

Elizabeth's Rose Home Care Limited

# Elizabeths Rose Home Care

## Inspection report

Knightrider House  
Knightrider Street  
Maidstone  
ME15 6LU

Tel: 01622296224

Website: [www.elizabethsrose.co.uk](http://www.elizabethsrose.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Elizabeth's Rose Home Care is a domiciliary care service providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. At the time of our inspection the service was supporting 13 people. 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

We found there were established and effective systems in place to ensure people's needs and choices were consistently and fully assessed prior to providing care. People's care plans included assessments of risks relating to their clinical conditions and the skills of staff matched the needs of people using the service.

People told us the company valued people and their families. People told us, "I protested at the beginning, but to be honest I couldn't do anything without them. They are absolutely marvellous." The staff were positive about their employer and liked working for the service and caring for people. We found 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 told us "I am extremely happy (with the service), They (the staff) make my day."

Staff spent the allotted time with people, offering to do extra things for people if they had completed the tasks. People told us, "Every single person (staff member) has asked if there is anything else they can do. Having care was a culture shock but they have been supportive and made it comfortable." People told us they were treated with kindness and dignity and felt safe with the staff. They appreciated the management oversight provided by the registered manager who checked on them to ensure they were happy with the care they received and would let them know if there were any changes proposed to their care package.

The staff told us they felt valued and appreciated by the management, people and their families. They received regular updates on changes to care plans, policies and procedures and any feedback received.

### Rating at last inspection and update:

The last rating for this service was requires improvement (published 27 January 2023) there were no breaches of the regulations. At this inspection we found improvements had been made.

We undertook this focused inspection to confirm they met legal requirements and reflected improvements in care. This report only covers our findings in relation to the Key Questions safe, effective and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elizabeth's Rose Home Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Elizabeths Rose Home Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection team consisted of 1 inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

#### What we did before the inspection

This inspection was to assess improvements made by the provider in response to their previous inspection. Therefore, we reviewed information we had received on the service and from the service in response to their previous inspection report.

During the inspection

We looked at a range of documents, including; 3 care plans, additional care planning documents for persons with specific dietary needs or support, staff recruitment files and training records. We reviewed staff meeting minutes and governance documents. We spoke to 2 service users and the registered manager.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. Previously we found improvements were needed in operating effective systems to identify, manage and mitigate risks. There was no breach of the regulations.

At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- The provider had effective systems to assess and manage people's individual needs. We checked people's care plans and found risks relating to people's clinical conditions had been comprehensively documented, risk assessed and care plans put in place to support them. For example, we reviewed a comprehensive diabetic action plan it included how staff should respond to an adverse incident. People told us, "They (the staff) asked a million and one questions during their initial assessment). They (the staff) made sure I got the right level of service."
- Environmental risks to staff had been fully considered. For example, risks of falls and mitigation strategies documented within people's care plans.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm. Staff had received training and were aware of different types of potential abuse. They knew how to recognise and report concerns. All staff were required to complete safeguarding training as part of their induction. People told us they often felt vulnerable and found the staff were alert and sensitive to this. They always reassured the person. They told us, "The staff treat me with kindness and are respectful whilst delivering intimate care."
- People and those who matter to them were provided information in a form they could use. Staff could also report concerns to their Speak Up Champion or to a person outside the organisation.
- Staff worked well with other agencies to identify and manage risks. The registered manager alerted external parties to wider safeguarding concerns and worked with them during investigations. Staff told us they were updated on the outcome of investigations.

### Staffing and recruitment

- Staff had the skills to provide safe and appropriate care to people. The registered manager had ensured staff had appropriate skills and knowledge to support people with specific needs such as those with diabetes, incontinence or requiring stoma care.
- The number of staff matched the needs of people using the service. The registered manager ensured staffing levels were maintained. They told us all administrative and operational staff were also trained in providing care and could be diverted from duties to ensure people were appropriately supported.
- Safe recruitment processes were followed for staff. Staff did not present a risk to them as their identification, references and Disclosure and Barring Service (DBS) checks had been conducted. DBS checks provide

information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Staff had been trained to administer medicines safely. They had access to comprehensive information about the specific medicines people took, potential side effects and actions to take in response to changes in their presentation. People explained staff knew how to respond to specific medical conditions. They told us the, "Staff know what to do if I am unwell...I take a little bit of sugar."
- Medicines were managed safely and effectively. The administering of medicines had been recorded appropriately. People told us how staff supported them with their medication. They said, "They (the staff) make sure I take my insulin before bedtime."

#### Preventing and controlling infection

- There were appropriate infection prevention control measures in place. Staff had access to appropriate personal protective equipment and were required to wear it when undertaking their duties. Whilst this is no longer a requirement in legislation, the registered manager had ensured staff had received appropriate vaccinations to minimise the risk of infection to people and staff. People told us staff were clean and well-presented and care plans detailed how, when and where personal protective equipment should be put on in people's homes to mitigate the risk of infections being transferred.

#### Learning lessons when things go wrong

- Accidents and injuries were recorded, investigated and any learning shared. The registered manager and staff apologised and gave people honest information and suitable support. The Directors and registered manager were available for staff, family and friends to speak to directly. People told us the staff and management were always available and receptive to feedback making appropriate changes where necessary.
- People learnt from incidents and improved practice. We spoke to staff who confirmed team meetings had been held following our last inspection. Areas for improvement had been shared with staff and care plans amended to reflect changes to policies and practices. Staff told us they preferred the new ways of working. They had told the registered manager it took them a little longer to complete their visit notes but they were now more detailed and reflective of care provided.

# 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 inspection we rated this key question requires improvement. This was due to inconsistencies in the assessments of people's needs and choices and not conducting these prior to delivering care to people.

At this inspection the rating has changed to good. 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

- The registered manager assessed people's needs and choices prior to providing care. People told us their needs were assessed prior to delivering care without delaying the service.
- People had care and support plans that were personalised and reflected their physical and mental health needs. People met with the registered manager monthly to discuss their care and their future.
- Staff ensured people had up-to-date care and support assessments. People told us staff knew what their individual care needs were and how they wanted to be supported. A person told us they sometimes suffered with a low mood and the staff were excellent, "They (the staff) got in touch with the office and they called my doctor."

Staff support: induction, training, skills and experience

- Staff received training and support. Staff received an induction including work shadowing opportunities prior to working independently.
- The service had clear procedures for team working and peer support that promoted good quality care and support. Staff were available to support on visits if new staff members were unsure of anything.
- People received care from experienced staff who had opportunities to undertake additional training and qualifications. Most staff had achieved the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were involved in choosing their food and planning their meals. Staff knew individual people's preferences. People told us, "They (the staff) prepare my breakfast about 10 in the morning, cereal and a cup of tea." They also were aware of individuals dietary requirements such as people requiring a low sugar diet.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. We reviewed daily notes on people's care and saw they were offered food and drink during their visits.

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

- People were referred to health care professionals to support their well-being and help them to live healthy lives. Staff worked with people and their families to ensure their clinical needs were being monitored and

ongoing care needs met. For example, supporting people with monitoring their blood sugar levels.

- Information was available promoting understanding and healthier lives. Staff, families and friends of people had access to a range of literature supplied by Dementia UK to promote understanding and appropriate support for people. Staff told us they had found the information useful.

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 MCA 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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found staff understood the principles of the MCA. We found staff were supportive of people's right to choose, including their right to make decisions and supported them to do so. We reviewed care plans that showed staff had discussed, obtained and recorded people's consent. We found no person had been deprived of their liberty.

# 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 last inspection we rated this key question requires improvement. This was due to systems not being established and operating effectively to ensure the consistent identification, assessment and management of people's needs.

At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were established and effective systems in place to ensure the consistent and appropriate identification, assessment and management of clinical and mobility risks. Management lead by example, showing the standards of care they required staff to maintain. People told us, "All the staff stand out (are impressive) and supportive in their own way."
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. We reviewed care plans and saw they had been amended as the persons needs and wishes changed. For example, where the person could perform more tasks independently. People told us staff would ask if they were anxious about anything and update their information including how best to support them during these periods.
- Staff were able to explain their role in respect of supporting individual people without having to refer to documentation. People told us staff knew what their needs were and were personable, kind and respectful whilst providing personal care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. 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

- Management and staff put people's needs and wishes at the heart of everything they did. A person told us, "It was difficult to get my head around needing help, they put me at ease and I never feel rushed."
- Managers worked directly with people and led by example. People told us they knew and had spoken with the registered manager and directors. They told us staff kept them informed of changes at the earliest opportunity.
- Staff told us they felt respected, supported and valued by the directors which supported a positive and improvement-driven culture. The registered manager told us the staff had responded well to changes made to improve the service and had they had engaged in additional learning.
- The registered manager gave honest information and suitable support, and applied duty of candour where appropriate. People told us the provider and registered manager were always receptive and responsive should they have any concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback from people and those important to them, both formally via monthly review meetings and informally by talking with them daily and checking everything was in place. People told us, staff were consistently respectful of them, and treated them with dignity and respect. They told us, "They (the staff) are strangers in my home, but I have no concerns or upset."
- Staff were encouraged and supported to be involved in the development of the service. Staff told us the management were approachable and receptive to feedback, they cared about people and were committed to providing a good service.

Continuous learning and improving care

- The Directors of the service with the registered manager had a clear vision for the direction of the service and a desire for people to achieve the best outcomes possible. Staff told us the management want to get it right and deliver high quality consistent care to people.
- The provider invested sufficiently in the service, embracing change and delivering improvements. Staff told us the provider had made changes in response to feedback. For example, they had consulted with staff regarding their reward scheme to acknowledge and promote good practice.

Working in partnership with others

- The registered manager worked well in partnership with people, families, specialised services (such as diabetic nursing team, physiotherapist) and Commissioners of care.
- The registered manager worked in partnership with people to understand their experiences and how best they may support them and improve their well-being and quality of life. Regular reviews were held with people to review the individuals care and support plans.