

Mrs Donna Louise Salt

Rose Care

Inspection report

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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

Rose Care provides personal care and support to people living in their own homes in Burton upon Trent and the surrounding areas. . At the time of our inspection a total of 11 people were using the service, of these nine people were in receipt of personal care support.

At the last inspection, the service was rated as good. At this inspection the service remained good.

People's care was planned to meet their needs and minimise risks to their safety.

People received their calls as agreed and from a consistent staff team. Recruitment practices ensured staff were suitable to work within people. Staff understood their role in protecting people from harm and people received their medicine as required.

Staff had access to training and support to improve their knowledge of care and enhance their skills. When needed, people were supported to maintain their dietary requirements and preferences and to access healthcare services. Staff supported people to retain their independence and when support was required it was provided in a kind and reassuring manner which protected people's dignity.

Staff understood the importance of gaining consent from people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People received the care they preferred because staff asked them and their relatives about their likes and dislikes.

People and their relatives were able to regularly review their care to ensure it was still appropriate for them. People and relatives felt empowered to discuss any concerns or complaints with staff and the provider. People and their relatives found the provider approachable and were given opportunities to comment on the care they received and be involved with plans for the future. There were audits in place to monitor the quality of the service to drive improvements in care.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Rose Care

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 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.

This comprehensive inspection took place on 31 May 2017 and was announced. The provider was given two days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. We also needed to arrange to speak with people who used the service and their relatives as part of this inspection. The inspection was carried out by one inspector.

Whilst planning the inspection we looked at the information we held about the service and the information contained within the Provider Information Return (PIR). The PIR is an opportunity for the provider to give us some key information about the service, what they do well and their plans for the future. We also looked at the information we held about the service and the provider, including notifications the provider is required to send us by law about significant events at the home. We reviewed this information when we planned the inspection

We spoke with two people who used the service, two relatives, two members of care staff and the provider who managed the service on a day to day basis.

We looked at the care records for three people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People continued to feel safe with the staff that supported them from Rose Care. One person told us, "They are all so lovely, I feel very safe with them." A relative said, "They are all so good and I know [Name] is very safe with them, they are very thoughtful and chat with them while they are providing care."

Staff knew what constituted abuse and what to do if they suspected someone was being harmed. Records showed that staff had undertaken training to support their knowledge and understanding of how to keep people safe. One member of staff told us, "If anyone raised any concerns with me or if I witnessed anything, I would reassure the person and ensure they were safe and report to the provider who would escalate to the safeguarding team." Procedures were in place to ensure any concerns about people's safety were reported appropriately. We saw when needed these procedures were followed to ensure people's safety.

People confirmed that the staff ensured their safety was maintained when they supported them. One relative told us, "The staff use a slide sheet to help [Name] to sit up." We saw risk assessments in place to direct staff on how to minimise risks to people, such as on the equipment needed to support them to move safely and on their home environment. This showed us that risks were managed to keep people and the staff that supported them safe. Staff knew about people's individual risks and explained the actions they took to keep people safe, this included any specialist equipment that was used for individual people.

We saw that the care provided was dependent on the level of support each person required. People and their relatives confirmed staff were available to support them as agreed and told us that staff arrived within the agreed time frame for their visit. One person said, "They turn up at the agreed time, I can't fault them." People confirmed they were supported by a consistent staff team. One relative told us, "It's only a small company so we know all the staff which is lovely for [Name] as they have that consistency and familiar faces to support them."

The provider worked as part of the team providing support to people on a daily basis. The provider told us "I divert the office number to my mobile to ensure I am always available and this includes out of hours on call." People and staff confirmed the provider was accessible to them when needed. One person told us "I have all the information including the contact numbers and if I ring they always answer."

Staff were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place and saw that all the required documentation was in place. We saw the staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. This demonstrated the provider checked staff's suitability to deliver personal care before they started work.

Some people told us they received support to take their medicines. A medication administration record (MAR) listed people's prescribed medicines and when they should be given. Staff recorded when they had supported a person to take their medicine. Staff confirmed and we saw they had undertaken medicine

training. For those people who required support, a MAR was kept in their home which was sent to the office for the provider to audit. We looked at these records and saw that staff signed when people had taken their medicine or recorded if not and the reason why. This showed us a clear audit trail was maintained to monitor people's medicine administration.

Is the service effective?

Our findings

Staff continued to have the necessary skills and training to meet people's needs. One person told us, "The provider trains the staff up, they know what they are doing." Staff told us and we saw that they received training. One member of staff recently employed told us, "My induction and training was really useful. I also have learnt a lot from working with other staff who have been really supportive and helped me to learn how to support people in their preferred way." This demonstrated staff received the training they needed to meet people's needs. Staff told us the support they received from the provider was good. One said, "The provider is very support. They always go out to new people first to assess them and do their first care call and then we go with them before going out on our own. The provider then checks with the person they are happy with the support we have provided." The staff files we saw had evidence that staff received supervision and worked with the provider on a regular basis to monitor their performance. This showed us that staff were supported, to enable the provider to identify their future training and development needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. The information in people's assessments and care plans reflected their capacity when they needed support to make decisions. We saw that where people were unable to make decisions independently, they were made in their best interests in accordance with the Act. Staff understood the principles of the MCA and understood their responsibilities for supporting people to make their own decisions. One member of staff told us, "When people are a bit confused the way you ask them can make all the difference. Rather than a direct question, like 'would you like a shower', which they are likely to say no to, I will say 'Let's have a shower then we can look what's for breakfast' and they are quite happy with that and say, 'Yes ok, let's do that.' It's about knowing the person and understanding how to support them in their best interests." This showed us that the staff knew about people's individual capacity to make decisions and how best to support them. Staff told us they obtained people's consent before they supported them and people we spoke with confirmed this. We saw that where people had capacity, they signed their care plans to demonstrate their consent.

Some people we spoke with were supported with meals and told us they were happy with how this was done. Where people were supported with food and drink this was recorded as part of their plan of care. People's specific preferences and diets were recorded, to ensure their needs could be met.

People's health care needs were documented as part of their care plan. Staff told us that if they had any concerns about people's health they would inform the provider. One person's records showed that staff

contacted the emergency services when they were unwell and remained with them until the paramedics arrived. This showed that people were supported to maintain their health.

Is the service caring?

Our findings

People felt the staff were kind and caring. One person said, "The staff are very caring. They are friendly and go out of their way to make sure I am happy" A relative said, "The staff are very caring, they are lovely with [Name]." A member of staff told us, "We are supporting a person with end of life care so it's really important to spend time just sitting and talking to them and holding their hand. It isn't just about the personal care; those moments make all the difference to the person."

People told us that staff were respectful towards them and supported them to maintain their dignity. One relative said, "They are very respectful to [Name] and maintain their dignity when they are supporting them. They do little jobs as well like washing a few cups which helps me out too."

People were supported and encouraged to maintain their independence. One person told us, "They always do exactly what I want them to do. They don't take over, as I can do a lot for myself."

People confirmed they were asked for their preference in staff gender for providing personal care and confirmed this was respected. One person told us, "They did ask me when I first started and I just have females which I prefer." We saw another person had requested personal care support from male staff only and this was provided for them.

Is the service responsive?

Our findings

Staff continued to support people with a variety of tasks such as personal care support, support with meals and taking their medicine. People told us that the staff understood their needs and were capable of delivering the service that they required in their preferred way. One person said, "The support I get is just right, I am very happy with it." A relative told us, "The staff know how to look after [Name] and they all know [Name] well which helps them to provide care in the way they like it."

Discussions with people and their care records showed they had been involved in their care and their views had been gained about what was working and any changes they felt were needed. One person told us, "The owner came round and did an assessment to see what help I needed and they ring me frequently to check I'm happy with everything."

Staff worked well as a team to ensure people were supported according to their needs and preferences. One member of staff said, "We are only small team, so we know each other well and all work together to ensure everyone gets the care they need."

People we spoke with were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. One person said, "I have all the information about how to make a complaint but I don't have any, I am very happy with everything." A complaints procedure was in place and this was included in the information given to people when they started using the service. One person confirmed, "The complaints information is in the folder." The provider confirmed that no complaints had been received.

Is the service well-led?

Our findings

People and their relatives felt the service continued to be managed well and told us they found the provider approachable. One person said, "It's a brilliant service very well managed in my opinion." A relative said, "Rose Care has given me the support to keep going. They are a boost to me as well as to [Name]." We saw that several people had sent in compliments to express their gratitude for the support they received from the staff team.

People and their relatives confirmed there was good communication from the provider as they provided them with support on a regular basis. One person said, "Very good communication. We see the owner regularly as they provide support and they are so helpful, they will change call times if I need them to."

The provider visited people on a regular basis to provide care or to monitor staff providing care. They confirmed that they had not sent out satisfaction questionnaires but planned to do this in the near future. They told us, "I ask people if they are happy with the care they receive on a regular basis and everyone has reviews but I think questionnaires could cover a wider range of questions so I am going to send them out." The provider confirmed that the responses from people would be audited and an action plan put in place, if needed to address any areas for improvement.

The provider regularly reviewed people's care to ensure their current needs were met and that they had sufficient staffing levels and care hours in place to meet their needs. Staff confirmed they were given sufficient time to enable them to support people in an unhurried way.

Audits were undertaken of completed medicine records to enable the provider to identify any errors and address these. We saw evidence to show that the provider undertook spot checks on staff practice that looked at staff dress, attitude, time keeping and the support they provided.

We saw the data management systems at the office base ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the provider. The provider understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in their office and on their website.