Mr & Mrs J G Mobbs and A J Small

The Old Roselyon Domicillary Care Ageny

Inspection report

The Old Roselyon Manor
Par
Cornwall
PL24 2LN

Tel: 01726814297
Website: www.oldroselyon.co.uk

Date of inspection visit:
03 May 2017
04 May 2017

Date of publication:
26 May 2017

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

Summary of findings

Overall summary

The Old Roselyon Domiciliary Care Agency is a community service that provides care and support to adults of all ages, in their own homes. The service provides help with people's personal care needs in Par, Fowey, St Austell and surrounding areas. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

At the time of our inspection 43 people were receiving a personal care service. These services were funded either privately or through Cornwall Council.

We carried out this announced inspection on 3 and 4 May 2017. The inspection was announced a few days advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. At the last inspection, in May 2015, the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe using the service. Relatives also said they thought the service was safe. Comments included, "I am very pleased with the service", "No complaints", "Excellent service" and "I haven't had any cause to complain."

Staff treated people respectfully and asked people how they wanted their care and support to be provided. People and their relatives spoke positively about staff, commenting, "They are wonderful", "I am very happy with all the staff", "They are all very kind to me" and "They are all brilliant."

People had a team of regular, reliable staff, they had agreed the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits. People told us, "Staff always turn up", "If staff are running late they ring and let us know", "I have regular carers" and "I am very happy as I have the same carer five days a week."

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were appropriately trained to support people with their medicines when this was needed.

People had a care plan that provided staff with direction and guidance about how to meet people's individual needs and wishes. These care plans were regularly reviewed and any changes in people's needs were communicated to staff. 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.

Staff were recruited safely, which meant they were suitable to work with vulnerable people. Staff had

received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. Staff received appropriate training and supervision. New staff received an induction, which was soon to incorporate the care certificate. There were sufficient numbers of suitably qualified staff available to meet the needs of people who used the service.

The service was acting within the legal framework of the Mental Capacity Act 2005(MCA). Management and staff understood how to ensure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There was a positive culture within the staff team and staff spoke passionately about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The registered and deputy managers were clearly committed to providing a good service for people. Comments from staff included, "I enjoy working for The Old Roselyon", "They are very well organised" and "You can speak with [Registered manager's name] and [Deputy manager's name] at anytime, nothing is too much trouble."

People and relatives all described the management of the service as open and approachable. Comments from people included, "The service is well managed", "[Deputy manager's name] is very good" and "Excellent organisation; there is no aspect of my care that could be improved upon."

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. People told us they were regularly asked for their views about the quality of the service they received. People had details of how to raise a complaint and told us they would be happy to make a complaint if they needed to.

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 remains Good.

Good

Is the service effective?

The service remains Good.

Good

Is the service caring?

The service remains Good.

Good

Is the service responsive?

The service remains Good.

Good

Is the service well-led?

The service remains Good.

Good

The Old Roselyon Domicillary Care Ageny

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.

The inspection of The Old Roselyon Domiciliary Care Agency took place on 3 and 4 May 2017 and the provider was given a few days notice of the inspection in accordance with our current methodology for the inspection of domiciliary care agencies. One inspector undertook the inspection.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the service's office and spoke with the registered manager, the deputy manager and a senior care worker. We looked at six records relating to the care of individuals, five staff files, staff duty rosters, staff training records and records relating to the running of the service.

We visited three people in their own homes and meet one relative and two care staff. After the visit to the service's office we spoke with five people, one relative and four care workers.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. Relatives also said they thought the service was safe. Comments included, "I am very pleased with the service", "No complaints", "Excellent service" and "I haven't had any cause to complain."

Staff had received training in safeguarding adults and were aware of the service's safeguarding and whistleblowing policies. They were knowledgeable in recognising the signs of potential abuse and the relevant reporting procedures. If they did suspect abuse they were confident the registered manager would respond to their concerns appropriately.

There were enough staff employed by the service to cover the visits and keep people safe. Staffing levels were determined by total number of hours provided to people using the service. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available. Staff mostly had regular 'runs' of visits in specific geographical areas and when gaps in 'runs' occurred these were identified. This meant the service knew the location and times where new packages could be accepted.

A staff rota was produced each week to record details of the times people required their visits and which staff were allocated to go to each visit. Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes as close to the agreed times as possible. Some people had limited parking at their properties and additional travel time was allocated to give staff extra time if they had to park a distance from the person's home. If staff were delayed, because of traffic, parking or needing to stay longer at their previous visit, management would always let people know or find a replacement care worker if necessary.

People told us they received a reliable service, knew the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits. People commented, "Staff always turn up" and "If staff are running late they ring and let us know."

The deputy manager or senior care worker were on call outside of office hours and could access details of the rota, telephone numbers of people using the service and staff. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness. The service provided people with information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of the hours the office was open.

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. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about environmental risks in the person's home, directions of how to find people's homes and entry instructions. Staff told us information about any potential risks, associated with the environment or the tasks to be

undertaken, were given to them before they completed the visit.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

Care records detailed whether people needed assistance with their medicines or if they wished to take responsibility for any medicines they were prescribed. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help. Where staff supported people with their medicines they completed Medicines Administration Record (MAR) charts to record when each specific medicine had been given to the person. All staff had received training in the administration of medicines.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Good

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People told us they thought staff had been appropriately trained for their role. One person told us, "Staff have been trained and they all know how to use my hoist."

New staff completed an induction when they commenced employment. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had been able to 'shadow' existing staff until they felt ready to work on their own. However, this induction was not in line with the care certificate, which is an industry recognised induction that replaced the Common Induction Standards in April 2015. The provider assured us that all staff, who were new to the care industry, would in future complete the care certificate.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. Staff had completed, or were working towards, a Diploma in Health and Social Care. All staff had received training relevant for their role such as, Mental Capacity Act, safeguarding of adults, infection control, manual handling, first aid and food safety. Staff received other specialist training to enable them to effectively support and meet people's individual needs. For example, training in dementia and catheter care.

The deputy manager and senior care worker met with staff regularly for either an office based one-to-one meeting or an observation of their working practices. Yearly appraisals were completed with staff. This gave staff an opportunity to discuss their performance and identify any further training they required. Staff told us they felt supported by the management. They confirmed they had regular one-to-one meetings and an annual appraisal to discuss their work and training needs. Staff said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Care plans recorded the times and duration of people's visits. People and their relatives told us they had agreed to the times of their visits. They also told us staff always stayed the full time of their agreed visits. One person told us, "Staff don't leave until they have done everything I need and often stay longer."

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare professionals such as GPs, occupational therapists, dentists and district nurses to provide additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately.

Staff told us they asked people for their consent before delivering care or treatment and they respected people's choice to refuse support. People confirmed staff asked for their agreement before they provided any care or support and respected their wishes if they declined care. Care records showed that people, or

their advocates, signed to give their consent to the care and support provided.

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. We checked whether the service was working within the principles of the MCA.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Care records showed the service recorded whether people had the capacity to make specific decisions about their care. For example, care records described how people might have capacity to make some daily decisions like choosing their clothes or what they wanted to eat or drink. Where the person may not have the capacity to make certain decisions records detailed who should be involved in making decisions on the person's behalf.

Good

Is the service caring?

Our findings

People received care, as much as possible, from the same care worker or team of care workers. The deputy manager told us they matched staff to the people they visited, according to their own skills and interests and the needs of the person. Staff told us they had regular work patterns and this meant they knew the people they looked after well and could built lasting relationships. Comments from people included, "I have regular carers" and "I am very happy as I have the same carer five days a week."

When we visited people's homes we observed staff providing kind and considerate help, appropriate to each person's care and support needs. People told us staff treated them respectfully and asked how they wanted their care and support to be provided. People told us staff did not rush them and staff always stayed longer than the booked visit if they needed extra time. Comments from people about staff included, "They are wonderful", "I am very happy with all the staff", "They are all very kind to me" and "They are all brilliant."

Staff were motivated and clearly passionate about making a difference to people's lives. Staff demonstrated a commitment to their work and worked together as a team. Comments from staff included, "I love the job", "We are a good team" and "A good group of carers to work with."

Staff had a good knowledge and understanding of people, respected their wishes and provided care and support in line with those wishes. Care plans contained detailed information so staff were able to understand people's needs, likes and dislikes. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example, some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname. People told us they knew about their care plans and a manager regularly asked them to ask about their views on the service provided.

Some people who used the service lived with a relative who was their unpaid carer. We found staff were respectful of the relative's role as the main carer. Relatives told us that staff always asked how they were coping and supported them with practical and emotional support where they could. The service recognised that supporting the family carer was important in helping people to continue to be cared for in their own home.

People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

Good

Is the service responsive?

Our findings

Before, or as soon as possible after, people started using the service the deputy manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were written, with the person, to agree how they would like their care and support to be provided.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity. This helped staff to identify the information that related to the visit or activity they were completing. People's care plans were regularly reviewed and any changes in people's needs were communicated to staff. Staff told us care plans contained the information they needed to provide care and support for people and they were kept informed of any changes to people's needs as these occurred. People told us they were aware of their care plans and staff reviewed their care plan with them to ensure it was up to date.

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were encouraged to update the management team as people's needs changed and also at regular staff meetings.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs.

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. This included providing extra visits if people were unwell and needed more support, or responding in an emergency situation. For example, during our inspection a member of staff drove one person to a hospital appointment. This was carried out as an additional visit to support the person who had no other means of attending the appointment.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. People told us they were able to tell the service if they did not want a particular care worker. Management respected these requests and arranged permanent replacements without the person feeling uncomfortable about making the request.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was also the provider as they were one of the owners of the service. The deputy manager and a senior care worker co-ordinated the day-to-day running of the service such as completing the rosters and speaking with people and staff. However, the registered manager and deputy manager worked together when recruiting new staff and making decisions about taking on new work.

The registered manager was also the registered manager/owner of the nursing home where the office of this service was based. The registered manager worked in the nursing home most days and was therefore readily available for staff who worked for the domiciliary care service to speak with them.

There was a positive culture within the staff team and staff spoke passionately about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The registered and deputy managers were clearly committed to providing a good service for people. Comments from staff included, "I enjoy working for The Old Roselyon", "They are very well organised" and "You can speak with [Registered manager's name] and [Deputy manager's name] at anytime, nothing is too much trouble."

People and relatives all described the management of the service as open and approachable. Comments from people included, "The service is well managed", "[Deputy manager's name] is very good" and "Excellent organisation; there is no aspect of my care that could be improved upon."

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. The deputy manager and senior care worker monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. The deputy manager and senior care worker worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided.

People and their families told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided. One person told us, "[Deputy manager's name] rings up and asks me about the service." The service also gave people, their families and health and social care professionals questionnaires to complete regularly. We looked at the results of the most recent survey and found everyone had given positive feedback about the service.