

Mrs Donna Louise Salt

Rose Care

Inspection report

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Date of inspection visit:
09 December 2019

Date of publication:
05 February 2020

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

Rose Care is a small home care agency providing support to people living in their own homes. At the time of the inspection Rose Care was providing personal care and support to two 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.

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

Relatives of people who engaged the service expressed confidence that safe care and support was provided. People were protected from the risk of harm or abuse by staff who were well trained to deliver safe care and knew about acting promptly when they felt people were at risk. Staff recruitment processes were safe and robust. People were safely supported by staff who had been trained in safely moving people, and in the handling and administration of medication.

People were supported to maintain their independence to assist them to continue living in their own homes. People's care and support needs were assessed and regularly monitored to ensure that they were still current and being met. People's wishes and legal rights were promoted and protected by staff who had received comprehensive and up to date training about how to meet their needs. People were supported to have maximum choice and control of their lives and staff advised that they supported them in the least restrictive way possible and in their best interests; the providers policies and systems supported this practice.

People were cared for by staff who treated them with kindness and showed genuine regard for their physical and emotional well-being. Relatives advised that they considered the staff to be attentive and kind; relatives spoke positively about staff.

People's changing needs were responded to positively by staff. Relatives advising that requests for any short-term changes were attended to promptly and always met. Agreed plans of care reflected the full care and support needs of people.

Concerns or complaints were responded to in line with the policy and procedures. Relatives expressed confidence that any concerns or complaints would be properly addressed. No one had had raised a complaint.

The manager was well regarded by staff and relatives of people using the service. Staff and relatives made numerous comments about the support provided by the manager who worked full time in the agency. Feedback on the quality of the service had been sought from people who used the service and their relatives using questionnaires.

Why we inspected

This was a planned inspection based on the previous rating.

Rating at last inspection

The last rating for this service was good (report was published in June 2017)

For more details, please see the full report which is on the CQC website at 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rose Care

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

The inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in homes.

The service had was managed on a day to day basis by the provider who is legally responsible for how the service is run and for the quality and safety of the care provided. The provider also delivered care to people using the service and had regular contact with relatives of the people.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 9 December 2019 and ended on 11 December 2019. We visited the office location on 9 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included two people's care records together with assessment and review records. We looked at one staff file in relation to recruitment and staff supervision and looked at two staff training files. In addition to these records we looked at a small selection variety of others records relating to the management of the service, including policies and procedures.

After the inspection

Within days of the office part of the visit we spoke with two members of staff and spoke with relatives of two people who used the service.

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

- There were procedures and guidance that was followed to ensure that people were safeguarded at all times from the risk of abuse.
- Staff were clear about actions and processes they would follow to report any concerns should they arise.
- Relatives told us that they were confident in the ability of staff to act on any issues that would arise.

Assessing risk, safety monitoring and management

- People were supported to keep safe by staff who demonstrated good knowledge about known risks. People had risk assessments in place for everyday situations and for routine activities of daily living.
- Staff demonstrated in their comments that they knew about the risks to people and advised that they regularly spoke to one another and the manager to ensure that the care and support they provided was consistent.
- Relatives confirmed that the care provided was consistently safe.

Staffing and recruitment

- Full checks were undertaken on staff before they started work with the agency to make sure that they were suitable to work with people using the service in their own homes.
- Relatives advised that there were always the agreed number of staff on each visit to provide the agreed levels of care and support.

Using medicines safely

- Staff received training in how to safely administer medicines to people following clear procedures.
- Records were maintained by staff detailing medication administration and application of any prescribed creams or lotions.

Preventing and controlling infection

- Staff were provided with personal protective equipment including gloves and aprons as needed to reduce the risk of cross infection when supporting people.

Learning lessons when things go wrong

- The manager advised that they always reviewed and followed up on any incidents or occurrences to check that staff had taken appropriate action, and to identify any lessons to be learnt.

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.

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

- People's care and support needs were regularly reviewed and reassessed. On starting to use the service, a full assessment of support needs had been conducted for each person and used to inform individual care plans that were in place. The manager advised that initial visits to people were carried out by them to ensure that the support plans were accurate and sufficiently detailed.
- One relative commented positively on the action taken by staff to identify and act on health concerns, "The manager or staff always let me know if they have identified any new concerns and update me on what action they have taken."

Staff support: induction, training, skills and experience

- We saw that there were clear records detailing training that had been provided for staff alongside detail of training that was due to be provided, to enable them to confidently support people.
- Staff spoke well of the training that was offered through an external training company. One staff member advised, "The training arranged is good and helps me to keep abreast of changes."
- On commencing employment with the agency, one staff member said, "Although I was experienced in providing care when I started here I still received good training and get updated training often."

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

- A relative advised that the staff knew what the person liked to eat and drink and ensured that they received timely support with eating and drinking.

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

- The manager and staff advised that they had experience of liaising and working with healthcare professionals such as district nurses when needed to help people to continue living safely in their own homes.
- The manager advised that at the time of the inspection there was no one in receipt of regular support from any health care professionals.
- A member of staff advised, "When people are being supported by district nurses I know that the manager maintains contact with them and informs them if we have any concerns."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that the any such conditions in place were known and followed by staff. When people were unable to make their own decisions, we were informed that relatives were involved in making best interest decisions on their behalf.

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. 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

- Relatives advised that people were encouraged and supported by staff to follow agreed routines and activities that suited them. Each person's preferences about how they were to be supported was recorded and we were told that staff were consistent in how they provided support that was needed. One relative said, "Staff are consistent in how they provide support and care."
- Relatives said that when they had seen staff during support calls they noted that contact and conversations between staff and people were seen to be warm, friendly and calm. One relative advised, "When staff have finished their care duties they sit down and chat with [relatives name] to have a catch up. This is really nice."

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

- The manager had regular contact with people using the service and their relatives and during this contact they always checked with them about the care and support being provided.
- One relative said, "The service is good and staff make sure [relatives name] gets the service they want."

Respecting and promoting people's privacy, dignity and independence

- The manager had ensured that people's rights were upheld in how the care and support was planned to be delivered by staff. One staff member advised, "We know, before we go out on a call, how the person wants their privacy and independence to be protected. The manager goes on first calls too which helps us to know direct form them."

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 now 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

- Each person had a personalised care and support plan which reflected their preferences and dislikes.
- Care and support was provided by staff who knew everyone well and all were up to date with any changes in how care was to be provided.
- We saw that some people were assisted and supported to go out for a short walk whilst another person liked to spend time alone listening to and singing along to music of his choice.

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.

- The manager had developed care plans that were clear and understood by people who used the service. Adding that care plans were always developed based around discussion with people and presented in plain language to make them clear.

Improving care quality in response to complaints or concerns

- There was an accessible complaints procedure in place to deal with any complaints received.
- Staff referred to action they would take to advocate on behalf of people and raise complaints themselves if they had any concerns.
- Relatives were clear and confident that any complaints they raised would be listened to and responded to by the manager. One relative advised, "If I had any concerns I would talk to the manager." Adding, "In all the time I have used this service I have had no concerns at all." Another relative said, "I have had no complaints or concern about this agency, I am pleased with the service."

End of life care and support

- No one was receiving support for end of life care at the time of the inspection.
- The manager advised that details of end of life wishes were agreed and recorded in care plans along with any details about who would take care of making arrangements to support last wishes including funeral arrangement in line with the persons own preferences.

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 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

- Staff commented positively on the support they received from the manager. One staff member said, "The manager has an open-door call- in session each week and you can drop in if you want to raise anything." Another staff member said, "I feel supported in my role. There is always on-call support and if I have any concerns the manager is very responsive."
- Relatives were positive about the support provided to people using the service and to themselves. One relative said, "The manager is good at arranging extra staff cover when I cannot provide the care myself. I have good contact from the manager."

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

- There was a clear process in place to share information with relatives and others should any incident occur. The manager advised that regular contact was maintained with relatives and people who used the service.
- The manager undertook regular reviews of the support provided and made changes as needed in the level of support provided. Relatives advised that they were always contacted by the manager when a change had been identified as needed

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff were clear about their roles and responsibilities and understood the importance of raising issues if necessary to improve any aspect of the support provided to people.
- Staff understood and described how they would raise any issue of concern direct with the manager if needed.
- The manager kept up to date with developments that would be of benefit to people using the service and spoke about links that had been made with training agencies to keep care practice up to date.

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

- The manager ensured that the previous inspection reports were on display in the office and relatives advised that they had been informed about the inspection ratings when they commenced using the service.

- The manager had sought feedback from people who used the service and their relatives. In the previous year a questionnaire had been used to gather the views of people and their relatives. The responses received were made available and they were all positive about the support provided. The manager advised that because of the low number returned all the questionnaires were individually reviewed and responded to. No full analysis and feedback had been undertaken.

Working in partnership with others

- The manager and staff said that they had a good working relationship with healthcare professionals and other agencies when they were involved in supporting people living in their own homes.