Romie Care Services Limited

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Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 19 November 2015 and was announced. We told the registered manager two days before our visit that we would be visiting to ensure the registered manager was available to answer any questions we had or provide any information we needed to see.

We last inspected this service on 22 and 31 July 2014 when this service was rated as requires improvement in some of the questions we ask including, is the service safe, effective, responsive and well led. At this inspection we saw that improvements were still required in these areas and that further improvements were needed to ensure that the provider had good governance processes so that the quality of the service improved.

Romie Care Services Limited provides personal care to people in their own homes. At the time of our inspection there were 75-80 people who were receiving a service. Most people were elderly, had complex health needs or a physical disability.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Summary of findings

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.

The provider had some systems in place that enabled them to assess and monitor the quality of the service provided. These systems were not sufficient to ensure that people received a consistently good quality service and there were on going improvements in the quality of the service. You can see the actions we have asked the provider to make at the end of this report.

People felt safe with the staff that supported them because staff knew how to protect people from harm. Procedures were in place that ensured the service was safe and that people's rights were protected. Where concerns had been raised the registered manager liaised appropriately with the local authority to ensure people's safety.

There was a system in place to ensure that checks were undertaken when staff were first employed by the provider. These included police checks and checks with previous employers. The usual recruitment checks were not always carried out when staff left and returned after a few months. This meant that the appropriate checks were not carried out to ensure that staff remained suitable to be employed by the provider.

Risks associated with people's care needs were not always appropriately identified and plans put in place to ensure people were protected from unnecessary risk.

People felt there were sufficient staff to meet their needs during weekdays. Some people felt the service during the weekends did not always meet their needs because calls were not carried out at the required times.

People were generally supported to take their medicines and received their meals as required except when calls were late.

People were supported by staff that had received training to equip them with the skills and knowledge to support people safely.

People received care and support from staff they had got to know and built up a relationship with them. Individual staff were caring and respected people's privacy and dignity but systems in place did not ensure that that people always felt cared for.

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?

Requires improvement

The service was not always safe.

People felt safe with the staff that supported them and staff had the skills and knowledge to keep people safe from abuse.

People were not always protected because safe recruitment practises were not always followed.

People did not feel that there were always sufficient staff available at weekends to ensure they received support when they needed it.

Staff did not always ensure that medicines were appropriately stored and ensure an up-to-date record was completed to ensure people had their medication as prescribed.

Is the service effective?

Requires improvement

The service was not always effective.

People were supported by trained staff that had the skills and knowledge to meet their care needs.

People were supported to make decisions about their care where possible. People's human rights and rights to liberty were maintained.

People did not always receive care and support at the time needed to meet their needs.

Is the service caring?

Requires improvement

The service was not consistently caring.

People had developed positive relationships with staff that were caring and

considerate but systems did not ensure that people felt cared for. People were able to make decisions about the care they received but not everyone felt listened to.

Privacy, dignity and independence were promoted.

Is the service responsive?

Requires improvement

The service was not always responsive.

People usually felt listened to and involved in their day to day care but not always in reviewing and planning their care on an on going basis.

People knew how to raise concerns and some people felt their concerns were adequately met and some felt they were not.

Summary of findings

Is the service well-led?

The service was not consistently well led.

People were happy with the service but felt it could be improved during the weekends.

Systems to monitor the quality of the service were not sufficient to ensure that people received a consistently good quality service.

Requires improvement

Romie Care Services Ltd

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 19 November 2015 and was announced. The provider was given 48 hours' notice because a domiciliary care service is provided and we needed to be sure that someone would be in the office when we visited. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of service. Our expert by experience had experience of using this type of service.

We looked at the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. Notifications are required from the provider about their service in relation to accidents/incidents and safeguarding alerts which they are required to send us by law. We also asked the provider to complete and return the Provider Information Return. This gives the provider an opportunity to tell us about their service. This was returned as requested.

We spoke with 15 people who used the service and five care staff, a senior care and the registered manager. We looked at five people's care records, the recruitment records of eight care staff, minutes of staff meeting, records associated with monitoring the quality of the service. We reviewed all the information we hold about the service.

Requires improvement

Is the service safe?

Our findings

We saw that steps were not always taken to ensure that employment checks were carried out when staff were employed. The registered manager told us that the appropriate recruitment checks were undertaken. These included asking previous employers about prospective staff's work ethos and checks with the disclosure and barring service (DBS) to ensure that they were suitable for employment. Records looked at and staff spoken with confirmed that the checks were usually carried out. However, we saw that the appropriate recruitment process had not been followed when staff had left the service and returned several months later.

People told us that they or their representatives had been involved in setting up their care packages. Risks associated with the care provided and people's specific needs had been assessed and management plans put in place. Staff told us that they knew about the risks to people they supported. Staff were made aware of the risks when the calls were allocated to them and they had access to the risk assessments in people's homes. The care records of one person showed that they were at risk of choking. Staff that supported the person told us they monitored the individual whilst they were eating and drinking to ensure they were not choking.

People told us that they felt that staffing levels were sufficient during the week but that at weekends there was not always sufficient staff available to meet people's needs at the times agreed. People were happy with the staff that visited them regularly during the weekdays. One person told us, "Yes they [care staff] come when they should. I have a good team." Staff told us there were sufficient staff available. They were able to refuse to take additional calls if they wanted and did not feel pressurised to accept additional calls. The registered manager told us that they knew they had sufficient staff available because staff were flexible and there was a mixture of part time and full staff that were able to take additional calls in emergencies. We were told that as a last resort the person on call would cover a call if no one was available but this did not happen often.

People were supported to take their medicines as prescribed. People told us, "I'm quite independent, so my carer simply puts my medication out for me to have with my breakfast" and "My carer always checks with me whether I've taken my tablets". Staff told us that in most cases people were prompted to take their medicines but some people had to be supported to take their medicines. Staff were clear that in all cases the medicines taken needed to be recorded in the medicines administration records (MAR). If people refused to take their medicines this was recorded and the office staff were informed. Information we had received about the organisation showed that staff did not always follow instructions in respect of medication storage and administration. We saw that some of the MARs had gaps on them where staff had not recorded to show that medicines had been administered. The registered manager told us that it was difficult to determine if staff had given the medicines but forgotten to record as the records came into the office at the end of the month and the medicine packs were not available to check against. We had received some concerns about medicines being left in people's reach, not receiving medicines and medicines being lost.

People were protected from abuse because staff had the skills and knowledge to identify the signs of abuse and knew who to report their concerns so that actions could be taken to protect people. People spoken with told us, "Oh yes I feel safe. I have the same girl. She's caring – she's very good" and "Yes I feel very safe. They're [care staff] very good. Nothing's too much trouble".

Information sent to us by the provider told us that staff had received training in how to protect people and staff spoken with confirmed this. Staff were able to describe situations where they had raised concerns to ensure people were protected. Information we hold about the service and records looked at showed that safeguarding concerns were appropriately raised with the local authority by the registered manager as required by the safeguarding policy.

Requires improvement

Is the service effective?

Our findings

People had been involved in planning their care needs but the service was not always effective in providing the service as planned because staff were not appropriately deployed. Care records showed the times agreed and the length of time of the calls. People told us that staff usually arrived at the times agreed but sometimes, particularly at the weekends, they did not. One person told us, "The regular staff do, but at weekends times are variable. It depends who's on and where they're coming from. I'm diabetic and have a sight problem. I need help with my insulin, but it can be as late as 10:30am to 11am before someone comes for my first call in the morning. I have raised this with them but nothing changes."

The registered manager told us that there was a half hour leeway either side of the agreed time to allow for overruns at previous calls or travel problems. We looked at the care records for five people. We saw that for one person on three occasions in one month the calls were outside the half hour leeway and on one occasion it was 1 hour 16 minutes late meaning the person had to wait for their breakfast. We saw that there were times when there was a significant difference in the agreed times and actual call times so that breakfast and lunch calls were not equally spaced out during the day. On one of these occasions the time between the two calls was 1 hour 32 minutes and on another occasion the time between the calls was 4 hours 53 minutes. People were not always told when staff were running late. The evening call was planned for around 8pm however we saw calls recorded as early as 5pm. The registered manager was unable to provide any reasons for the variations in times of calls.

Staff were supported to carry out their roles through regular training, supervision and staff meetings. People told us they felt the staff were trained and knew what they were doing. One person told us, "I felt safe with the carers. I used to have calls three times a day and they were well trained, really good. I'm a lot better now and only have them [care staff] once a week now". Another person said, "Yes they're trained. New staff [carers] come and shadow sometimes". Staff told us that they felt they received sufficient training to meet the needs of the people they supported. One member of staff told us, "Additional training was undertaken in early age dementia because I was supporting a younger person with dementia. I used to take them out in the community but without wearing my uniform so that it was not obvious who I was." Staff confirmed they had access to care plans so that they knew what support people needed and that they spoke with people asking them what support they wanted. Staff told us they received support from senior staff.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this for people in their own homes are called the Deprivation of Liberty Safeguards (DoLS) and applied for through the Court of Protection for people living in their own homes. We saw that the service was working in line with the requirements of the MCA. We were told by the registered manager that there no DoLS in place for the people they supported.

People told us that they were asked what support they wanted and staff had got to know their needs. One person told us, "I instruct them [care staff]. [Staff name], my regular always asks me". Another person said, "First of all I was asked. I get on so well with the two [care staff] I have now, they know what to do and get on with it". The registered manager told us and staff confirmed that where people were unable to make decisions for themselves relatives were involved in making decisions. Staff told us that they continued to involve people in making decisions and choices where they were able to such as what they ate and wore.

People were supported to receive food and drink but due to late calls this was not always at the times required. One person told us, "They [care staff] always ask me what I want to drink or eat. They make me a sandwich in the evening". Another person said, "My carer knows what I like and when I want it". Staff told us that they were provided with meals that could be prepared in the microwave so they were able to offer choices in most cases. Where choices or insufficient food was available we saw that this had been reported to the office staff and these concerns had been escalate.

Requires improvement

Is the service effective?

People were generally supported by families to attend appointments but staff told us that if they felt people were not well they informed the office staff or relatives or called for emergency services. One person told us the service was flexibly saying, “If I’ve got a hospital appointment they [care staff] come early”. Staff were knowledgeable about what to do in emergency situations so that people’s health was maintained.

Requires improvement

Is the service caring?

Our findings

People told us that they were happy with the staff that supported them and people had built up good relationships with the staff. One person told us, “Oh yes, [staff name] is a lovely girl”. Another person said, “Yes, they’re [care staff] polite and caring. I feel respected - we get on well”.

People told us that they were able to express their views and make decisions and choices about the care they received but some people felt that they were not always listened to. One person told us, “They [care staff] always listen to me they’re lovely girls. We chat, they’re friendly”. Another person said, “We get on well. If I’m not feeling well we skip the shower. Care records looked at confirmed people’s involvement in planning their care and the way they wanted to be supported. Some people told us that although they had raised that they were unhappy with the times of their calls they did not feel listened to because the calls continued to be carried out at the time they had agreed. One person told us, “I rang the office one day and as I was putting the phone down I overheard the person on the other end say – ‘I hate him, he’s a pain’”. This meant that although individual staff were caring the systems in place did not ensure that people felt cared for and that they received care as they wanted.

People told us that the staff treated them with respect and their privacy and dignity was maintained. One person told us, “I have two lovely carers. I’m treated with respect”. Another person said, “They [care staff] keep me covered up. They [care staff] make sure I have clean clothes, a clean vest – they’re very good”. Another person said, “They [care staff] cover me up very quickly after my bath”. All the staff spoken with had a good understanding about how to promote privacy and dignity and were able to give good examples of how they maintained people’s privacy and dignity. This included ensuring doors and windows were closed and people were kept covered whenever possible when personal care was provided.

Requires improvement

Is the service responsive?

Our findings

Some people felt they were involved in their reviews but others didn't. Two people told us, "Yes I am, and I find the company are very helpful" and "I have an interview annually to make sure all's okay. If I wanted something different I'm sure they'd accommodate me". However some people didn't always feel the service was flexible and two people did not feel listened to. One person told us, "No. I spoke about having help with a bath but they [care staff] told me there's no time." Two other people told us they preferred female carers but sometimes male carers were sent. The registered manager told us that people were involved in annual reviews. Reviews of people's needs were held sooner if their needs changed. Staff told us they would inform the office staff if they noticed any changes in people's needs.

People told us that they felt listened to and involved in their day to day care. One person told us, "I tell them [staff] about my [particular condition]; I instruct them if I need to". People felt that their changing needs were being met. One person told us that following a hospital stay additional support had been provided showing that support was flexible to meet people's needs. Another person told us that a review had been organised as their needs had changed recently. Care records showed that people or their representatives had been involved in planning people's care. Staff told us that they always kept people informed about what they were doing and asked people's opinions about what help they wanted.

There was a complaints process in place but most people told us that they were happy with the service and did not need to raise any concerns. However, people did know who they could turn to raise a concern or if they were unhappy. Some people who had raised a concern told us they were happy with the response they had received whilst others said they did not always feel listened to. For example one person told us they were generally happy with the service and felt able to raise issues. When asked if they had ever raised a concern and if their concerns had been addressed one person told us, "Yes, I've moaned a bit. They generally sort it," whilst another person said, "I'm not happy with weekends. Sadly, they're [the provider] not really listening". The registered manager told us that there had not been any official complaints but any issues raised were recorded on the individual's records and addressed. This meant there was no system in place to monitor the issues raised by people so that actions could be taken to prevent them reoccurring.

Requires improvement

Is the service well-led?

Our findings

Most people spoken with were happy with the care provided by the staff and felt supported to live in their own homes. However, some people felt the service could be improved particularly at weekends to ensure they received support from regular care staff at the right time. Staff told us they enjoyed working there because people were treated well and they had enough time to do their

Some people told us that they had received and completed questionnaires that asked their opinion on the service they received. One person told us, "I fill in the questionnaire but I don't feel particularly involved in my care" but another person said, "I feel involved in how they [care staff] look after me but I've not seen a questionnaire or had a manager visit me". One person told us that they had received a questionnaire but they were unable to complete it and no one had followed up with them. Twelve of the 15 people spoken with felt the service was well managed but three did not. One person said, "Yes, nothing's perfect but it's okay" and "Yes there's a bit more continuity at the moment. You get the same staff for a while then a new service opens that pays more money or they move on, and it falls away again. This is what happens, it goes in cycles". We saw that the provider had analysed the questionnaires that had been received and these showed that people were generally happy with the service and that some areas had been identified for improvement for example, attitude of some office staff.

There was a registered manager who had been in post for several years who had ensured that the appropriate notifications were sent to us as required by law and therefore fulfilled her legal responsibility. The registered manager was aware of recent developments regarding the care certificate which showed that efforts were made to keep her up to date with developments and good practice.

Some people told us that they had met the registered manager when their service started but there was not ongoing, regular contact. One person told us, "The manager came when I first started having care and told me 'ring me if you need to'". Another person said, "I've been having care for about twelve months. I was visited by a manager at the beginning but not since". Staff spoken with told us that they felt that they were able to speak to the registered manager and able to raise any concerns they had but some staff felt that communications from the office staff could be improved. Staff spoken with told us that there were staff meetings where they could discuss changes and supervision sessions where they could raise any concerns they had. However, we had received five whistle blowing concerns within the past 12 months and some of these were in respect of the management of the service and poor training provision. Whistle blowing means staff are able to raise concerns about poor practice without fear of being punished for raising them. This indicated that not all staff felt able to raise concerns with the manager or provider or when they had raised issues they had not been addressed appropriately so felt they had to raise the issues outside the organisation.

We saw that there were some areas regarding the management and monitoring of the service that were in need of improvement. For example, we saw that monitoring systems had not identified that there was no risk assessment in place for a person at risk of choking and for another person at risk of developing skin damage or that recruitment processes were not always adequately completed for staff that had left and returned to work for the provider. The registered manager told us that there was no set number of checks to be carried out on staff to check that they were providing care and support at the times agreed. The registered manager told us that only a few checks had been carried out because there was a shortage of senior care staff. We saw that there was no system in place to check on the administration of medicines or the auditing of daily records to check the care being provided. This showed that there was not an effective quality assurance system in place to drive continuous improvements and ensure robust records and data management systems were in place.