

English Rose Care Limited

English Rose Care Ltd

Inspection report

Suite 21, Matrix House
7 Constitution Hill
Leicester
Leicestershire
LE1 1PL

Tel: 01162625651
Website: www.englishrosecare.co.uk

Date of inspection visit:
20 November 2018
12 December 2018
09 January 2019
10 January 2019

Date of publication:
20 February 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: This service is a domiciliary care agency. It provides personal care to people living in their own homes and flats in the community. It provides a service to younger and older adults.

People's experience of using this service:

- People's visits were not planned to ensure people were safe and staff were rostered to complete one visit before commencing a second.
- Staff were not enabled to complete visits and have time to travel to their next care visit.
- People's visits were not planned to ensure they received regular visits from staff who knew their care preferences.
- Staff were trained to administer medicines; however, people were not always assisted to have their medicines at the prescribed time.
- People received care and support based on their individual assessed needs and preferences.
- People had a care plan which detailed the risks involved in people's personal care.
- People were supported by staff to maintain plenty of fluids, however, some staff struggled to produce some meals for people. The provider ensured that staff received training based on people's individual needs. Staff worked well to ensure people were supported to access health services and people were involved and encouraged to make decisions about the care offered.
- People were treated with kindness and were positive about the staff's caring attitude. People were encouraged to express their views and make decisions about the care they received. People told us they felt staff treated them with respect and dignity and encouraged them to maintain their independence for as long as possible.
- Staff did not always understand the needs of people, and some staff were unable to communicate efficiently.
- We found some of the provider's quality assurance systems needed improvement as they did not identify all the shortfalls in records. The registered manager understood their legal responsibility for notifying the Care Quality Commission of incidents that involved the people who received a care service. Some people and people's relatives had been given the opportunity to comment on the service by a written questionnaire and telephone surveys.

Rating at last inspection: The agency was rated as Good at the last inspection in October 2016.

Why we inspected: We brought forward this inspection from the normal schedule, due to concerning information from the local authority.

Enforcement: Action provider needs to take is included at the end of this report.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated 'Requires Improvement.'

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

English Rose Care Ltd

Detailed findings

Background to this inspection

The 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.'

Inspection team

One inspector and an Expert by Experience conducted the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience undertook telephone calls to five people and relatives of five people who were unable to speak with us directly.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes and flats in the community. It provides a service to younger and older adults.

The service had a registered manager who registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection site visit to ensure the registered manager would be present and to ensure people's consent was gained for us to contact them for

their feedback. We visited the office location on 20 December 2018 and 14 January 2019 to see the registered manager and to review care records, policies and procedures. We made calls to people who used the service on 12 December 2018, and to the staff on 10 January 2019.

What we did

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection, we spoke with five people using the service and five relatives to ask about their experience of care. We spoke with the registered manager and four members of staff. We looked at the care and medicines records for three people, staff employment related records and records relating to the quality and management of the service. Details are in the Key Questions below.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing levels

- There were insufficient numbers of staff, deployed consistently to meet people's needs. The provider had failed to ensure enough staff were deployed to provide visits on time. We saw on day one of the inspection staff were consistently rostered to start a new call before they had completed their previous call. There were also instances where there was no or insufficient travel time between calls and evidence that some visits had commenced 90 minutes after their scheduled start time.
- These issues were still apparent on the second day of the inspection.
- Some people whose calls were delayed were informed in advance. However, one person said, "Last night, my carer should have been here to get me ready for bed at 7.30pm, but he turned up at 9pm, very flustered and no one had rung me, there was no explanation."

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us that senior staff observed staff practice to ensure they were competent. Staff we spoke with confirmed this.
- The recruitment process was safe and the provider had completed the required criminal record and other checks to ensure staff were fit to carry out their role.

Using medicines safely

- People and other people's relatives told us most people received their medicines on time and as prescribed. "I can only have them [medicines] when the carer gets here, sometimes nice and early, but other times not. I'm dependent on them."
- Though staff were trained to administer medicines safely, the records of some medicines were not signed for consistently, and some creams not at all. This could lead to medicine errors, the registered manager agreed to review the quality assurance of staff completing these documents. The registered manager told us they would ensure all staff were informed and senior staff would observe staff more regularly to ensure staff complied.

Systems and processes

- People and peoples' relatives we spoke with told us they felt safe with the visiting staff. One relative said,

"[Named] is not capable of getting to the door anymore, so they have a key-safe. They [staff] are very security conscious and we've had no bother with it."

- The service had safeguarding policies in place. People were supported by staff who understood safeguarding, what to look for and how to report concerns.
- The registered manager was aware of their responsibility to report concerns to the relevant external agencies.

Assessing risk, safety monitoring and management

- Risks to people's safety and well-being were assessed and plans to manage risk were included in people's care plans. This included risks to the person and their home environment.
- Staff occasionally worked with the same people but consistency of visiting staff was not assured. This resulted in some people having to regularly explain the way they preferred their care to take place. We spoke to the registered manager who has planned to take action to alleviate this issue.
- The provider had a system to record accidents and incidents. The provider informed us there had been no accidents or incidents they needed to inform us about.

Preventing and controlling infection

- Staff had received training in infection control and had access to personal protective equipment such as gloves, aprons, shoe covers and hand gel.
- People told us staff practiced good infection control measures. One person said, "They [staff] always wash their hands and use gloves. We've never had to remind any of them about that, at least."

Learning lessons when things go wrong

- The registered manager said any information and updates were shared with the staff through individual or group meetings and the use of email communication.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff skills, knowledge and experience

- People were supported by staff that had a varying level of training and experience. One person said, Well, it's like everything really, some are excellent and can turn their hand to just about anything, whilst others could do with spending a full month learning how to do things." A relative said, "I don't think they necessarily train all the carers to use all the different aids. If they do, then they forget quickly." Another relative said, "I think they need to look at finding some parity in quality across the carers. Language skills have a lot to do with it, a lot gets lost in translation."
- Staff said they were supported in their roles. One staff member said, "I did induction training for two days and have had refresher training on medication and manual handling."
- The management team regularly observed staff practice. The provider told us this was to observe if staff arrived and completed the call on time and used the equipment provided as they had been trained to do.

Staff providing consistent, effective, timely care within and across organisations

- People's care was not well planned. Staff were not allocated a 'pattern' of visits where travel time was minimised and start and finish times did not overlap. The provider has employed more staff to plan the visits however there had only been limited improvement.
- There was a lack of continuity of care which allowed for further inconsistencies. For example, one person told us they felt they had to explain what care they required as the 'new' carers were not familiar with their personal needs. We spoke to the registered manager who has planned to take action to alleviate this issue.
- There were further inconsistencies with communication where most of the care staff's first language was not English. Some of those staff found it difficult to understand what people were trying to communicate. We spoke with the registered manager who said the staff recruitment included a check on people's spoken English. Potential employees who could not communicate effectively were not employed. The registered manager agreed to review staff communication needs to ensure productive communication can take place between people and staff.

Supporting people to eat and drink enough with choice in a balanced diet

- People's dietary needs and preferences were included in their care plans. However, people told us staff struggled to cook what they classed as 'English' food. A relative said, "I try to just buy very simple things for them to do for [named] but some of the carers could do with some basic cooking lessons - baked potatoes, toasted sandwiches, scrambled eggs and the like." The registered manager agreed to review the training for staff to ensure they had the abilities to cater for people appropriately.
- People told us they were left adequate fluids between staff visits. A relative said, "They can get themselves a cold drink, but they [staff] always make [named] a hot drink when they arrive and just before they leave. They don't ask if they would like one, because they'll just say no, but if they [staff] put one in front of her, they'll drink it."

Supporting people to live healthier lives, access healthcare services and support

- We had mixed comments about staff ensuring people's health care needs were communicated to relatives. A relative said, "They do keep a good eye on [named] and generally do call me with their concerns. However, looking back in her records, there appears to be some situations certain carers haven't told me [about] yet. I would have expected them to by now."
- Another relative said, "I sort out all his health trips. There are a few usual carers will leave either a message for me, or they will call, but others will only write things in the records, if that."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service began to provide support.
- Care was planned and delivered in line with people's individual assessments. These were reviewed when people's needs changed.

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

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. The manager and staff team understood their roles in ensuring people's capacity to make decisions was assessed and staff ensured they received people's consent before delivering care.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The manager was working within the principles of the MCA.

- People and other people's relatives told us that staff asked for consent to provide care before commencing any caring. One person said, "They'll usually ask me if I'm ready for my wash each morning. They never force me to do anything I don't want to."

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and other people's relatives told us people were treated with kindness and were positive about the staff's caring attitude. One person said to us, "My regular carer couldn't be more caring. Nothing is too much trouble, they are very quiet and unassuming, and they'll often notice something that needs doing and before I realise it, it's all done." Another person said, "I like a nice warm strip wash, especially this time of year. My carers make sure that they warm the water every morning before helping me undress."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences.
- People and other people's relatives told us they were involved in reviewing their care plans which allowed staff to offer the correct level of care, whilst recognising people's independence.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff were aware that they worked in people's homes and explained how they ensured people's privacy and dignity. For example, making sure doors and curtains were closed. One person said, "They [staff] shut the door after them so no one sees me in a state of undress. The curtains never get opened until everything's done and tidied up." Another person said, "[Named] has their female carers because she wouldn't be comfortable with strange males coming and going all the time. I'd say, probably 50% of the carers know her well."
- Care plans recognised people's cultural, religious and diversity needs. One person said to us, "There's usually time to chat, but their verbal English isn't always up to it [understandable]."
- People's confidentiality was respected and people's care records were kept securely.
- Staff understood their responsibilities for keeping people's personal information confidential. People's personal information was stored and held in line with the provider's confidentiality policy.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

RI: People's needs were not always met. Regulations may or may not have been met.

Personalised care

- People told us they were not informed of their carer in advance. This inconsistency caused some people concern. One person said, "When it's an experienced carer whose been lots of times before and they know me, then there's no problems, but sometimes I'll get a completely new carer who takes one look at my standing aid and a look of panic comes over them." Another person said, "When I have carers I know, then I don't have a problem, but if it's someone new or they haven't been for a while, I have to explain everything and it's hard making them understand how I like things done. I've told the office, but nothing's been done about it."
- One of the plans we looked at was incorrectly termed and included the reference for a male where the plan was for a female. That would suggest the plan was not original and had been copied or adjusted from another person's care plan. Another plan was out of date, where it had not been reviewed within the timescale recorded in the plan. The file of this person included documents for another person. That meant we could not be assured the information in the plan was correct.
- Care plans were completed by staff and included people's assessed needs.
- People told us they were cared for by gender appropriate carers which suited their individual preferences. One person said, I have mainly male carers, which I prefer most of the time. Those that I see regularly, do really understand my needs and how I like things to be done."
- The registered manager understood their responsibility to comply with the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs.

Improving care quality in response to complaints or concerns

- The registered manager informed us they had three formal complaints about aspects of the service. These had been resolved and the outcomes communicated to the complainants. Any lessons learnt were fed back to staff.
- We were informed by one relative who told us they had complained about the care their relation had received. They said, "I complained to the agency and then to social services because nothing was done. [Named] morning call wasn't until well past 10am, yet they wake at 6am and can't even get them self a drink. Once I got social services involved, the morning call was moved forward." The registered manager told us they would record all issues from now on including the outcome to demonstrate transparency.

- People and other people's relatives told us they were aware of the companies complaints process and knew how to make a complaint.

End of life care and support

- The registered manager informed us no one had received end of life care up until the time of our inspection. They said staff had been trained to provide this service and would work with other professionals to ensure people had dignified and pain free death. Staff confirmed they had undertaken training in end of life care.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- We asked people and people's relatives if they felt the agency was well managed. One person said, "If they were well managed, they'd listen to my pleas for an earlier, reliable visit!" A second person said, "If my carers arrived on time consistently, then I would, but they don't." The current call monitoring systems were not being operated to ensure calls were planned and completed in a timely manner. The registered manager showed us plans to change the planned visits to ensure greater efficiency and calls on time.
- People told us they did not know the registered manager and thought others in the management team visited them regularly was the registered manager.
- Staff felt supported by the registered manager.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager had both planning and auditing systems in place to monitor the quality and safety of the service, however, these were not used efficiently. Records that staff completed were not returned to the office regularly and so could not be audited and any missing information followed up. For example, the quality survey sent out in 2017, included a number of comments that had not been followed up or an explanation sought by staff. One person wrote, 'I would like to be more involved with my care.'
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.
- The registered manager was also aware of their responsibility to display the rating from this inspection when the report is published.

Leadership and management

- The provider had a statement of purpose and service user guide in place which sets out the terms and conditions of the business.
- The statement of purpose sets out for people what they or their relative should expect from the staff and also has information on complaints and compliments, staffing information and people's privacy and dignity. That stated staff should 'respect your privacy and dignity at all times. Please speak out, or speak to the supervisor or Registered Manager if your privacy or dignity is not being respected.'

Engaging and involving people using the service, the public and staff

- People using the service and their relatives had been given the opportunity to comment on the service provided. Telephone surveys had been used to gather people's thoughts. One person said, "I've been phoned a couple of times by the office and asked about mum's care. I don't remember anything else." A relative said, "They usually ask us about the care when we sit and have a review meeting. I don't remember being sent any surveys though."
- The registered manager stated they would be issuing questionnaires to all the people and their relatives shortly.
- Staff were given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through formal staff meetings, supervisions and day to day conversations with the management team.

Continuous learning and improving care

- The registered manager regularly reviewed the service provided for people. Learning from reviews, meetings and feedback from the companies own observations were fed back to the staff and incorporated wherever possible in care plans, policies and procedures.

Working in partnership with others

- The registered manager demonstrated how they worked in partnership with commissioners, the local authority safeguarding team and other healthcare professionals to ensure people received care that was consistent with their needs.
- The service had recently undertaken the Quality Assessment Framework (QAF) award from the local authority. The QAF is a tool used by the local authority to measure the quality of services being delivered and ensures providers deliver services to an acceptable standard and accordance with their contractual expectations.
- The registered manager is currently working with the local authority's quality improvement team to look for ways to improve the service being provided.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were not in place to ensure people's visits were planned efficiently and people were kept safe from avoidable harm