

Mr & Mrs I J Hirsch

Rowans Domiciliary Agency

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Rowans Domiciliary Care Agency (DCA) provides support to people in their own homes in the St Agnes, Perranporth and Mount Hawk area of Cornwall. This includes people with general health needs and mental health needs. At the time of our inspection Rowans DCA was providing support for up to thirty people.

This inspection took place on 21st October 2015. The service was previously inspected in December 2013 when it was found to comply with the requirements of regulations.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe and their care needs were met. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. People and their relatives told us they had regular contact with their care worker and the manager of the service. They told us "It's all very flexible and we get [name of staff] all the time so we get to know who is coming through the door".

People told us they felt safe and secure when receiving care. People received consistent support from care

Summary of findings

workers who knew them well. People told us, “[Staff member] is marvellous. Don’t know what we would do without her” and “Always on time with a cheery smile. Very good service”.

Care plans were available for all of the people who received care and support from Rowans DCA. Each person’s care plan was up to date and included sufficient information to enable staff to meet their care needs. One staff member said, “The information we get is very good. We also get training in areas where there are special requirements”. People’s feedback was valued by the service. The most recent survey confirmed people were happy with the service they received.

Staff received training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to meet people’s care and support needs. One staff member said, “I hadn’t done this sort of work before but I got a lot of support and training” and “The support we [staff] get is really good and encourages us to do more training”.

Staff told us they were supported by the registered manager and the on- call arrangements provided people and staff with appropriate support when the service was closed.

Recruitment systems were robust. Any necessary pre-employment checks had been completed. Staff received a full induction to understand their role and to ensure they had the skills to meet people’s specific needs. This helped ensure people received care and support from staff who were competent and well matched to the role.

Audit systems were in place to monitor and manage how care and support was being delivered and took account of accidents and incidents, as well concerns and complaints. These systems acted as early indicators of themes or trends which might affect individuals using the service or staff supporting people.

Summary of findings

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 safe

There were sufficient care staff available to meet people's needs and provide planned care visits.

People were protected by ensuring safe recruitment procedures were in place.

Risks were well managed and there were systems in place to enable staff to support people with their medicines safely.

Good



Is the service effective?

The service was effective

People received support from a stable staff team who understood their needs.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's specialist needs effectively.

People were supported with their health and dietary needs.

Good



Is the service caring?

The service was caring

People told us staff were caring in their approach.

People were treated with dignity and respect. Care was provided in line with people's wishes.

Staff supported people to maintain their independence.

Good



Is the service responsive?

The service was responsive

There were systems in place to help ensure staff were kept up to date when people's needs changed.

People's care plans were detailed, personalised, and included sufficient information to enable staff to meet their individual needs.

There was a complaints policy in place which people had access to. No complaints had been raised recently.

Good



Is the service well-led?

The service was well led

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

Systems were in place to monitor how the service operated.

People told us they felt listened to and the service responded to their views.

Good



Rowans Domiciliary Agency

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 checked 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 21 October 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service. We needed to be sure that someone would be available. The inspection team consisted of one inspector.

We reviewed a range of records about people's care, support and how the domiciliary care agency was managed. These included care records, medicine administration records (MAR) sheets incident reports and other records relating to the management of the domiciliary care agency. We also reviewed three staff training, support and employment records, quality assurance audits and a range of policies and procedures used by the service.

We spoke with the registered manager and two members of staff. In addition we visited a person in their own home and carried out telephone interviews with one person who used the service. We spoke with a commissioner of services.

Is the service safe?

Our findings

People told us they felt safe whilst receiving care and support from the service. Comments included, “It’s the same staff so we know who is going to come through the door and that makes us feel very safe” and, “Yes, we trust all the staff who come here. They are very reliable”. Staff members told us they were committed to ensuring people they supported were kept safe while promoting independence. Comments included, “Its important people trust us to do a good job”. and, “People we visit are vulnerable and they need to feel safe with us”.

People’s satisfaction with staffing levels was good. Comments included, “Staff turn up at the right times. I have a call if somebody different is coming. They [the agency] are good like that”. People said they had regular carers who were familiar with their needs. People were supported by dedicated staff and there were suitable arrangements in place to cover any staff absence. The registered manager had responsibility for overseeing staff. People told us they were never supported by someone they did not know. They told us staff were punctual and were told if there was going to be a change.

The Rowans DCA does not use a call monitoring system where staff reported their arrival and departure from each care visit by telephone. However, there were specific call times with staff identified for those visits. This meant visits could be monitored. If staff were running late or unable to attend, there was a call in system. On the day of our inspection visit all planned care visits had been provided and were running to schedule. A staff member we spoke with told us the system worked very well. People told us, “They have never missed a visit” and “Staff have been late once or twice but they have always got in touch with us and given us an approximate time. It works well for us”. The majority of people supported by Rowans DCA and the staff it employed lived locally. This, together with effective planning, allowed for short travel times and decreased the risk of staff not being able to make the agreed appointment times.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people’s homes and any risks in relation to the care and support needs of

the person. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. We saw that one person required the use of a hoist. Staff told us they received training to safely use equipment where it was required. A staff member said, “They [agency] take safety seriously and we get training in how to move people safely”.

Accidents and incidents were recorded so any patterns or trends could be identified and action taken to reduce the risk of occurrence. Staff explained when it would be necessary to record incidents and what action they would take in these circumstances. One staff member told us, “We make sure we record everything when it happens and feed back to the manager”.

People were satisfied with the support they received with their medicines. People had assessments completed with regard to their levels of risk and whether they were able to administer their medicines independently or needed support. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Support plans clearly stated what medicines were prescribed and the support people would need to take them. One person we spoke with told us they were reminded when to take their medicines when they needed them.

Staff recruitment procedures were safe. Three staff files confirmed that checks had been undertaken with regard to criminal records and proof of Identity. The service had checked potential new staff member’s employment histories by requesting references.

People told us they felt safe with care staff and “trusted” them. There were appropriate arrangements in place to keep people safe and reduce the risk of abuse. In the office there were safeguarding procedures and whistleblowing policies. Staff were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff told us they had not had any concerns regarding colleagues working practices but would be confident to raise them if they had and believed management would take them seriously and act on them. Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse.

Is the service effective?

Our findings

People were supported by staff who were familiar with their needs and preferences and knew them well. Comments include; “I am very confident [staff name] knows us well and knows just what we need” and “The staff know what they are doing. They seem very confident”.

Staff completed an induction when they commenced employment. The service had introduced a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training identified as necessary for the service, familiarisation with the service and the organisation’s policies and procedures. Induction training included shadowing and observing experienced members of staff in individual care settings. The induction process was reviewed regularly by the registered manager with ‘spot checks’ taking place to ensure staff understood and met the criteria of their role. A member of staff told us, “I hadn’t done this sort of work before but I got a lot of support and training”.

Training records showed staff received appropriated training in subjects including, safeguarding adults, moving and handling, infection control and health and safety. Staff files contained an individual training matrix which was a checklist to identify when staff training required updating. Staff told us they felt they had received a good range of training including specific training relevant to the people they supported. People told us they considered their care workers to be competent.

The registered manager told us they used a combination of unannounced ‘spot check’ observations and formal one to

one supervision meetings in order to support staff and help ensure they were carrying out their roles effectively. We looked at staff supervision notes and found they were comprehensive with details of issues discussed and actions taken if necessary. Supervision records showed how staff were being supported to access targeted training including diabetes and insulin management as well as peg feed training. This showed the services were ensuring staff had the necessary skills and competences to support people.

People had been involved in both the development and review of their care plans. They had signed these documents to formally record their consent to care as described in these documents. People told us they were able to make choices about how their care was provided and that staff respected their decisions.

Rowans DCA worked collaboratively with other health and social care services to ensure people’s care needs were met. The service had supported people to access services from a variety of health professionals including GPs and district nurses. Care records demonstrated staff shared information effectively with professionals and acted on their advice. For example, supporting a person to increase their dietary intake.

People were supported at mealtimes to access food and drink of their choice. In some instances staff reheated ready prepared meals but in some instances they ordered food on behalf of people. This was occurring during the inspection visit to the head office. Staff were placing a regular weekly order with a supermarket for direct delivery to the person’s home. Staff had received training in food safety and were aware of safe food handling practices.

Is the service caring?

Our findings

People were positive about the staff who supported them and said they were treated with consideration and respect. People told us they knew and got on well with the staff that cared for them. People's comments included; "[Staff name] is very polite and courteous" and "They [staff] do a wonderful job, yes they are very caring and go over and above most of the time".

Staff regularly visited the same people and were able to develop caring relationships with the people they supported. Staff told us; "There are not a lot of changes and this helps us to get to know how people like to receive support". Visit schedules were provided to staff each week. People valued their visit schedules as it meant they knew who their next carer would be and when they were due to arrive. One person commented, "We like to get the same carer and the agency work hard to make sure this happens. It makes such a difference knowing who is coming into your home. It's very personal".

People reported that staff treated them with respect and dignity while providing care and support. People's comments included, "They [staff] make sure [relative's name] care is carried out in private. They [staff] are very respectful".

Staff told us they enjoyed their work and liked to see people getting the support they needed. They said they enjoyed chatting with people, especially those who were more socially isolated. One care worker commented; "People like to see us as they might not see anybody else for some time. It's good to have time to chat and get to know people".

The registered manager and staff had a good understanding of people's specific care needs. During the inspection visit they told us they were committed to providing a good service. One staff member told us, "It is a reflection on us if we don't do a good job. We have the information to know how to meet their [people] needs". People were comfortable with the staff who supported them and told us "I don't know what I would do without them [staff]".

Care plans included guidance for staff on how to support and enable people to make choices about how their care was delivered. Staff described different techniques they used to support people to make decisions and how they respected people's choices. One staff member told us, "It's about giving people the time to let you know what they want or need. Listening to people is important".

The manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken.

People's care planning records were written in a person centred way. They helped staff understand a person's life history, their likes and dislikes, based upon the person's wishes as to what information they wanted to share. This information was available in people's homes so staff had access to it. Comments from staff included, "It's important we get all the information we need to do a good job" and "Getting to know about their [the person] life helps create a talking point sometimes and people often like to tell you about things they have done, it make the job interesting".

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff said, “It’s not a big service so we can get to know people well and if we need to change things we can do it quickly”.

Care records contained information about people’s initial assessments, risk assessments and correspondence from other health care professionals. Care and support plans were developed with the involvement of people using the service. People said that when their care was being planned at the start of the service, the registered manager spent time with them finding out about their preferences. This included what level of care was required and how individual specialist needs were going to be met and delivered.

People and their relatives told us they had regular contact with their care worker and the manager of the service. They told us “It’s all very flexible and we get [name of staff] all the time so we get to know who is coming through the door”. People felt there was good communication with the staff at The Rowans DCA and there were opportunities for them to feedback about the service they received. People who used the service were given contact details for the office and who to call out of hours so they always had access to senior managers if they had any concerns.

The service had worked collaboratively with people’s relatives and commissioners of care to ensure care needs were met. Staff told us, “Relatives often keep us up to date with things as they are there all the time. They [relatives] soon let us know if things need changing”. Care plans showed where additional support had been put in place, including the length of care visits and responding to changes in people’s care needs. For example a relative who lived away frequently spoke with the registered manager to discuss how their relative’s care package was being managed and where changes were occurring.

Care plans had been regularly reviewed and updated to ensure they accurately reflected people’s current care needs. We found that care plans were available in people’s homes during the home visit we made. A person told us, “They [staff] have recently made some changes because I needed more support”.

Systems were in place to help ensure staff had access to the most up to date information about the people they supported. If anything of note occurred there were good communication systems in place to contact the registered manager or office staff by phone. Information was also recorded in people’s daily records and communication books which were kept at people’s homes. A staff member told us, “There is always somebody available to speak to if we have any concerns or need more information when we get to a client’s house. It works well”.

Daily records were completed by staff at the end of each care visit. These records were signed by each member of staff and recorded their time of arrival and departure. In addition these records included details of the care and support provided, any observed changes to the person’s care needs and records of food and drinks the person had consumed. These records were regularly returned to the service office where they were audited by the registered manager.

Staff told us that their visit schedules did not usually change much. They said; “We get a timetable of the hours and then the clients we need to visit follow that” and “If there are any changes the office give us a call, it’s not often though”.

Information on how to raise a complaint was contained in the service user guide that was issued to people when they started using the service. This included contact details for CQC and the local authority. There were other forms of contact available to people as laid out in the client information leaflet. These included the name and contact details of the registered manager, and the main office details.

Is the service well-led?

Our findings

People using the service told us they thought The Rowans DCA was well run and their comments included, “It’s a good agency because it’s small and well managed. You can always get in touch with somebody if you need to” and “I can always talk with someone if I need to. The service we receive is very good. We are very satisfied”. The registered manager was aware of the need to ensure people were listened to and actions taken where necessary to provide confidence in the service they received.

The service had systems in place to monitor the quality and effectiveness of the service. These included visits to people’s homes by the registered manager and senior staff. The registered manager told us information collected during the visits was used to identify any issues. For example the service had responded to a health concern raised by a relative by liaising with the appropriate healthcare professionals to effectively manage the issue.

People’s views about the service they received had recently been sought. The feedback was very positive with comments including, “Excellent they all work so hard” and “Very pleased occasional issues dealt with promptly and efficiently”. People had the opportunity to discuss their thoughts and feelings about the service they received during regular visits by the services registered manager.

Due to the small size of the service, daily dialogue takes place between the registered manager and staff. No formal meetings took place but staff told us they were informed of any changes when necessary and they felt they had access to the registered manager on a day to day basis.

Staff told us the registered manager was approachable and they felt well supported by their line managers. There was an on call system in place which meant staff and people could access advice and support at any time. Comments included, “It’s a good agency to work for” and “I think we have all the support we [staff] need to do our jobs well”.

During the inspection visit staff were seen to respond directly with people who called the service by phone. Staff were respectful and answered queries promptly. As this is a small service staff were familiar with people using the service and their relatives. Staff told us this helped them to identify any changes quickly and that people had confidence in receiving support when it was needed. Emergency plans were in place for all people using the service and staff were familiar with them. This included the emergency contact details as well as identifying when an emergency response might be required for people with specific needs.

The auditing process provided opportunities to measure the performance of the service. The registered manager had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. These included audits of accidents and incidents, medicines and care records.