

Rowan Care Services Limited

Rowan Care Services Limited – Doncaster

Inspection report


Phoenix House
Sandall Carr Road
Doncaster
DN3 1QL

Tel: 01302 883300
Website: www.prestige-nursing.co.uk

Date of inspection visit: 3 June 2015
Date of publication: 29/07/2015

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 

Overall summary

The inspection took place on 3 June 2015. The provider was given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care services. The service was previously inspected in April 2013, when no breaches of legal requirements were found.

Rowan Care Services Ltd - Doncaster provides nursing and personal care to people living in their own homes in the community. The office is based in Doncaster and is accessible by public transport. At the time of our inspection there were 66 people receiving nursing and personal care from the service.

Summary of findings

The service had a registered manager at the time of our inspection. 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 and associated Regulations about how the service is run.

All nursing tasks were overseen by a qualified nurse, who made sure the staff were trained, competent and confident in each protocol and reviewed the person's care regularly.

We found that people's needs had been assessed before their care package commenced and they told us they had been fully involved in creating and updating their care plans. The information included in the care records we saw clearly identified people's individual needs and preferences, as well as any risks associated with their care and the environment they lived in.

People received a service that was based on their needs and wishes. We saw changes in their needs were quickly identified to enable their care package to be amended to meet the changes.

Policies and procedures were in place covering the requirements of the Mental Capacity Act 2005 (MCA), which aims to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had received training in this subject.

Where people needed assistance taking their medication this was administered in a timely way by staff who had been trained to carry out this role.

We found there were enough staff employed to meet the needs of the people who used the service. People told us they were introduced to their care workers before they provided any care or support and the company tried to match people with members of care staff they felt would suit them. People we spoke with praised the staff who supported them and raised no concerns about how their care was delivered.

There was a recruitment system in place so staff underwent the necessary checks before they were employed. We saw new staff had received a very comprehensive induction and training at the beginning of their employment. This had been followed by a broad range of relevant training to keep their knowledge and skills updated. Staff told us they felt very well supported by the management team.

The company had a complaints policy, which was provided to each person in the information given to them at the start of their care package. We saw that concerns that had been recorded in the complaint file had been investigated and responded to appropriately. We saw that compliment cards and letters had also been received.

The provider had systems in place to enable people to share their opinion of the service provided and to check staff were performing their role satisfactorily.

Summary of findings

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.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to people.

All nursing tasks were overseen by a qualified nurse, who made sure the staff were trained, competent and confident in each protocol and reviewed the person's care regularly.

Systems were in place to make sure people received their medication safely, which included all staff receiving medication training.

Staff underwent the necessary checks before they were employed and new staff received a structured induction and essential training at the beginning of their employment.

Good



Is the service effective?

The service was effective

Staff had received basic training about the Mental Capacity Act and they understood how to act in people's best interests.

Staff had completed a very comprehensive induction to prepare them for working with people who used the service. This included essential training to help them meet people's needs. They had also received on-going observational assessments and support sessions.

Where people required assistance preparing food staff had received basic food hygiene training to help make sure food was prepared safely.

Good



Is the service caring?

The service was caring

The company matched people who used the service with staff they felt they would get on with. People were introduced to their members of care staff before they provided care.

People told us they were involved in developing their care plans and said staff worked to their plans.

Staff showed a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained. People spoke highly of the staff. They said they respected their opinion and delivered care in a caring manner.

Good



Is the service responsive?

The service was responsive

Care plans were individualised so they reflected each person's needs and preferences, background and beliefs, as well as their interests and hobbies. The care plans were reviewed and updated in a timely manner.

There was a system in place to tell people how to make a complaint and how it would be managed.

Good



Summary of findings

Is the service well-led?

The service was well led

There was a system in place to assess if the company was operating correctly and people were satisfied with the service provided. This included surveys, meetings and regular checks.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them. They felt well supported by the management team who they said were accessible and approachable.

Good



Rowan Care Services Limited – Doncaster

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 was 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.

An inspection visit to the branch office took place on 3 June 2015. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies.

The inspection team was made up of one adult social care inspector and an expert by experience, who conducted telephone interviews with people who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We spoke with seven people by telephone, about their experiences of Rowan Care Services Ltd. This included four people who used the service and three people's close relatives. All the people we spoke with told us they were

very happy with the service provided. We spoke with seven staff who were either members of care staff or based at the branch office. This included the registered manager and the branch nurse. We also talked with the chief executive of the company, who made themselves available at the branch, on the day.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. We reviewed previous inspection reports and information we held about the service, which included incident notifications they had sent us. We contacted Doncaster Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also obtained the views of service commissioners.

We looked at records relating to people who used the service and staff, as well as the management of the service. This included reviewing six people's care records, staff recruitment, training, and support files, medication records, minutes of meetings, complaints records, policies and procedures and quality assurance records.

Is the service safe?

Our findings

People we spoke with who used the service and their relatives told us they felt care and support was delivered in a safe way.

We saw care and support was planned and delivered in a way that made sure that people's safety and welfare. We looked at copies of people's care plans and day to day care records at the agency's office. Records were in place to monitor any specific areas where people were more at risk, including how to move them safely. We saw these had been reviewed and updated in a timely manner to reflect any changes in people's needs. We also saw that an environmental safety risk assessment had been completed as part of the initial assessment process. This helped to identify any potential risks in the person's home that might affect the person or staff.

All nursing tasks were overseen by a qualified nurse, who made sure the staff were trained, competent and confident in each protocol and reviewed the person's care regularly. Senior staff members, visited people at home to check that any equipment to be used to transfer people was safe and there were no hazards around the house that needed attention before care was provided. When telling us about the safe use of equipment one person said, "Someone had to show [the care staff] first. An occupational therapist came to show them." Another person emphasised their involvement in training staff to use the equipment that was in place for them, saying, "[The care staff] are trained by the company and with me personally."

The staff we spoke with showed a good understanding of people's needs and how to keep them safe. They described how they made sure that risk assessments were followed. People's records included the arrangements in place for them to enter and leave people's homes safely. In some cases this involved the use of a key safe and in others they gained access by the person letting them in. We asked people if staff wore a name badge. Everyone confirmed that staff carried photo identification with them so people could check they worked for the company.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adult's procedures, which aimed to make sure incidents were reported and

investigated appropriately. Staff we spoke with showed a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they had received training in safeguarding children and adults during their induction period, followed by periodic updates. This was confirmed in the training records we saw. There was also a whistleblowing policy, which told staff how they could raise concerns about any unsafe practice.

The registered manager told us there were enough staff employed to meet the needs of the people being supported by the service. Care and support was co-ordinated from the office. One of the staff responsible for allocating members of care staff described how staff were matched to each person being supported. They explained that the computer system they used helped, by flagging up any specialist training required by staff in order to address people's individual needs and listed the staff who had undertaken this training.

All the people we spoke with told us staff were usually on time and stayed the agreed length of time for each visit. One person we asked said, "They do. Sometimes a bit extra." People confirmed they usually had the same team of care staff providing their care. For instance, people's comments included, "Two main care staff. Holidays and sick replacements are good too"; "We have consistency of care staff. Changes happen, but not for a long time" and "The same small group." People also told us members of care staff were introduced to them prior to providing their care and support.

Care staff told us there was enough staff to meet people's needs. They said having so much time to spend with people made a difference to the level of support they could provide. We found systems were in place to respond to unexpected circumstances, for example to cover sickness, absences and emergencies.

Recruitment records, and staff comments, showed a comprehensive recruitment and selection process was in place. The six staff files we saw showed that appropriate checks had been undertaken before staff began working for the service. These included requesting written references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Is the service safe?

Staff told us they had attended interviews, we saw records of questions asked at the interviews and the staff's answers. Recently recruited members of care staff told us they were not allowed to start supporting people until all the necessary checks had been completed and were found to be satisfactory.

The service had a medication policy which outlined the safe handling of medicines. Where people needed assistance to take their medicines we saw care plans outlined staff's role in supporting them. We saw some people were prescribed medicines to be taken only when required (PRN), for example, painkillers. These medicines were recorded on the medication administration record [MAR] and staff could tell us why and when they would give them. The people we spoke with who used the service and their relatives confirmed staff gave the correct medication to people at the right time.

We looked at people's records and saw the MARs were completed correctly. We also noted that members of the management team audited people's medication records and historically, where issues had been identified, these had been addressed in a timely way. In one instance, changes had been made to the guidance for staff to improve clarity, and discussion had taken place with the staff members concerned as part of their staff supervision.

Several members of care staff were attending medication training at the time of our visit, This was facilitated by the branch nurse at the office. Some told us they were new members of staff, who were completing the training as part of their induction. Others were long term, experienced staff, who told us they had previously completed training in the safe administration of medicines and this was an update.

Is the service effective?

Our findings

People we spoke with said staff had the skills and knowledge they needed to do their job well. They told us staff helped them maintain their independence.

One member of the management team co-ordinated training. We were told that new staff completed the company's induction training, and their individual training and development needs were assessed for any additional training needed. The branch nurse facilitated some of the training provided. On the day of the inspection we sat in on part of a training session the nurse was providing to staff regarding medication. The session was well prepared, well presented and informative.

Records and staff comments showed staff had undertaken a very comprehensive, structured induction when they were first employed and attended training including moving people safely, health and safety, infection control, dignity in care, and first aid. The registered manager told us new staff also shadowed an experienced care worker for at least 20 hrs 'in the field' before working on their own. One care worker told us, "The standard of training is very good." They listed some of the training they had completed, which included all of the necessary core subjects, along with training in end of life care and dementia.

All the staff we spoke with felt they had received the training they needed for their job roles. The records we saw showed that following their induction, staff had access to periodic e-learning training updates. This included pressure ulcer care, continence care, reablement and independence. Other training was provided, geared to meet the individual needs of people who used the service including catheter and stoma care, sensory impairment, Parkinson's disease and multiple sclerosis. Most of the staff employed had also completed a nationally recognised qualification in care.

The registered manager was aware of the new Care Certificate introduced in April 2015 and said the company was comparing their current induction against the care certificate to ensure it met the expected standards. They told us if any changes were required these would be implemented as soon as possible.

Staff told us they felt well supported. They said they could speak to the registered manager or one of the staff in the

office at any time to ask questions or gain additional support. Members of care staff we spoke with said they received regular supervision and an annual appraisal of their work. We found regular observation assessments had also taken place to make sure staff were following people's care plans and best practice guidance.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure that, where someone may be deprived of their liberty, the least restrictive option is taken. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw that relevant policies and procedures were in place. People's care records showed that people's capacity to make decisions was considered and if able to, they had signed their care plans to indicate they were happy with the planned care. If someone was unable to make decisions on their own other people had been involved in making decisions in the person's best interest.

The registered manager told us staff received training about the Mental Capacity Act during their induction. Staff we spoke with had a satisfactory understanding of involving people in decision making and acting in their best interest.

Some people we spoke with said members of care staff were involved with food preparation while other people did not require any assistance. Staff described how they encouraged people to be involved in choosing and preparing their meals if they were able to. We saw they had completed food and hygiene training as part of their induction.

Staff described how they would appropriately support someone if they felt they needed medical attention and recognised the need to pass information about changes in people's needs and any concerns about people's health to their managers immediately.

Is the service caring?

Our findings

The people we spoke with said members of care staff were caring and professional. They said staff were polite, respectful and treated them in a caring way. One person's relatives commented, "Yes [my family member] does look forward to them coming. Very happy enjoys their company."

Another person's relative said, "[A member of care staff] comes once a week and is lovely. [The staff member] brings CD and tapes and talks to [my family member] about them, Good Show.". They went on to say the staff member called to bring their dog and they were very happy about this. They added, "[The staff member] is helping to support us dealing with bereavement."

People were supported by individual members of care staff or a small team of care staff who knew them well. This was confirmed by people who used the service and their relatives. The staff we spoke with showed a good knowledge of the people they supported, their care needs and their wishes. They told us how care and support was tailored to each person's individual needs. They spoke of people in a caring way. For instance, one staff member said, "This is the best job I've ever had." They said this was because of the people who used the service.

People said they could express their views and were involved in making decisions about their care and treatment. They told us they had been involved in developing their care plans and said staff worked to the plans. For instance, one person said, "Yes we were involved, myself and my wife." Another person said, "I was involved, and with a social worker's input." People's care plans were individualised and included detailed information about their needs and preferences, backgrounds and beliefs, as well as their interests and hobbies to help staff understand the person better.

We asked people and their relatives if staff respected people's privacy and dignity and help people to be independent. Everyone said they did. One person said, "Yes. They are a breath of fresh air." Another person told us, "Yes they do. I had a bad experience elsewhere, but am now on the up with Rowan Care."

Staff showed they understood the importance of respecting people's dignity, privacy and independence. They gave examples of how they would preserve people's dignity. This included closing doors and curtains, and asking other people in the house to leave the room while personal care was provided.

Is the service responsive?

Our findings

People who used the service told us they were happy with the care provided and complimented the staff for the way they supported them. The relatives we spoke with were also complimentary about the care provided. For instance, one person's relative said, "Everything is going fine. We are very happy with the service provided by Rowan Care and their carers for [our family member]."

When we asked if the service was flexible to meet people's changing needs we were told it was. All the people we spoke with confirmed a full assessment of their needs had been carried out prior to them receiving care.

Staff we spoke with said each person had a file in their home which outlined the care and support they needed as well as provided information about how the service operated. This was confirmed by all of the people we spoke with.

The care records we saw included detailed information about the areas the person needed support with and how they wanted their care delivering. Care plans were easy to understand and provided good detail about the person's needs, likes, dislikes and interests. They were individual, providing staff with good guidance and details about any specific areas where people were more at risk.

People confirmed they, and if appropriate, their relative had been involved in planning their care. Where possible

people who used the service had signed their care plans to show they agreed with the planned care. If they were unable to do so, a family member had signed the plan to acknowledge it met the person's needs. People told us they had also been involved in periodic care reviews, but said they could request a review at any time if their needs changed. For instance, one person said, "It's an annual thing, we sit down for a review. Ad hoc stuff, I phone them in between."

Staff we spoke with said they felt the care plans provided very good detail. One care worker told us, "The plans are detailed and help you get to know people's needs. You get to know the real person, because you work with them consistently."

The company had a complaints procedure, which was included in the information pack given to people at the start of their care package. We checked the complaints file. There was a system in place to document concerns raised, what action was taken and the outcome. Three complaints had been recorded since 2013 and these had been investigated fully and responded to appropriately. The staff we spoke with said they would report any concerns to the office straight away. They told us how they would raise concerns on behalf of people who felt unable to do so themselves.

The people we spoke with told us they would feel comfortable raising a concern if they needed to, either with the registered manager or the office staff.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. The people who we asked knew who the manager was and one person told us, “[The manager] came out to see me and discussed the package. She set everything up.”

People who used the service, and the relatives we spoke with, told us they were very happy with the service provided. We also saw complimentary letters and cards had been sent to the company praising the care staff had provided and how care packages had been organised.

The registered manager told us they used surveys, phone calls and care review meetings to gain people’s views about how the service was operating. One person said, “Telephone interviews checking I’m happy. They have phoned at least twice, and we had a face to face meeting in the first three months. Emails as well.” The questionnaires we saw from a recent survey showed that people were happy with the service they or their relative received.

We found the company had a clear staff structure which helped to make sure people received a smooth service. Staff told us meetings were held periodically where they were provided with information, discussed any issues they had and shared experiences. They said they also had informal chats with the management team when they needed to talk something through or required additional support. We looked at the minutes from recent meetings. We also saw copies of the company newsletter, which was used to share information with staff and people who used the service.

We saw a system was in place to monitor how the service was operating and staffs’ performance. This included audits being completed locally and by the company’s head office, as well as observational assessments of how staff were working. For example, recruitment files included a checklist used to make sure all essential checks and processes had been followed when new staff had been employed. We also found activity logs were audited to make sure care staff were completing them correctly and there were no changes in people’s needs.

The registered manager and several staff members told us there was a strong culture of learning from incidents, complaints and mistakes and using that learning to improve the service. We asked staff if there was anything they felt the service could improve. They said that they enjoyed working for the agency and were happy with how it operated. All staff praised the management team for their knowledge of people’s needs and the challenges of the job and one staff member said the registered manager was, “Fantastic.”

When we asked if there was any way people felt the service could improve only one person raised an issue they described as a minor irritation and we shared this with the registered manager. Other people said they could not think of anything that needed to be improved. For instance, one person said, “No. 100%” and another person told us, “No, I quite happily say no.” Other comments included, “Carry on as they are going. If it isn’t broken don’t fix it”, “It’s fine” and “If anything [the staff] are a breath of fresh air for me. They try to accommodate everything I need. They are quite fluid, working with me.”