

Romie Care Services Limited

# Romie Care Services Ltd

## Inspection report

50 High Street  
Erdington  
Birmingham  
West Midlands  
B23 6RH

Tel: 01213548136

Date of inspection visit:  
20 November 2019  
22 November 2019

Date of publication:  
23 December 2019

## 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

### About the service

Romie Care Services Ltd is a domiciliary care service providing personal care for people living in their own homes. At the time of inspection 76 people were receiving personal care from the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People told us they felt safe and were supported by staff who understood the risks associated with their care. There were enough staff to meet people's needs safely. We saw the providers recruitment process included checks to determine whether staff were safe to work with people. Staff had the time to ensure people's needs were met safely, and in a way that suited them. Where people were supported with medicines this had been provided safely.

Staff were trained and very well supported to meet people's assessed needs. The staff we spoke with felt they had effective knowledge and skills to support people. People had been supported to maintain their health and wellbeing and had access to healthcare services when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had their dignity and privacy respected and their independence promoted. Staff were respectful when they spoke with, and about, people. Support was person-centred. People were involved in their care plan reviews and were supported to make choices about their care. Where complaints had been received these were responded to in a timely manner.

Audits and quality checks were undertaken on a regular basis to monitor and improve standards. Monitoring of call times had been improved and the provider was meeting their condition of registration to send us monthly reports on the outcome of their audits.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (8 June 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Romie Care Services 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out this inspection. An Expert by Experience also spoke with people using the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke on the telephone with two people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, care co-ordinators and care staff. Romie Care is run as franchised branch of Surecare and we also spoke to the

business development manager from Surecare.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. We also looked at records around the management of the service such as accidents and incidents, complaints and audits.

We visited the office location on 20 November 2019 to see the manager and office staff; and to review care records and policies and procedures. We made telephone calls to people who used the service and their relatives on 20 and 22 November 2019. We made telephone calls to staff on 22 November 2019.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our responsive inspection in February 2019 this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our previous inspection we found some people received short calls and risk assessments had not been updated and reviewed. This inspection found improvements had been made.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were happy with the support they received. One relative told us, "They have known him a long time, he is quite safe with them."
- The provider had safeguarding policies and procedures in place and staff demonstrated a good understanding of how to spot signs of abuse and how to report concerns both within the organisation and externally.

Assessing risk, safety monitoring and management

- Staff were able to tell us how they supported people safely and understood people's risks.
- Risks to people's safety were assessed and plans put in place to minimise risk of harm and to provide safe support. One relative told us, "They monitor him walking with his walking frame, they walk behind him, I have seen them do that."
- Some people needed the use of hoists to transfer. Guidelines were in place for staff on how to do this safely. Whilst the guidelines lacked some information staff spoken with were fully aware of the procedure to follow and the provider was already acting to improve the guidelines in place.

Staffing and recruitment

- Staff informed us recruitment checks were carried out prior to them supporting people.
- We saw that the providers recruitment process included checks to determine whether staff were safe to work with people.
- There were enough staff to meet people's needs. People and relatives told us that staff were rarely late. One person told us, "They have never missed a call and always let me know if they are going to be late." People and relatives confirmed staff stayed for the allocated period. One relative told us, "They have improved call times and duration."

Using medicines safely

- Staff told us they felt confident providing support with medicines and had been trained to do so. Checks were carried out to ensure staff were safe to administer medicines.
- People received their medicines, as prescribed. One relative told us, [Name] has the medication in the morning, he is only prompted to take it because he forgets, they put it [record] on their phones when he has

taken it."

#### Preventing and controlling infection

- People were protected from the risk of infection because staff had access and wore personal protective equipment (PPE). People and relatives', we spoke with confirmed staff wore gloves and aprons when required.

#### Learning lessons when things go wrong

- Records of accidents and incidents were kept and trends were also monitored. Lessons were learnt and shared when incidents or errors had occurred.
- At the end of each month the provider completed analysis of the calls received to identify any trends and learning.

# Is the service effective?

## Our findings

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

At our last comprehensive inspection in October 2018 this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- We found people's needs were assessed so the provider could be sure they could support people as they would want.
- The provider considered any protected characteristics as defined by equality legislation at the time of assessments.
- We saw that where reviews had taken place, the person's input into what they were happy or unhappy with had been recorded and changes made. One relative told us, "We have a yearly review."

Staff support: induction, training, skills and experience

- An induction was in place to support new staff. This included training in the office and then shadowing more experienced staff.
- A range of training courses were made available to all staff. Staff confirmed they received the training they needed. One staff told us, "We get yearly refreshers, I am up to date with all my training."

Supporting people to eat and drink enough to maintain a balanced diet

- Not all the people who used the service required support with eating and drinking. People's dietary needs was clearly documented in their care plans.
- Staff were aware of the importance of promoting a balanced diet and providing appropriate support to people to access their chosen food and drink.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff who were aware of their healthcare needs.
- Staff knew what action to take in an event of a health emergency or if someone was unwell due to their health conditions.
- Staff worked closely with health and social care professionals to ensure people's changing needs were addressed, and people received the support they needed. One relative told us, "Recently he banged his hand and it was swollen, they [staff] told me about it and we got the doctor in."

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People and relatives confirmed staff gained people's consent before supporting them.
- Staff were able to describe how they sought peoples consent and offered choices to people during their care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last comprehensive inspection in October 2018 this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had a regular group of staff who supported them, and this had helped people feel happy with the care they received. One person told us, "I get the same staff that I know." One relative told us, "The same one six times per week and the seventh day is different, I think it is really good for them, they have continuity."
- People and relatives told us staff were kind and caring. One relative told us, "They talk to him whilst they are doing things, they are very caring". Another relative commented, "They are pretty good, they care for [person] as an individual."
- Staff spoke with kindness about the people they supported. They told us they enjoyed their role and had got to know people well.
- People were consulted about the gender of staff they preferred. One relative told us, "Definitely female carers, they asked a long time ago, never had a male carer."

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

- Conversations with staff demonstrated an understanding of people's needs and how they encouraged people to make choices about their care.
- People and relatives were involved in the assessment and care planning process to ensure people received the support they wanted.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with described how they promoted people's dignity. This was confirmed by the people we spoke to. One person told us, "They always protect my privacy." One relative told us, "They asked if our relative could leave the room once, they shut the doors so it was private, they definitely are respectful."
- Staff promoted people's independence. One relative told us, "They ask him what he wants, they ensure he can reach his drink on the table, they put the TV box where he can reach it, so he can change the channels."
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). We saw that people's confidential private information was respected and kept secure.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our responsive inspection in February 2019 this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives told us they were involved in planning their care. We saw that where reviews had taken place, the person's input into what they were happy or unhappy with had been recorded and changes made.
- People received care that was person centred and responsive to their needs. One relative told us, "We asked to change the times and they agreed to do that, so it fitted in with what we need."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, assessed and recorded in their care plans.
- The registered manager was aware of the accessible information standard and was able to provide information to people in alternative formats if this was required.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place so people or their relatives could raise concerns.
- People were given information on how to complain when they started with the service. One person told us, "I don't have any complaints but would feel confident in raising anything."
- We found a record of complaints was kept showing the actions taken to resolve any issues.

End of life care and support

- The service was not providing end of life care to anyone at the time of this inspection. We were informed that when needed, staff would work with people and palliative care professionals to ensure people's end of life needs were met.

# Is the service well-led?

## Our findings

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

At our responsive inspection in February 2019 this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our previous inspection we found the provider remained in breach of Regulation 17, call lengths had not been addressed and people continued to receive short calls. We found improvements had been made and the provider was no longer in breach of the regulations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had an electronic call monitoring system where staff logged in and out of their calls, which enabled care staff visits and punctuality to be monitored. Monitoring of call times had been improved and the provider was meeting their condition of registration to send us monthly reports on the outcome of their audits.
- The management team completed spot checks and observations on staff to monitor staff performance and competency.
- Senior staff carried out audits of medication records. They took action where improvement was needed.
- The manager understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.
- The provider displayed their CQC rating as required so that people would have access to this information.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Through our discussions with the manager we determined that they were aware of and acted in line with the duty of candour requirements. The manager was open and transparent throughout the inspection process.
- The registered manager understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We saw evidence of the provider asking people's and relative's views about the service through care reviews and telephone surveys. One relative told us, "They come around at regular intervals and ask if the service is okay, they make notes as we speak."
- Staff meetings were held regularly. This ensured staff were given the opportunity to raise any concerns and for information about the service to be shared. Staff told us they felt supported in their role and found

the registered manager and registered provider helpful and approachable.

- Relatives told us the registered manager was approachable. One relative told us, "She is great, smashing to talk to, she is in there straight away to sort any problems."

#### Continuous learning and improving care

- We identified although staff were aware of how to support one person, their care plan required further information on how to support them with their personal care, as there was a risk of them becoming distressed. The registered manager gave assurances that this would be addressed and that systems to check care records would be strengthened.
- The registered manager was receptive to feedback and enthusiastic about making improvements with their systems and records.

#### Working in partnership with others

- The registered manager worked with other partners within the health service and social care to improve how people were supported.