

Roses Healthcare Ltd

Roses Healthcare

Inspection report

67 Lorraine Crescent
Northampton
Northamptonshire
NN3 6HW

Tel: 07522106424

Date of inspection visit:

10 January 2023

11 January 2023

12 January 2023

16 January 2023

20 January 2023

Date of publication:

07 February 2023

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Roses Healthcare is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection the service was primarily providing respite support for families of children and young people with learning disabilities and autism. There were 5 people using the service when we inspected.

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

Right Support: People and their families were happy with the support they received from the staff who supported them to access fulfilling activities and gain new experiences.

Personalised risk assessments gave clear strategies for staff to follow in keeping people safe, whilst enabling people to be as independent as possible.

Staff were skilled in recognising signs when people experienced emotional distress and knew how to support people to keep them safe. Effective systems were in place to closely monitor incidents and prompt action was taken to mitigate the risk of repeat incidents.

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. People were involved with their care and supported to build and develop meaningful relationships. Any complaints or concerns raised were listened to and action taken to address them. The provider used feedback to develop and improve the service.

Right Care: People's support plans were personalised, and people were supported to express their individuality. The staff team were understanding towards the people they supported and were passionate about the care they gave.

People's dignity was respected, and people had the opportunity to try new experiences, develop new skills and gain independence. Staff supported people to pursue educational and leisure interests. A relative said, "The support given has exceeded our expectations."

Right culture: People were at the heart of everything the service did. Management and staff were focused on providing individualised care and achieving good outcomes for people and their families.

People were valued and staff encouraged to champion equality, respect and dignity and treat people with warmth. Staff received training on equality and diversity that was embedded in supporting people's protected characteristics. People were supported to follow their cultural beliefs.

The management team had the specialist skills, knowledge and experience to perform their roles and had a clear understanding of people's needs. Systems and processes were in place to monitor the quality and performance of the service.

There was good communication between, staff, management and families. People and staff were listened to and encouraged to give their feedback about the service. The manager was committed to driving improvement and provide the best care and outcomes for people.

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

Rating at last inspection

The service was inspected but not rated (published 5 April 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Roses Healthcare

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 Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by 1 inspector

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The Nominated Individual was in the process of submitting an application to register.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 January 2023 and ended on 20 January 2023. We visited the location's office on 10 January.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and commissioners who work with the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection

During the inspection

We spoke with 3 relatives of the children and young people using the service to find out their experience of the care and support provided. We spoke with 7 members of staff including 4 care workers, the service manager, training and culture development manager and the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records which included 2 care plans, 3 staff recruitment files and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we did not rate this key question because the service was newly registered. At this inspection the rating for this key question is Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely and were protected from the risk of harm. Staff knew what signs to look for to keep people safe.
- Staff received safeguarding training and knew how to recognise and report any concerns of abuse. There were up to date procedures and information available to support them.
- The manager understood their responsibilities to keep people safe and knew to notify the relevant authorities if any safeguarding issues arose.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified and plans were in place to mitigate the risk. This meant people lived safely and free from unwarranted restrictions.
- Staff had the knowledge and skill to recognise signs when people experienced emotional distress and knew how to support people to keep them safe.
- The management team were proactive in reviewing risks and putting training in place for any new identified risk. For example, when one person had a newly diagnosed health condition a detailed risk assessment was put in place and training delivered to staff, which ensured they knew what they needed to do to keep the person safe.

Staffing and recruitment

- Relative's told us they were happy with the staff who came to support their loved one.
- People were safeguarded against the risk of being supported by unsuitable staff because there were appropriate recruitment practices in place. Staff were checked for any criminal convictions and satisfactory employment references were obtained before they started to work for the service.
- There were enough suitably qualified, experienced and skilled staff to provide people with safe care and support.

Using medicines safely

- At the time of inspection one person was receiving support with medicine to be taken as and when required. The provider had a protocol in place for staff to follow.
- The provider had systems and processes in place to support with more medicine management if required in the future.
- Staff had been trained in the administration of medicines.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- Staff used personal protective equipment (PPE) effectively and safely.
- The provider had an up to date infection, prevention and control policy in place.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong, and the provider used the opportunity to reflect and look at ways to improve the service. For example, following a complaint involving cancelled or missed care visit the provider had reviewed the procedure with staff as to what they needed to do if a family cancelled a care visit or when they could not get to a visit.

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 our last inspection we did not rate this key question because the service was newly registered. At this inspection the rating for this key question is Good. 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 needs were assessed before the service took on their care and support. People along with their families were fully involved with the assessment process. One relative said, "There is good communication with us as a family and loved-one's social worker."
- People had care and support plans that were personalised, holistic, strength-based and reflected their needs and aspirations. Care plans had evidence of people's goals and how these were going to be met. One relative said, "We are impressed with the care plan, very comprehensive."
- People, their families and staff reviewed the support plans regularly together and the provider sought feedback from families to ensure the plan in place was fully meeting the person's needs and expectations.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training appropriate to their roles and responsibilities. One relative told us how proactive the service had been in providing training on a newly diagnosed health condition.
- All staff were encouraged and supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles and the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff completed an induction which included shadowing more experienced members of staff to ensure they had the knowledge and skills to carry out their roles and responsibilities. One staff member said, "There is lots of training it is very good; I have done training for safeguarding children and young people, learning disability and autism, manual handling. The manager pushes training and if we don't do it, we can't work."
- Staff received regular supervision and were encouraged to develop their knowledge and skills. One staff member said, "Supervision is an opportunity to talk things through and get help to work things out."

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

- At the time of the inspection the people being supported were children and young people who lived with their parents. Their parents had the responsibility of providing a balanced diet.
- People's choices and preferences in relation to food and drinks was included in their care plans.
- Staff were aware of people's dietary requirements and cultural needs in relation to the foods they ate.

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

- The service worked closely with social care and health professionals. One family told us they were pleased with the level of communication the service had with the social worker.
- Staff knew to contact health professionals in an emergency.
- The service was pro-active in seeking advice and support from health professionals to ensure they had the information required to support people with specific health conditions.

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 MCA 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

- As the service was only supporting children and young people at the time of this inspection consent had been sought from parents and was documented within the care file.
- Staff knew to seek consent from the person when undertaking activities with them.
- Staff had received training in Mental Capacity.

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 our last inspection we did not rate key question because the service was newly registered. At this inspection the rating for this key question is good 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; Respecting and promoting people's privacy, dignity and independence

- Feedback from families was positive about the care the person received. Staff were described as good and understanding. In our conversations with staff their passion to provide a good service and support people as individuals came across.
- People's care plans contained information about the person including their likes and dislikes, and religious beliefs. All staff received training in equality and diversity and were supported by a detailed policy. They were encouraged to champion equality, respect and dignity and treat people with warmth.
- Staff knew the need to follow the care plan. On relative said, "It's important the staff keep to the care plan, thus far they have which is good for [name of young person]."
- Staff were respectful of people's homes. Relatives commented staff always asked permission to enter a person's room or living space and respected their wishes such as taking off their shoes when entering the house.

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

- Care plans included people's preferences and how they wished to be treated. In one person's plan it explained the person liked routine as they felt more comfortable. Staff we spoke with confirmed they knew this to be the case for this individual.
- Staff told us they involved the person as much as they could and their family in deciding what activities they wished to undertake.
- No one being supported currently required the support of an advocate. An advocate is someone that helps people to speak up about their care. However, the manager told us they would support people to access advocacy services should they need to.

Is the service responsive?

Our findings

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

At our last inspection we did not rate this key question because the service was newly registered. At this inspection the rating for this key question is Good. 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service met the needs of people using the service, including those with needs related to protected characteristics.
- People's care was personalised. At the time of the inspection the main aim of the service was to deliver respite care for families with children and young people. Families told us they felt staff were responsive and support was tailored to their individual needs.
- People, their relatives and social care professionals had been involved in creating and updating care plans. Care plans were detailed and regularly reviewed to ensure staff had all the information required to offer care and support specific to the person's needs and wishes.
- People were supported to access activities in the community. One relative commented how important it was for their young person to be out with young carers, so the person accessed activities age appropriate. The person had been supported to go shopping and to arcades and play crazy golf all of which had made them very happy.
- Families looked to the service to be innovative and give people new experiences, so they lived as fulfilled a life as possible.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified at the initial assessment stage and described in people's individual care plans. This included information regarding any visual or hearing aids required and if a person was able to communicate verbally. For example, we read in one person's care plan who was non-verbal the person would guide and show staff what their wishes were. For another person they used gestures and the Picture Exchange Communication System (PECS).
- Staff communicated with people in their preferred way. One staff member said, "You get to recognise people's expressions and behaviour to know what they need."
- The manager was able to explain the alternative formats available for written communication, such as large print, easy read or translating into another language.

Improving care quality in response to complaints or concerns

- People and their families knew how to raise a complaint and who to speak with. There was a complaint policy and procedure in place with an easy read version in people's care plans.
- The provider had responded promptly to the one complaint they had received and had taken action to address the issues raised. Lessons were learnt and a review of policy was undertaken, and staff had attended further training around Professional boundaries.

End of life care and support

- At the time of the inspection the service did not provide End of Life care.
- The provider had a plan to develop a specific End of Life Policy and work with families to introduce awareness using guidance from the NHS around End of life care.

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 our last inspection we did not rate key question because the service was newly registered. At this inspection the rating for this key question is Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the time of the inspection there was no registered manager. The Nominated individual told us they would be submitting an application to the Care Quality Commission (CQC) to be registered as the manager.
- Systems and processes were in place to monitor the quality and performance of the service. Audits of records had recently been put in place and needed to be embedded. The provider was aware for the need to fully embed the systems to help drive improvements.
- Staff were clear about their roles and responsibilities towards the people they supported and felt supported in their role. They had regular supervisions, which ensured they provided the care and support at the standard required.
- Staff spoke positively about the management team. One commented how hard the managers worked but also brought fun to the workplace.

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

- People were at the heart of everything the service did. Management and staff were focussed on providing individualised care and achieving good outcomes for people and their families.
- Staff felt supported and able to raise any issues or concerns they may have without fear of what might happen as a result. Staff told us, they felt supported and respected at work.
- The manager was visible and available within the service, at times working alongside staff to provide the care and support needed. This enabled the manager to fully understand the needs of the people and challenges the staff may face.

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 provider understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.
- The manager understood information sharing requirements, and knew when concerns had been identified, appropriate notifications should be sent to the CQC and the local authority as required by law.
- Staff told us there was information available about how to whistle-blow. This ensured they knew how to raise concerns with the local authority and the CQC if they felt they were not being listened to or their concerns were not acted upon.

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

- The provider sought feedback from families using the service. One family member commented, they had made a suggestion on how the service could be improved, they felt listened to and were told their suggestion was being considered.
- Staff were encouraged and enabled to give their feedback. They felt listened to, one said, " I know if I speak up things will change, I raised a complaint and [name of manager] sorted things straight away."

Continuous learning and improving care; Working in partnership with others

- The provider worked with the Local Authority and Children's Trust. Feedback received confirmed the provider was open and responsive to ways of improving the service.
- Consideration was being given to involve people and their families in the recruitment of new staff in response to help families to feel more involved and in control as to who would be caring and supporting their child or young person.