Carerose Cares Limited

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Inspection report

12 Harris House
Cawley Hatch
Harlow
Essex
CM19 5AN

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09 March 2017
17 March 2017

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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

The inspection took place between 09 March 2017 and 17 March 2017. Carerose Cares Limited is an agency based in Essex which provides domiciliary care services. At the time of our inspection there were eight people using the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place, which provided guidance for staff on how to safeguard the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were sufficient numbers of care staff on shift with the correct skills and knowledge to keep people safe.

Staff respected people's choices and took their preferences into account when providing support.

Training records for staff showed that essential training, covering a variety of topics, had been undertaken including induction training.

Staff members received regular supervisions; the manager told us annual appraisals would be conducted of care workers performance once they had worked at the service for one year. This showed that appropriate systems were in place to support staff to do their job.

Staff were valued and received the necessary support and guidance to provide a person centred and flexible service.

People told us they knew who and how to contact the service if they had a concern or complaint

Systems in place to monitor the quality of the service were currently effective. The registered manager had plans in place to increase systems to monitor quality.

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.

Staff understood how to protect people from harm and abuse.

The service followed safe recruitment practices and there were sufficient staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff received training appropriate to their role. New staff were supported to complete an induction and all staff were supported through regular supervisions.

People's needs were assessed before they began using the service and care was planned in response to these.

Is the service caring?

Good

The service was caring.

Staff promoted people's dignity and respect.

People were supported by caring staff.

People's views and choices were listened to and respected by staff

Is the service responsive?

Good

The service was responsive.

People received personalised care, treatment and support. Staff knew how people wanted to be supported.

People were aware of the complaints procedure and appropriate systems were in place to manage complaints.

Is the service well-led?

Good

The service was well-led.

Systems in place to monitor the quality of the service were currently effective. The registered manager had plans in place to increase systems to monitor quality.

There was an open culture at the service and staff told us they would not hesitate to raise any concerns. Staff were clear about their roles and responsibilities.

Carerose Cares Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. We followed up the inspection with phone calls to people who received a service and their relatives.

The inspection was carried out by one inspector. We reviewed information we held about the service. This included any notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with two people who used the service as well as the three relatives. We spoke with three care staff as well as the registered and the business development manager. We looked at five care files and associated records. We also looked at three staff recruitment files, the providers policies and procedures and the records relating to the management of the service.

Good

Is the service safe?

Our findings

People said they felt safe with the care and support they received. They told us they were cared for by staff who took their time and provided care in a safe manner. One person said, "Yes I feel very safe." A relative told us, "[Family member] does feel safe, as we asked this."

People told us that there were enough staff and that calls were provided on time. Call times were agreed and were provided on a rota. One relative told us, "We agreed after 8.00 am and before 9.00 am and they have stuck to this so far." We asked staff if they thought there were enough staff on duty to provide care to people. One staff member said, "Yes we do have enough staff and we have time with people," another said, "At the moment we do and we see the same people."

There were assessments in place to manage risks. These had been completed with each person receiving support from the service. We saw there were risk assessments in all the care files we looked at. They contained information about each person and the risks posed to them. However, not all care plans contained detailed guidance for staff to follow, for example, a person required a hoist for transfers but the risk assessment did not record the method required. We discussed this with the registered manager who told us that as this is a small service they or senior staff would also work with staff to demonstrate any care task required prior to staff working with people.

Most people using the service had not been using the service very long so the registered manager assured us that risk assessments would be reviewed regularly to ensure that staff had the most up to date information required, they also confirmed that as the service grew they would include more detailed guidance for staff.

The service had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace.

Staff we spoke with demonstrated a good understanding of these processes and were able to tell us of actions they would take if they were concerned about a person's safety. One member of staff told us, "I would inform my supervisor but if I was not happy I would go to CQC or the police."

Recruitment files we looked at showed that the service had a clear process in place for the safe recruitment of staff. Staff confirmed that they had completed an application form outlining their previous experience, provided references and attended an interview as part of their recruitment. We saw that a Disclosure and Barring service (DBS) check had been undertaken before the member of staff could be employed, this was carried out to ensure that the person was not barred from working with people who required care and support.

Staff were trained to administer medication, however at the time of our inspection most people were able to take their own medication or had support from family members. We visited one person that required support with their medication and the staff member was able to explain the procedures for managing

medicines and we found these were followed; for example, staff knew what to do if an error was made. They told us they would record any error and contact their manager if they made a mistake when assisting with medicines. We looked at the medication administration record (MAR) chart and saw it was completed appropriately.

Good

Is the service effective?

Our findings

People and their relatives were confident that all care staff had the skills to care for them effectively. One relative said, "They seem to know what they are doing". Another said, "They helped my [family member] a great deal after their stroke." Where possible people had the same team of staff providing care to them. One relative said, "We have the same four to five staff, so the same team."

One member of staff told us, "I worked alongside the senior, they showed me everything and how to talk to people." Another staff member said, "We had some training in London such as basic life support, manual handling and safeguarding, but also some training on line." Arrangements were in place for staff new to care to complete the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people.

Staff told us that they were supported with regular supervisions and that their professional development was discussed as well as any training requirements. The registered manager and seniors carried out observations of staff practice, to ensure staff were competent in putting any training they had done into practice. Although we saw evidence in staff files and in people's homes that competencies for some staff were carried out, not all visits to assess staff practice were recorded in detail. For example in a person's notes at their home the senior had just recorded 'visited to observe staff member', we discussed this with the registered manager who told us they visited staff frequently and would complete more detail about the observation carried out. The manager told us annual appraisals would be conducted of staff performance once they had worked at the service for one year. A staff member told us, "[Named registered manager] just turns up to inspect us, it is quite often."

People and their relatives told us consent was sought before any care and treatment was provided and the staff acted on their wishes. They told us the staff asked their consent before they provided any care. However, the consent agreement within the care plan had not been signed. The registered manager told us that people and their relatives using the service had been involved in their care plan and they intended to get the consents signed at reviews. One relative told us, "We were involved and they came to assess, they write notes in it every time they visit."

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 registered manager and staff were aware of the MCA and how they used it when providing care and support to people. All staff had completed MCA training and were able to describe situations when it might be needed. All the people who were being supported by the service either had the ability to make decisions for themselves or were supported by relatives. One staff member told us, "Everybody has capacity unless deemed not to, I would talk to the person, check the care plan. I would not assume they did not have

capacity. If I was concerned I would talk to the senior or their family."

Most people that required assistance with cooking or with preparation of their meals were supported by relatives. We visited one person that staff supported to prepare food. They told us, "I choose what I want and I am happy with the service." Where people required support with their meals this was recorded within their care plan.

People and their relatives told us that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed, and liaised with people involved in their care if their health or support needs changed.

Good

Is the service caring?

Our findings

People and their relatives told us that the staff always treated them with kindness. One person told us, "They [staff] are really helpful and respectful, I do not need a lot but they do it well." One relative said, "We are really happy with the care, [family member] really likes [named two staff members]." Another relative said, "They are friendly, thoughtful and caring."

The service had been registered since 2015, but people that were currently using the service had not been using the service very long. Staff told us they had time to develop relationships with people and get to know them. One senior staff member told us, "Most people are quite new so I go to see people a lot to make sure they are happy with the service." Another staff member told us, "I only visit five people so I am getting to know them quite well." Staff told us that they also used the care plan to get to know people by reading the information. One staff member told us, "Each person has a care plan it outlines their requirements and any risks."

People using the service told us that the care workers treated them with dignity and respect. One person said, "They are very respectful." A relative told us, "Most certainly, if they wasn't I would show them the door."

We asked staff how they supported people to maintain their privacy and dignity, one staff member told us, "I always close the door behind me when I am supporting a person with personal care and make sure it is private." Another said, "I always ask people if they are happy and keep them covered."

People were offered choices in their daily routines and that staff encouraged independence. Staff were able to describe how they offered choices to people; for example, regarding what to wear and how they would like their care provided. They told us they enabled people to undertake as much of their care as they were able, even though it could take more time. One staff member told us, "We give people choice and person centred care, by listening to people and asking them what they would like."

We accompanied a staff member to visit a person as part of this inspection and observed the interaction, the staff member used a key code to enter but called out cheerily to let the person know they had arrived. They chatted with the person about what they would like to eat and what they were going to do later in the day. The interaction was friendly and relaxed.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs for care, treatment and support. One relative told us, "They came to the hospital to assess." Each person had a care plan which was personalised and detailed what was required at each visit. Choices and preferences were reflected throughout, which enabled staff to provide appropriate personalised care and support, in a way the individual needed and preferred. Staff confirmed they had time to read care records and were able to keep up to date with people's needs and preferences. We saw people had duplicate care plans, one was held at the agency office and one file was in people's homes for staff to refer to when providing care.

As people had not been using the service for long reviews of care had not happened yet, the registered manager showed us an example of a planned review for a person and their family. They told us they planned to carry out reviews with people after they had been using the service for three months.

Staff were responsive to people's needs. One staff member said, "I noticed a person needed a bit more time, I reported this and the registered manager sorted it." A person told us, "They have been very good with things I need, and very friendly."

Daily records were well written by staff and contained a good level of detail about the care that had been provided and any issues that other members of staff needed to be aware of. Staff we spoke with were able to outline the needs of the people they were supporting and explained how they would check the care plan to see if there had been any changes since their last visit. Staff told us, "We are a small team and meet once a month but we communicate often." The registered manager told us they listened to people and staff through the delivery of care and staff meetings. They told us they often provided care so spoke to staff, people, and their relatives often.

There was a complaints procedure in place and people told us they knew how to make a complaint and were confident it would be dealt with in a courteous manner. Most people told us they had not had any need to make a complaint. One relative said, "I have the office number."
We also saw evidence that one complaint had been investigated and responded to appropriately.

Good

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager had overall responsibility for the service. People told us their relatives spoke to the manager if needed and had confidence in them sorting any issues out. Staff said it was a good company to work for. One said, "We have a good team, I never go home stressed working here."

Although people and their relatives told us that they had not used the service long their initial impressions were positive. Comments included, "I am happy with the service", "I would definitely recommend them" and "Overall so far I am very happy, hoping to stick with this service."

The registered manager was involved in all aspects of the day to day running of the service. As this was a small service, this included providing care to people. The registered manager understood they needed to notify the CQC of all significant events, which occurred in line with their legal obligations. The registered provider had an up to date whistle-blowers policy, which supported staff to question practice and defined how staff who raised concerns would be protected.

Staff were supported to provide a quality service and staff supervision evidenced there were processes in place for staff to discuss and enhance their practice. Staff received regular support and advice from the registered manager as they regularly worked alongside them and carried out face to face meetings. Staff confirmed they were happy in their work, were motivated by the registered manager and understood what was expected of them. One said, "[Named registered manager] is very supportive, they email us all the meeting dates." Another staff member told us, "They listen to me and respect what I have to say, the care is good."

The registered manager carried out regular visits, which assessed the quality of the care provided to people. The registered manager and seniors checked care plans, medication records and observed the practice of care staff; they also regularly visited or telephoned people and their relatives about whether they were happy with the care. However, not all these checks were recorded in detail.

We discussed the quality assurance process in place with the manager who understood that some improvements were needed to processes and systems to ensure the safety and quality of the service provided could be fully monitored. We discussed the need to set up a robust quality assurance system, which would need to be in place if the company was to expand their care packages and their staff team.