority who also run training for us. I had the time to read through all the files, and then go out and shadow other staff members who had experience. During that time I had spot checks from management as well." All the staff we spoke with confirmed that they went through the same induction process. We saw training certificates within staff files as well as competency checks to see that they had understood the training they had received. We saw that all new staff were signed up to the Care certificate qualification. The on-going training of staff was monitored, kept up to date, and recorded within a training matrix that was maintained by management.

Staff members received supervision and support from senior staff. All the staff we spoke with confirmed that they had regular contact and supervision from management in various forms and valued having the time to discuss their practice with a senior staff member. We saw that formal supervisions, spot checks and field observation forms had been recorded within staff files. We saw that actions and goals had been recorded and targets set for people where necessary.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA). 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. The staff we spoke with all had an understanding of Mental Capacity Act (MCA). We saw that staff had completed MCA training and that the management knew when capacity assessments and best interest decisions were required.

People told us that the staff that supported them always gained their consent before carrying out any care. One relative of a person said, "I always hear that the staff ask first when supporting [person's name] and I would say something if they didn't." All the staff we spoke with were able to explain the importance of gaining consent and always making sure people were happy with what was going on. We saw that people had signed and given consent for the care that they were receiving and also had consent forms in place for staff to administer medications if necessary.

People were supported and encouraged to maintain a healthy and balanced diet. People told us that they were mostly able to prepare food themselves, but sometimes staff helped out. One person told us, "I sort my own dinner out, but I know I can ask for help if I need to." We saw that the service had food and fluid monitoring forms for staff to use when people required assistance and monitoring with their food and fluid

intake. The staff confirmed that they could help people with food and drink as required, but people mostly did this for themselves or had family members help them.

People could have support to access healthcare services if they required it. All of the people we spoke with told us that family members usually supported them to health appointments, but they knew that staff could help them if they needed to. The staff we spoke with confirmed that most people had family members to support them attend appointments. We saw that where required, information about medical appointments and general healthcare was monitored and kept within people's files.

Good

Is the service caring?

Our findings

People told us they felt the staff that supported them had a caring approach. One person said, "the staff are great, they are very caring and to me and my husband." Another person said, "They are friendly enough, I can't complain." The staff we spoke with felt that they had good relationships with people and their families, particularly when they were able to regularly see the same person and therefore develop a good rapport.

People's preferences, likes and dislikes were respected by the staff members that were supporting them. One relative of a person receiving a service said, "They do understand my wife's needs. It took a while but they were good at working with me and learning from me to understand my wife and what she wants." Another person told us, "I like the staff and I think that they know me well. I have had staff from elsewhere that I didn't really get on with, but this lot are good." A staff member told us, "It is very important for me to do a good job. I can't do a good job if the person does not feel like I know them and how they like things done." We saw that care tasks and daily routines were recorded within care plans and were personalised to reflect the way in which each person prefers to receive care.

People were involved in their own care planning or had a family member involved if they could not be. One person told us, "Yes I feel like I was involved in the planning of my care." Another person said, "I saw the manager when I first signed up. I was involved in the planning." All the people we spoke with made similar comments. We looked at people's records and saw evidence to show they were involved in decision making processes, had signed to agree their care, and that they had reviews of their care on a regular basis.

People told us that their privacy and dignity was respected. One person said, "I have never had any problems. I have always felt respected by the staff and I would make a complaint if that was not the case." A relative of a person told us, "They are very respectful towards my husband when he needs personal care. It's not an easy thing to do or to have done to you, but they are respectful." A staff member told us, "I treat people the way I want to be treated myself. It is very important to enable people to feel that their privacy is being respected when you are carrying out personal care."

People were supported to be as independent in areas of their life that they still could be. All the staff we spoke with said that they encourage people to remain independent by doing things for themselves wherever possible. We saw that information within their care plans clearly outlined the care tasks that staff should undertake, whilst also reminding staff of the tasks that each person could undertake themselves, as well as offering choices so that a person retained as much control as possible. For example, one person's care routines were listed clearly for staff to undertake, but also stated that the person was able to brush their own teeth and choose their own outfit for the day, so staff should promote these abilities and choices wherever possible.

We were told that advocacy services were available should people require them. At the time of our inspection, no one was using the services of an advocate.

Requires Improvement

Is the service responsive?

Our findings

People's personal preferences and hobbies were not part of their care planning. We saw that people had care plans that outlined their basic care needs and how they liked to receive their care, but did not always include information that was centred on them, their general likes and dislikes, personal history, hobbies, interests and preferences. We found that staff members had a good knowledge about the people they were supporting and people felt cared for, but this information had not been recorded or reviewed as stated in the services mission statement. The mission statement outlined the fact that all people receiving support should have an individual, person centred plan which would contain information about the person's hobbies, interests, likes and dislikes. The service had retained information that had been provided by the local authority on each person's introduction to the service. This contained information on needs, preferences and personal history, but was not part of any up to date, or reviewed person centred planning. This meant that not all personalised information was recorded or reviewed properly as the service had set out. Any changes in people's preferences or interests were not recorded, and any new staff supporting people did not have this information to help them get to know each person and develop positive relationships efficiently.

People had an assessment of their needs before receiving care from the service. The registered manager told us, "We receive referrals from the local authority. We make contact with social services to find out any information, and then we make contact with the person and arrange to meet them. I then carry out our own assessment of their needs. If both we and the person are happy, we can begin a package of care. The person will meet the carers and care will commence. We will check in and review the care after two weeks and make changes if necessary. We then review every three months after that." All the people we spoke with told us that they met with the management when they first started using the service, and that an initial assessment had taken place.

People received care that was personalised to their specific needs. All the people we spoke with said the staff knew them well and knew how to support them. People told us that they regularly saw the same staff members which made them feel comfortable that their needs would be met by people that knew them well.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. One relative of a person said, "I think that my own role is respected by the staff. I provide care for [person's name] and the staff know that. They keep me as involved as I should be which helps me provide the best care I can to [person's name]. Another person said, "The staff respect that I have family around me that do things for me when they can, so they just fill in the gaps." All the staff we spoke with told us that they understood the need to build good relationships with family members so that communication remained effective and relationships stayed positive.

People were given the time they needed to receive care in a person-centred way. One relative of a person said, "The staff come in and do what they need to do, they have time for a chat and don't rush [person's name] or me for that matter." Other people we spoke with made similar comments. The staff we spoke with all felt that they had enough time during each visit to complete the tasks required and not rush people.

People were aware of the complaints procedure and how to use it. The service had a complaints policy in place. We saw that complaints made about the service were accurately recorded and responded to and actions and tasks were created as required. We saw that all correspondence was kept and recorded. We saw that most recently, some complaints had been made about late calls. We saw that these complaints were logged appropriately according to the service policy, responses were completed, and the action of creating a new system to monitor staff arrival times was put in to place as a result of these complaints.

Requires Improvement

Is the service well-led?

Our findings

Systems were not in place to ensure that carers visits were on time and as scheduled. People told us that carers visits were not always on time, and that this created an inconvenience to them. The service had outlined that each visit may occur half an hour before or after the stated time. Some people we spoke with were not happy with this suggested window of time, as the uncertainty of the visit time may have a knock on effect to other plans that they had during the day.

People told us that they did not always receive phone calls from the office to inform them that a carer may be running late. We saw that on some occasions that visits were outside of this agreed window of time, causing further inconvenience and uncertainty for people receiving care. We saw that the management were not able to closely monitor when staff had arrived to a person's house, and were not able to check the accuracy of the call times that had been recorded by staff. This meant that the systems in place were not accurately monitoring staff, they could not rectify staff lateness appropriately, and that people were inconvenienced and upset because of late calls.

During our inspection, we saw that the service had recently implemented systems to improve this issue. A system for staff to log in and out of each visit by phone had been put in place which enabled the management to closely monitor the timings of visits, and take action when required. The service had also recently agreed to shorten the window of time for visits to 15 minutes, either side of the agreed arrival time.

The service had a registered manager. People told us that they had met the registered manager and could contact him at any point, or contact other senior staff within the team. Everyone we spoke with felt that the registered manager was helpful and approachable. A staff member told us, "The registered manager is very good. I feel supported in my role." Another staff member said, "I can go into the office when I need to, someone is always around to speak to if I need it." We observed that the registered manager was knowledgeable about the people that the service supported and the staff team. All the staff that we spoke with said they felt valued and supported in their roles.

The management held meeting with the staff team to ensure that information was communicated accurately and that staff had a forum for discussion. We saw minutes to team meetings that covered topics such as shift cover, training updates, staff expectations, service user issues and general service updates. All the staff we spoke with told us that team meetings were regular and were a good opportunity to discuss any matters and update the team.

We saw that the service had a staff structure that included the registered manager, a deputy manager, two senior carers, carers, and someone in training to become a team leader. All the staff we spoke with were aware of their responsibilities as well as the visions and values of the service which were clearly set out.

Incidents and accidents were accurately recorded by staff when required. We saw that a report book was being used where staff were able to record the details of any incidents or accidents, which were then reviewed by the registered manager and any recommendations or remedial actions were documented.

Staff members were encouraged to improve practice from receiving observations and spot checks whilst working. We saw spot check and field observation forms that showed us staff had been monitored in their practice and given feedback where needed. This enabled the management to monitor the quality of the care being given the staff team.

Questionnaires had been created and given out to people so that quality could be monitored and measured. The people we spoke with told us that they had received questionnaires on the service that asked them their opinion on the care provided, and asked to comment if desired. We saw that responses to people had been made when any issues had been recorded. The registered manager informed us that the service had quality assurance systems in place that were used to monitor and improve the quality of the care provided.