

Mr & Mrs J G Mobbs and A J Small

The Old Roselyon Domicillary Care Agency

Inspection report

The Old Roselyon Manor
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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

The Old Roselyon Domiciliary Care Agency is a domiciliary care service that provides care and support to people living in their own homes in the community. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals. Longer visits for a 'sitting' service are provided for some people.

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.

When we inspected the service was providing the regulated activity, personal care, to approximately 53 people in the Par, Fowey, St Blazey and St Austell areas of Cornwall.

People's experience of using this service

People and their relatives told us care was delivered in a safe way. Staff provided care for people in a compassionate and respectful manner. People received a reliable service, had agreed the times of their visits and were kept informed of any changes.

People were supported by a stable staff team who had the skills and knowledge to meet their needs. Staff spoke passionately about the people they supported and were clearly committed to providing a responsive and caring service in line with people's wishes.

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.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. Care plans were personalised to the individual and recorded details about each person's specific needs and wishes. These were kept under regular review and updated as people's needs changed.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. The service worked collaboratively with healthcare professionals to access training and advice which helped ensure people's health needs were met.

There was a positive culture in the service and management and staff were committed to ensuring people received a good service. Staff told us they were well supported and had a good working relationship with each other and the management team. Staff had received appropriate training and support to enable them to carry out their role safely.

People, their relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good. (Report published on 26 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The Old Roselyon Domiciliary Care Agency

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

The Old Roselyon Domiciliary Care Agency is a domiciliary care service that provides personal care to people living in their own homes in the community. This includes people with physical disabilities and dementia care needs.

The service had a manager registered with the Care Quality Commission. This means that 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

We gave the service four working days notice of the inspection visit because it is a domiciliary service and the manager is often out of the office supporting staff or providing care. We needed to be sure that we could access the office premises to look at records and arrange to visit people in their own homes.

The inspection started on the 6 November 2019 when we made calls to people who used the service. We continued to make phone calls to people on 7 November 2019. The location office site visit and visits to people's homes took place on 12 November 2019. Following the office visit we made calls to staff and healthcare professionals. The inspection ended on 15 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and five relatives. We spoke with the service manager, assistant manager from the provider's care home, team leader and two care staff. We obtained consent from three people to visit them in their own homes and we reviewed their care records. We reviewed records of accidents, incidents, compliments and complaints, staff recruitment, training and support as well as audits and quality assurance reports.

After the inspection

We continued to receive further information from the service. The staff supervision, appraisal and training records were sent to us the day after the inspection. We sought further clarification from the provider regarding the support provided to the registered manager. We spoke to three more care staff and a healthcare professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving care and support from staff.
- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse. Safeguarding processes and concerns were discussed at regular staff meetings.
- The service had raised appropriate safeguarding concerns with the local authority and CQC.

Assessing risk, safety monitoring and management

- Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. Staff were given guidance about using equipment, any environmental risks in the person's home, directions of how to find people's homes and entry instructions.
- People had agreed the times of their visits and no one reported ever having had any missed visits. People told us they were kept informed of any change to their times or if staff were going to be late. Comments included, "The times are good", "Very reliable service" and "If they are running late they let me know."
- People were given telephone numbers for the service, so they could ring at any time should they have a query or in case of an emergency. A member of the management team answered telephone calls when the office was closed. People told us phones were always answered, inside and outside of office hours.
- Equipment provided for staff to use in people's homes was regularly checked as safe to use and serviced in accordance with best practice.

Staffing and recruitment

- There were enough staff employed to cover all the planned visits to people's homes. The service only accepted additional packages of support where there were enough staff available to meet the person's needs.
- Staff confirmed their rotas included realistic amounts of travel time, which helped ensure they arrived for visits at the booked times. Any changes made to rotas were communicated to staff by phone calls or text messages.
- Staff obtained details of their rota each week by copying the information from a handwritten master copy displayed at the service. Some staff told us it would be helpful to be given a printed or electronic rota. The provider told us they were in the process of looking at purchasing an electronic rota system which would mean staff could be given their rotas individually.
- Staff had been recruited safely. All pre-employment checks had been carried out before staff started work,

such as criminal record checks and references.

Using medicines safely

- Medicine care plans were in place to inform staff when people needed support with their medicines.
- When staff supported people to take their medicines details of this were recorded. However, these records did not always state exactly what medicines had been given, only the number taken from a 'blister pack' (doses of a mixture of medicines pre-packaged by a pharmacist). We discussed this with the service manager and they agreed they would arrange for Medicine Administration Records (MAR) sheets to be available. This would mean staff could sign for each individual medicine given in line with good practice.
- Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People told us staff practiced good infection control measures.

Learning lessons when things go wrong

- There was a system in place to record and analyse accidents and incidents, so any trends or patterns could be highlighted.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People's needs were assessed before, or as soon as possible after, they started using the service to help ensure their expectations could be met.
- When it was not possible to complete an assessment before the service started, an experienced worker would carry out the first visit and the assessment at the same time.
- Information captured at the pre-assessment stage was used to develop care plans which were updated as people's needs changed.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- Staff were provided with opportunities to discuss their individual work and development needs. One to one meetings took place regularly, as well as group staff meetings, where staff could discuss any concerns and share ideas. Management also completed annual appraisals with staff.
- Regular spot checks were also carried out to check staff competency and practices.
- Newly employed staff completed an induction comprising of training in a range of areas and a period of shadowing more experienced staff. People told us new staff were always competent and were informed of people's needs before working on their own. Comments included, "If I have new staff they have always been told about my needs" and "I had a new girl this week and she was really good and knew exactly what to do."

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

- Staff carried out, or supported, some people with meal preparation and people told us staff were competent in preparing food.
- Staff had been provided with training on food hygiene safety.
- Care plans contained details about people's dietary requirements and preferences.

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

- If needed staff supported people to see their GP, community nurses, and attend other health appointments regularly. Staff recognised changes in people's health and sought professional advice appropriately.
- The service worked with other agencies to help ensure people's health needs were met. A healthcare professional told us, "Whenever I refer more complex people to the care agency, they will always ensure they

understand conditions (often co-morbidity/complex dementias or long term conditions with changeable care needs), and are open to any learning I can offer during my joint visits with carers or care manager."

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.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- Staff received training on the Mental Capacity Act and demonstrated a good understanding of the underlying principles.
- Any Power of Attorney arrangements were recorded with details of the areas covered by the arrangement.
- Staff involved people in decisions about their care and acted in accordance with their wishes.
- People confirmed staff asked for consent before delivering 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's diverse needs were known and understood by staff. No-one reported experiencing any discrimination from staff.
- Staff treated people with kindness and compassion. Staff were friendly and caring towards people and knew what mattered to them. Comments included, "They are a lovely bunch of girls", "They are marvellous" and "Staff do an excellent job with my creams and understand how important it is to me."
- People told us they had regular staff and new staff were introduced to them, when shadowing other staff, before they worked on their own with a person. People said, "We usually have the same staff", "I have regular staff" and "I have the same carer every morning."
- Management covered for staff absences and they knew everyone who used the service. This meant people received a consistent service provided by staff they had previously met.
- People's preferred routines were recorded in care plans and well known by staff. This meant staff were able to deliver care in line with people's wishes.

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

- Staff supported people to make day to day decisions about how their care was delivered and respected their choices.
- Where people had difficulty communicating their needs and choices, care plans described their individual ways of communicating. Staff demonstrated a good knowledge of people's communication needs and how to support them to be involved in their care and support.
- People told us they were able to contact the office to discuss aspects of their care and support at any time. The service manager or team leader visited people regularly to review their care plans and ask about their views of the service.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and supported people to be as independent as possible. Care plans described what people could do for themselves and where they needed support.
- Staff supported some people to access the community and continue to take part in activities that were important to them. For example, the relative of one person told us, "The service responded well to the request for extra visits to take him out, to help stimulate him, by going to places he used visit. This is working really well and he has regular staff, for these visits, who he knows and trusts."
- People told us staff always stayed for the full time of their visits and were never rushed.

- People's confidentiality was respected. Care records were kept securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Care plans informed staff about the support people needed to meet their needs. There was clear information about how to support people with daily routines in line with their preferences.
- Care plans were regularly reviewed and people were encouraged to contribute to reviews to help ensure their needs were accurately reflected. Comments included, "I have a care plan and this has recently been reviewed" and "I have monthly updates from the manager about [Person]."
- After each visit staff completed daily notes to record the support provided and capture any changes in people's needs.
- The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help or changes to their visits. Commenting, "If I have an appointment they change the morning time" and "I stayed overnight with a friend following a hospital appointment and the service provided my morning visit at my friend's house at short notice."

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.

- Care plans contained information about support people might need to access and understand information. For example, if people needed hearing aids or glasses.
- Staff knew how to communicate effectively with people in accordance with their known preferences.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people using the service.
- People and their families told us they knew how to make a complaint and felt their concerns were listened to and actioned. As one relative told us, "When I have raised concerns [manager's name] has always dealt with it appropriately."

End of life care and support:

- The service sometimes provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- When people received end of life treatment specific care plans were developed.
- All staff received 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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered and service managers had good oversight of the service and understood the needs of people they supported. There was a strong emphasis on meeting people's individual needs and staff demonstrated a thorough understanding of people's differences and individual preferences.
- People, their relatives and healthcare professionals told us they thought the service was well managed with good communication information sharing. Comments included, "We are happy with the service", "Communication with the office is very good", "I trust [service manager] they sort everything out for me" and "If I need to discuss a care package or instigate changes they have always listened and fed back to me the outcome."
- Staff told us they had confidence in the management of the service and would not hesitate to report any concerns. As one care worker told us, "If I have any concerns about anything I can always talk to [service manager]."
- The values of the service were based on enabling people to remain living at home for as long as possible. This was understood and supported by staff. One person told us, "The service looked after my husband for years and now they look after me. I am very happy that I can stay in my own home."

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

- The registered provider understood their responsibilities under the duty of candour. Relatives were kept well informed of any changes in people's needs or incidents that occurred.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

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

- There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was also the provider. The service manager and a team leader co-ordinated the day-to-day running of the service such as completing the rotas and speaking with people and staff. The registered and deputy managers worked together when recruiting new staff and making decisions about taking on new work.
- There was good communication between the management team and care staff. Staff said they felt

respected, valued, supported and fairly treated. There was a positive culture in the service and staff made comments like, "They are a lovely company to work for", "[Service manager] is very accommodating and gives you the hours you ask for" and "[Service manager] is always available to talk to."

- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in its performance.
- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed at the service and on the provider's website.

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

- Staff meetings took place regularly to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff told us they felt supported by managers as they were approachable and readily available.
- People and their relatives were asked for their views of the service through questionnaires and regular visits from management. The results from the most recent survey had been positive.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers.

Continuous learning and improving care

- The registered and service managers kept up to date with developments in practice through working with local health and social care professionals and being involved in social care provider groups.
- The provider had listened to feedback from staff about the manual rota system and was in the process of sourcing an electronic version. They told us they expected a new system would provide additional processes for the overview and monitoring of the service.

Working in partnership with others

- The service worked collaboratively with professionals and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.