

Rosemont Care Limited

Rosemont Care Medway

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected this service on 05 October 2016. The inspection was announced.

Rosemont Care Medway is a domiciliary care agency which provides personal care and support for adults in their own homes. The agency provides care for people in the Medway area. At the time of our inspection they were supporting approximately 82 people who received support with personal care tasks.

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

The provider did not follow safe recruitment practice. Gaps in employment history had not been explored to check staff suitability for their role.

Risks to people's safety and wellbeing were not always managed effectively to make sure they were protected from harm. Risk assessments had not always been reviewed and updated when people's health needs changed.

Effective systems were not in place to enable the provider to assess, monitor and improve the quality and safety of the service. The provider was not aware of the concerns we found at the inspection.

People's medicines were not always well managed and recorded. There was no evidence that medicines records had been checked and audited, we found gaps on one person's medicines records. We made a recommendation about this.

Staff were not given clear information about how to report abuse. The safeguarding policy did not give staff all of the information they needed to report safeguarding concerns to external agencies as it related to the provider's other service. Staff had a good understanding of what their roles and responsibilities were in preventing abuse.

People's care plans did not always detail their life history and important information about them. Some care plans did not detail what people's preferred names were. One care file did not contain a care plan at all, which meant that staff did not have the necessary information to provide care and support.

The provider's training records contained gaps and omissions which did not tally with staff training certificates. Training had not always been provided to staff in relation to meeting people's assessed needs.

Staff had mixed understanding of the Mental Capacity Act 2005; however they could describe and demonstrate how they provided people with choice and respected decisions. Some care records did not

follow the principles of the act.

People had not always been given a choice of the gender of their staff who would provide them with support. We made a recommendation about this.

Records did not all show that the provider complaints policy had been followed in relation to acknowledging the complaint, investigating the complaint and responding to the complaint. We made a recommendation about this.

There were enough staff deployed to meet people's needs, people told us that most staff arrived on time for their care and support however there were times when staff were unavoidably late through traffic or issues relating to emergencies.

People told us staff were cheerful, kind and patient in their approach. Staff treated people and their families with dignity and respect.

Staff received support from the management team, they were encouraged to complete work related qualifications. Staff received a planned induction into their roles.

Some people received support to prepare and cook meals and drinks to meet their nutritional and hydration needs.

People were supported by staff to be as independent as possible.

People gave us positive feedback about the support they received. People's care records evidence that people received medical assistance from healthcare professionals when they needed it. Records evidenced that the service had responded to people's changing needs as they had contacted people's GP to request visits, contacted pharmacies, paramedics and district nurses when necessary.

Staff showed us that they understood the vision and values of the organisation; all staff gave examples of providing support to enable choice, control, rights and independence. Feedback gained from people and their relatives evidenced that staff put this in to practice whilst they delivered care and support.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 not safe.

Risks to people's safety and welfare were not always well managed to make sure they were protected from harm.

Staff did not have all the information they needed to safeguard people from abuse.

Effective recruitment procedures were not in place; records relating to employment were not complete. There were enough staff deployed to meet people's needs.

People's medicines were not always well managed and recorded. There was no evidence that medicines records had been checked and audited.

Inadequate ●

Is the service effective?

The service was not consistently effective.

Staff training records were not complete and did not detail if staff had received all of the essential training they needed. Staff had not completed additional training to help them meet people's assessed needs. Staff received supervision and spot checks. Staff were enabled to gain work based qualifications.

People received medical assistance from healthcare professionals when they needed it.

Staff had a mixed understanding of the Mental Capacity Act (MCA). MCA assessments had not always followed the principle of the act. However staff knew how to support people to make decisions.

People had appropriate support when required to ensure their nutrition and hydration needs were well met.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

The staff were kind, friendly and caring.

People were treated with dignity and respect.

People's care records were securely stored.

Is the service responsive?

The service was not consistently responsive.

People's care plans were not person centred. Care plans did not always detail people's important information such as their life history and personal history. One person did not have a care plan.

A complaints policy and procedure was in place, this was detailed in each person's folder they received when their care package started, and people knew how to complain. Only one out of five complaints received had been dealt with in line with the provider's complaints policy.

People had been asked their views and opinions about the service they received.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

There were no systems in place to assess the quality of the service. The provider and registered manager had not carried out checks on the service so they were unaware of the issues within the service.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

The registered manager was aware of their responsibilities in relation to reporting incidents to CQC.

Requires Improvement ●

Rosemont Care Medway

Detailed findings

Background to this inspection

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

This inspection took place on 5 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of two inspectors, one of whom made calls to staff. An Expert by Experience made telephone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses domiciliary care.

Before the inspection, we reviewed notifications we had received. A notification is information about important events which the service is required to send us by law.

We telephoned eight people to ask them about their views and experiences of receiving care. We spoke with five relatives on the telephone. We spoke with nine staff during the inspection, which included the registered manager and the director. We telephoned three staff members to interview them.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority care managers and commissioners.

We looked at eight people's personal records, care plans and medicines charts, risk assessments, staff rotas, staff schedules, seven staff recruitment records, meeting minutes, policies and procedures.

We asked the registered manager to send us additional information after the inspection. We asked for a copy of the training matrix and copies of policies and procedures. These were received in a timely manner.

The service had been registered with us since 20 July 2016. This was the first inspection carried out on the service to check that it was safe, effective, caring, responsive and well led.

Is the service safe?

Our findings

People told us they felt safe in their home, and they felt their valuables were safe. Comments included, "The carers are very good"; "They are doing their best to help me, one can't complain"; "Yes we are safe, we are here all the time and the fact it's the same one [staff member] helps, we don't have any concerns" and "Yes I feel quite safe, no problems at all. Many a time I am lying on my bed, they always call out and make sure I am alright".

Relatives told us that they felt their family members received safe care. Relatives told us they felt comfortable with the staff as they did not wander around their homes to other rooms and provided the care that was required of them. Relatives gave us mixed feedback about the continuity of care staff. Comments included, "I find the main carer absolutely brilliant, some of the others are young and not so experienced"; "They are very good so far. This one [service] seems to be good with their timekeeping and are very thorough with personal care" and "Yeah I am happy enough with them, they have not let us down and if we change time they are happy to cooperate".

Robust recruitment procedures were not always followed to make sure that only suitable staff were employed. Six out of seven employee files showed there were gaps in employment history. One new staff member had a gap of 27 years in their employment history which had not been explored. Two other application forms showed gaps of seven years. Records did not evidence that the provider or registered manager had explored reasons for these gaps. Employer references had not always been followed up and checked. The provider's recruitment policy stated, 'Two written references must be supplied, one being the last employer. References should not be accepted from a family member or personal friend'. This policy had not been followed; two staff files contained personal references only. One staff member had worked for a period of two months without a relevant check through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The staff member had not worked alone in this time but the provider had not put in place risk assessments to reduce the risks to people. This meant that the provider and registered manager had not carried out checks to ensure the staff member was suitable to work around people who needed safeguarding from harm.

The failure to follow safe recruitment practices was a breach of Regulation 19(2)(a)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Potential risks to people and staff had been assessed and recorded however it was not always clear what action staff should take to reduce risks. The risk assessment covered any risks which were involved in providing people with the support they required within their home. Environmental risks involved within peoples internal and external environment of their home had been assessed such as the safety of the flooring, wiring and fire risks. The fire risks did not detail that the provider had checked whether smoke detectors were in place and if these were in working order. The provider's fire policy stated that the provider will 'advise service users of the need for smoke alarms and facilitate their purchase and installation where ever possible'. Risks had also been assessed regarding moving and handling, falls, abuse, infection control

and burns. We noted that action required to reduce the risk to people had not always been included. For example, one person's risk assessment reported that there was worn or loose carpets/rugs. There was no action recorded to reduce the risk to the person or the staff. Another person's care file detailed that they could become agitated and aggressive at different times of the day as they were living with dementia. We read one report written by a staff member who had experienced threatening and challenging behaviour towards them by the person. The person's risk assessments did not detail what action staff should take to support the person if they became agitated and did not show what action staff should take to protect themselves from harm. Staff responsibilities and people's abilities to evacuate if there was a fire had not been included in the risk assessments.

The provider and registered manager had failed to adequately assess and mitigate risks to people and staff. This was a breach of Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were not given clear information about how to report abuse. The provider's safeguarding policy was not up to date and did not contain information relevant to staff working with people in Kent. It detailed contact numbers and information for Essex local authorities which were relevant to the provider's other service. This meant that staff did not have up to date and relevant information about how to raise safeguarding concerns. The policy did not link to the Kent and Medway local authority safeguarding adults policy, protocols and procedures which would have provided detailed and clear guidance to staff about signs and symptoms of abuse. The provider had a copy of the local authority safeguarding policy, protocol and procedure for Kent and Medway. These policies provide guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager understood their responsibilities and knew to report safeguarding concerns to the local authority. Safeguarding concerns had been reported appropriately. Staff understood the various types of abuse to look out for and knew who to report any concerns to in order to ensure people were protected from harm. One staff member said, "Safeguarding [training] was part of our induction" and another said, "If staff reported a safeguarding issue I would pass on to supervisor, manager or registered manager or CQC and write a report".

This failure to establish systems and processes to safeguard people from abuse was a breach of Regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received support with their medicines if they needed it. There were different types of support given, these were prompting, assisting or administering. Some people received support from their relatives with their medicines. The provider's medicines policy dated May 2015 detailed that 'All omissions or issues regarding a medication administration record must be reported to the Care Manager immediately and an incident form must be completed'. The policy also stated 'Rosemont Care respects the client's rights to consent to any medication procedures at all times. If the client requires support with medication they are asked to complete a medication authorisation form at the initial Rosemont Care assessment, and will be consulted prior to any medication procedure to ensure their consent to any medication support given by Rosemont Care. If a client is unable to sign the medication authorisation, then Rosemont Care will ensure that a representative will sign on their behalf to agree the care and support with medication where capacity may be an issue'. We viewed completed medicines administration records (MAR charts) for one person. There was no evidence to show they had been checked and audited. We found gaps on the MAR charts which did not have a valid reason or code. Records did not detail that staff had reported gaps and omissions in line with the policy. Three people's care records contained medicines assessments that had not been signed by the person or their representative. This meant the provider's medicines policy had not been followed.

We recommend that the provider puts in place systems and procedures to ensure that medicines are appropriately managed.

The provider's medicines policy gave clear direction to staff about their roles and responsibilities in relation to medicines administration. Staff we spoke with had a good understanding of their roles in relation to medicines. One staff member said, "I give out medication in three different ways; 1) prompting when I just remind them. 2) I take it out of a filled box and check it on the sheet and sign for it. 3) Is when it is in the original packing, I check that with the sheet and I have to sign then as well. If there were gaps on the sheet I would tell the supervisor".

There were suitable numbers of staff on shift to meet people's needs. The staffing schedule for each person showed that consistent staff were allocated to work with people; this meant people knew who was coming to their home to provide them support. People told us staff mainly arrived on time. Comments included, "Sometimes they are held up in traffic, but they are pretty good"; "Oh yes they are reliable, they are very good" and "They have been very good. I've been quite impressed. There are two particular things, we have a regular carer (unless it is their day off) and also very good with timing, so we can plan our time. You can set your watch by them". The provider and office staff told us that new staff were being recruited and some were in the process of induction, this would enable the service to meet demand and need when referrals for care came through.

Staff were provided with appropriate equipment to carry out their roles safely. For example they were issued with gloves, aprons, shoe protectors, uniforms, hand gel and identity badges when they started. Staff confirmed that they could access more equipment when required. There was a stock of personal protective equipment (PPE) kept in the office which staff could access regularly to stock up.

Is the service effective?

Our findings

People told us the staff were well trained. People that had received a service for some months had received visits from the management team to check on the quality of care the staff provided. Comments included, "They are very good"; "They are very good, very proficient and caring. I've no complaints at all"; "They [staff] know what they are doing" and "They [service] have sent some lovely people here I must admit".

Relatives told us they were pleased with the support provided by staff, they felt their family members received effective care. One relative told us that whilst they were very happy with their family member's normal staff, when this staff member was off, they were not always happy with the replacement staff. The relative gave examples of incidents that had occurred in relation to inexperienced staff members not knowing their family member well enough which put them at risk of harm. One relative commented that their family member doesn't always understand the staff because their family member had difficulty hearing and some staff did not speak English as a first language.

There was no evidence to show if staff had received all the relevant training to enable them to meet people's needs. The providers training records had a large number of gaps. For example, 34 staff were listed on the training records but only four staff (all of which had not yet started their employment) had completed safeguarding training. We asked the registered manager about this and they told us, "All the staff have completed the safeguarding module". The training records showed that 32 out of 35 staff had attended moving and handling training and medicines administration training. Food hygiene training had been undertaken by 16 staff and 17 staff had attended basic first aid training.

The provider's 'Challenging behaviour policy' described challenging behaviour and listed what staff should do if a person displayed behaviour that others may find challenging. The policy stated that staff will be trained in conflict resolution and physical intervention. The training records showed that no one had attended training in relation to dementia care, catheter care, diet and nutrition, challenging behaviour, communication and sensory impairment. A staff member had not known what to do when a person had become challenging and aggressive towards them. The incident record detailed that they were frightened. When we questioned the registered manager about this they said, "All the staff have completed the mentioned modules in the care certificate".

Staff we spoke with were knowledgeable about some subjects such as safeguarding people from abuse and infection control. Staff told us, "I was provided with training that means I know how to care for people, I had some experience. The dementia training was very basic"; "I have been given training since I am back, so far it has covered everything I need to know, we did talk about dementia but it was not proper in depth training, just so we know what they may be like, that sort of thing". One staff member said they could "Definitely ask for more training" if they felt they needed it. Two staff confirmed they had attended catheter care training but had not done training in dementia and diabetes, one of these staff worked with a person who was living with dementia.

The seven staff files we viewed contained some training certificates. These showed that these seven staff

had attended infection control training and other mandatory courses as part of their induction. The provider's training records evidenced that 31 out of 35 staff had received three days training as part of their induction. All of the staff we spoke with told us that they had completed induction training. We observed that planned induction training was taking place at the offices during our inspection. Staff told us about their induction. Comments included, "I spent three days in the office we did all sorts of training, I remember we did medication, first aid, hoisting, using a slide sheet, infection control, Health safety, safeguarding, dignity, and about care and recording things"; "I did do induction training, I had filled out work book and got it signed off. I did shadowing to for a few days. I found it useful" and "I did not have this at first, then I had four days induction, it included, safeguarding medicines, communication, plus lots of other subjects, and how they work. I did a couple of shifts with someone else".

This failure to provide training for staff relating to people's needs is a breach of Regulation 18 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care staff received regular supervision with their line manager. Staff supervision is a one to one meeting with a manager or senior member of staff. It is intended to enable managers to maintain oversight and understanding of the performance of all staff to ensure competence was maintained. This assists in ensuring clear communication and expectations between managers and staff. Supervision processes should link to disciplinary procedures where needed to address any areas of poor practice, performance or attendance. The provider's supervision policy stated that staff would be provided with supervision every three months and they will receive at least one observational supervision per year. Staff files we looked at showed that staff had received regular supervision and spot checks had been carried out by the management team. Office based staff had not always had supervision meetings. Staff told us, "I had a spot check last week, they came out and watched me work, afterwards they told me what I could improve but mostly they said I was doing ok. I have not had a one to one [supervision] yet" and "I have had a one to one meeting, but I have not had a spot check".

Staff were supported to undertake qualifications relevant to their role, such as diplomas and National Vocational Qualifications (NVQ's) in health and social care.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Training records detailed that staff had not attended Mental Capacity Act 2005 (MCA) training; however staff told us they had completed this training. Staff evidenced that they had a mixed understanding of the MCA. Staff told us that they talked with people about their care to ensure that they knew what they were doing and to seek consent. Staff said, "Always assume service users have mental capacity unless they have had a mental capacity assessment. I explain to staff that they must always offer service user's choice. Choice of clothing, show them a couple of options of jumpers, cereals, encourage them to be active in all of their care, if they are able to wash face and body let them do that. Always gain consent"; "MCA I remember this it is about people choosing, like I bring two or three different meals for people to choose from. However they cannot always make more important choices, they may have dementia for example and need help with finances"; "Some clients do know what they want and are able to make choices about anything. If they do not have capacity so some else makes decisions for them" and "It is only for people over 18 years old. I find all people can make some decisions, little things like what they want to wear, eat or drink. It is other important stuff like finance that they may no longer be able to manage".

People's care records did not always follow the principle of assuming the person had capacity. One person's capacity assessment detailed that they had capacity but their relative needed to be consulted with all

decisions. Another person's care records showed that they had capacity to make decisions yet their relatives had signed their care plan on their behalf. Several capacity assessments were not decision specific.

The examples above evidence a breach of Regulation 11 (1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people received support to prepare and cook meals and drinks to meet their nutritional and hydration needs. People gave us positive feedback about the support they received. One person told us, "We had an omelette in the evening and they spoilt us [staff] because it was lovely". People's daily records evidenced the support they had received with preparing meals. Staff had recorded when they had left additional drinks out for people to have to ensure they did not become dehydrated. Staff recorded in detail meals eaten by those people who were at risk of malnutrition. For example, one person's meal records showed where they had eaten the whole meal or part of it and where the calorie content of the meal was known this was also recorded. Staff described how they supported people to make choices at meal times. One staff member said, "I have one client who has a meal, I take three out of the freezer and ask which one he fancies then I cook it in the microwave. I also give them plenty of fluids, that is very important for older people". Another staff member told us, "They [people] tell me what they want or I ask them. I have a look in the fridge and freezer and offer alternatives". This meant people received good care and support in relation to their food and fluid intake.

People's care records evidence that people received medical assistance from healthcare professionals when they needed it. Staff contacted the office to inform the management team when any changes in people's health had been noted. Records evidenced that the service had responded to people's changing needs as they had contacted people's GP to request visits, contacted pharmacies, paramedics and district nurses when necessary. One person told us that they had become unwell and contacted the emergency services themselves, they detailed how the staff member had arrived to provide care and found the ambulance crew there. They checked to see whether the person needed support and spoke with the crew. The person said staff had rung NHS direct on a number of occasions for them. Another person said, "When I first arrived home from hospital I didn't want to do anything. I was in a bad state. Over the next few weeks I slowly picked up with my carer. I asked to go into town, and my carer said only if you feel up to it". A relative told us that their family member's health was improving and they felt they could discuss their family member's health needs with staff.

Is the service caring?

Our findings

People told us that the staff were kind, caring and respected their privacy and dignity. People spoke affectionately about their regular staff which showed that they had built up a good rapport and relationship. Comments included, "There are no complaints at all, they are patient and kind"; "Very caring. As far as I am concerned they put the patient first. The carer could have gone easy when their time was up, but they waited until the ambulance had arrived"; "Oh yes they are very careful with what they do and no complaints"; "It's very good, the carers are very good" and "I think they are lovely, they are very nice people".

Relatives told us that staff were kind and caring and were patient with their family members. One relative said, "Most certainly, yes, they always ask is there anything else they can do and talk to my family member rather than doing things to them". They went on to say that staff were approachable, courteous and did not rush. Another relative told us, "They get on so well". A third relative gave us good examples of the staff taking instructions from them or their family member well. They said, "My family member likes things a certain way and they take it on the chin. They continue to be polite and smiley when my family member was aggravated".

Staff were aware of the need to respect choices and involve people in making decisions where possible. A staff member told us they gave people choices, asked people what they would like and spoke with them. Staff gave people prompts and praise to ensure people were in control and encouraged people to make decisions. One staff member said, "I ask them, all the time I am asking them for example they may like a wash or a shower. I encourage them to make choices. Involve them all the time". Another staff member told us, "Treat people with dignity and respect, give people choice, as much privacy as possible. Introduce yourself and follow the care and support plan, involve them in their care. Respect any cultural needs and religious beliefs without passing judgement".

People had not always been given a choice of the gender of their staff who would provide them with support. Care records did not evidence that people had been asked their preferences in relation to staffing. One person told us they had not been asked which gender of staff they preferred. However they said, "To be honest I am not worried. They all do a good job".

We recommend that the provider seeks confirmation from people about their preferences.

Staff maintained people's privacy and dignity. Staff explained that they would close doors and curtains when providing personal care to people. Staff explained how they chatted to people whilst providing care which made people feel valued. All of the staff explained that they covered people with towels whilst they were assisting them with their personal care to protect their privacy and dignity. One staff member said, "We always must consider someone's privacy and dignity, we must remember we are in someone's home. I always think about how I would feel if someone was washing me for example. I would want to wash my personal areas of my body myself if I could. So I ask the person first, often if I get the flannel ready they can do this. I keep the person covered up as much as possible. I shut the door, close the curtain if necessary. I would ask other members of the family to leave the room. I talk to them about all sorts of things to try and

keep the person at ease".

People's care plans clearly listed the care and support tasks that they needed. Daily records evidenced that care had been provided in accordance with the care plan. People's care and support had been carried out as per their wishes. For example, if care plans stated they had four care visits per day, four care visits were recorded and detailed.

People and their relatives told us that staff supported them to maintain their independence. One staff member who was part of the office team said they, "We always tell staff the clients should always do as much as they can, they are only there to support". Daily records reflected that people were doing things for themselves. One staff member had recorded that a person had let them in when they arrived at the persons home and had already independently made themselves a meal. Some of the support the service provided was short term support to enable and rehabilitate people following a hospital stay and periods of poor health. Staff worked with people for up to six weeks to enable the person to regain confidence and independence.

Staff knew the people they supported well. The rota's evidenced that people had consistent staff providing their support. For example, people had a core group of staff that visited them in their homes to provide their care and support. Staff had a genuine interest in the people they supported. One staff member said, "I really enjoy visiting the people I care for, I like to chat with them, make them smile and get to know them. I love the stories they tell about their lives years ago, they are fascinating".

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in a locked filing room in the office to make sure they were accessible to staff. Files held on the computer system were only accessible to staff that had the password. The provider had a backup server and IT support to ensure that files could be accessed and recovered in the event of IT failure.

Is the service responsive?

Our findings

People gave us mixed feedback as to whether they had been involved in care planning and whether they had a care plan in place. One person told us they didn't have a care plan. They said "We have the same carer every time and they know what to do". However they went on to tell us when their regular member of staff was not working replacement staff didn't know what to do. They said, "When a colleague came they didn't know what was required. Although I could tell them".

People told us that the service was responsive to their needs. One person detailed that they had made changes to their care visit times and the staff had responded by contacting the office to make the necessary arrangements to the care plan and rota. People knew who to complain to if they needed to. People gave us examples of when they had contacted the office as they were concerned that staff had not arrived. The office staff had reassured people that staff were on their way and they had been stuck in traffic. One person and their relative detailed that the office staff had offered to visit them on one occasion to provide care as an alternative to waiting for the staff member. They said that it was, "More than I would expect". Another person said, "To be honest I haven't got any complaints, if it did come to the boil I suppose I would ring the office and make a complaint".

Relatives told us that staff followed their family member's care plan. One relative said, "There is a care plan". They went on to explain that staff followed this and wrote in the daily records each day to detail what they had done. One relative said "I re-read them [the daily notes] and they don't write anything down they don't do, they write what's on the tin".

A local authority care manager told us, "Rosemont have taken over a particularly complex case of mine. Since Rosemont have taken on the care package, things have settled and the service user is being managed successfully at home".

People's care plans did not always detail their life history and important information about them, which meant that staff did not always have clear guidance about what people's care needs were.. For example, details of important events, work history, relatives, favourite sports and activities, places they had lived and important people in their lives. Some care plans did not detail what people's preferred names were. One care file did not contain a care plan at all. We spoke with the registered manager about this and they explained that people who received short term care and support didn't have care plans. They told us staff followed goal plans that were put together by the local authority's Occupational Therapist (OT). Failing to include people's life history and other information meant that staff may not be able to develop a good rapport and engage people in discussions that are important to them, as well as not having a good understanding of people's lives. People and relatives had signed their care plans and consent forms to state they agreed with the packages of care. The provider's 'Care and support planning' policy states that each person will have an individual personalised support plan, which should set out objectives to be met and actions to achieve objectives. The service was not following the provider's policy.

The lack of person centred care planning was a breach of Regulation 9 (1)(a)(b)(c)(2)(3)(a)(b) of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Reviews had taken place of people's care packages. Records evidenced that people's care package had increased or decreased as required. People who had been using the service a short time and those receiving short term care and support had not been reviewed.

Relatives knew who to complain to if they needed to. Staff had a good understanding of their roles and responsibilities with regards to complaints. The provider had a complaints and compliments procedure. The complaints procedure was clearly detailed to people within their 'Home file', which each person received when they started to use the service. The home file also included an easier to read version of the complaints procedure. The complaints policy was available in the office. This showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included the Local Government Ombudsman (LGO) and the Care Quality Commission.

We viewed five complaint records. These showed that issues had been fully documented. However the records did not all show that the provider complaints policy had been followed in relation to acknowledging the complaint, investigating the complaint and responding to the complaint. Only one complaint had been responded to fully as detailed in the complaints policy. This showed that the person and their relatives had received an apology. We viewed quality monitoring records which had evidenced that people had received an improved service following complaints made. Complaints monitoring records had not been effectively maintained to evidence that the complaints had been thoroughly investigated and responded to.

We recommend that the provider seeks advice and guidance about the management of and learning from complaints.

The service had received compliments from people, relatives and health and social care professionals. One read 'She [mother] wants you to know how much she appreciates her main carers. They are unfailingly kind and considerate, and always cheerful. She says they brighten her day'. Another read, 'I wish to pass on how delighted and impressed I am with [person's] carers'.

People were encouraged to provide feedback about the service. The office based staff carried out telephone monitoring calls and noted down people's responses. We viewed the completed forms. Feedback was positive and showed that action had been taken to address issues when they had arisen. One monitoring record dated 14 September 2016 recorded positive feedback and the person had said, 'Excellent a lot better now have regular carers'. Another person's telephone monitoring sheet recorded, '[Person] is much more happy now the carer has been changed, all resolved and very happy'. The office based care supervisor also visited people in their home to review their care and gain feedback. The registered manager told us that they planned to send out annual quality assurance surveys to people and their relatives. These were due to be sent out in December 2016.

Is the service well-led?

Our findings

People gave us good feedback about the service and thought it was well led. One person told us, "I think so, to me they are very good and very pleasant and friendly", when asked whether they thought it was well led. Another person told us, "We are happy enough with the care" and a third person said, "Everything is perfect". One relative said, "She [registered manager] knows what she is doing". Other relatives that we spoke with were not able to give feedback in this area as they felt their family members had not been receiving care and support for long enough.

There was no evidence that monitoring systems were in place as there were no records of audits and checks carried out by the provider, registered manager or the management team. The registered manager was unaware of the issues we identified in the inspection in relation to staffing records, risk assessments, training, care plans and policies and procedures. We asked the registered manager why they didn't know what was happening on a day to day basis in the service and why they were not aware of the issues. They explained that they had been unwell for some time. They had not notified CQC that they were absent from their role. We challenged the registered manager about this and they told us they had been off for short time periods only. One staff member told us that the registered manager had been off for "Quite a while" and stated "We had three deputy managers whilst she was off". The registered manager told us, "With auditing we haven't been doing as much as we should have been and this is an area we are focusing on most now" and "I can assure you we will be taking this seriously".

The registered manager said they kept themselves up to date about important events and changes through the CQC website. However, the registered manager had not realised that the regulations changed in April 2015. They said they "Had totally missed the changes in legislation last year" and they planned to attend local registered manager forums when they come up.

Two weeks before our inspection the operations manager from the provider's other service had been brought in to provide support to the service. The operations manager told us they had identified some issues with the human resources (HR) files for staff and they had "Implemented a HR tracker" which will be put in place and completed regularly. They also told us they had implemented a key performance indicator (KPI) check and this will also be put in place for the deputy manager to complete. The operations manager agreed that there were no records evidencing that the provider and registered manager had been checking the service. They told us that medicines audits had been completed but they could not be found. Completed medicines records we viewed had not been audited and checked for errors and omissions.

Policies and procedures were not always fit for purpose and did not relate to the service. Some policies and procedures related only to the provider's other service in Essex, such as the safeguarding policy and the guide to support policy. Some policies and procedures had not been updated for some time; they referred to old regulations which were no longer relevant. The provider's website had not been updated to reflect that they now provided a service to people in the Kent area. The service information on the website detailed the Essex service only.

The registered manager and provider has failed to establish and operate systems to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 (1)(2)(a)(b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team assured us that checks were made of call monitoring records and timesheets to ensure that people received their allocated care and support. They told us that invoices for care were based on actual care and support provided and the provider's finance team sent invoices from the Essex based office.

Staff told us they felt that the management team were approachable and supportive. They felt there was an open culture in the service and they could ask for support when they needed it. One staff member said, "Feedback is taken on, they value feedback and support. Nice to be with a company that does support and listen. I'm really happy with management and how they are supporting its staff and I'm learning". Another staff member said, "I think that communication is good most of the time, and I certainly feel able to ask if I am not sure. I feel comfortable talking to anyone whether it's another carer worker or the manager. Everyone has been very supportive". Another staff member said, "There is an open culture in my view, I find there is always someone to talk to when I need them, and they never mind me doing this".

Staff meeting records evidenced that the management team met with care staff and office staff on a regular basis. One staff member said, "Had staff meetings, we had one this morning". Other staff said, "I have been to one meeting, they talked about all sorts of things. They discussed medication and making sure we record it, staff also talked about a pay rise. They also reminded us about logging in and out of each person we visit and making sure that the correct times are recorded" and "When we have team meetings the manager asks for our views on things. I feel the manager listens and the manager takes up some of what we say". The records showed that staff had discussed a range of subjects and felt confident to ask questions and make requests. The meeting records did not show which staff had attended the meeting. However the deputy manager told us that all staff received a copy of the meeting records. The deputy manager told us that the service held 'Carer of the month' awards. This was where staff who had completed mandatory training, received compliments from people, relatives and colleagues received recognition. They were also used to celebrate staff that had not taken sick leave and when a staff member had done something extra. The deputy manager explained staff received a certificate and a small gift; they were awarded with these in a staff meeting.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff explained they could report any concerns to the management team, registered manager and the provider. The service had a clear whistleblowing policy that referred staff to report concerns directly to the provider or to CQC.

The provider's aims and objectives of the service were to deliver the highest standard of care and support to help people remain in their own homes, promote independence and safety and to respect people's rights, beliefs, dignity and freedom of choice. Staff showed us that they understood the vision and values of the organisation; all staff gave examples of providing support to enable choice, control, rights and independence. Feedback gained from people and their relatives evidenced that staff put this in to practice whilst they delivered care and support.

Staff told us that communication was good and they were made aware of significant events. The deputy manager told us they planned to send out a regular newsletter to staff to improve communication further. One staff member said communication was particularly good from the office staff if a person had been admitted to hospital. One staff member who was based in the office said "We have good communication

with Rosemont [Provider] and Hornchurch [provider's other service location]". Other comments included, "There is leadership in the agency there is the manager, and our care supervisors" and "I know the manager and all at office they are good to communicate when there are changes".

The registered manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries and safeguarding and death. We had received one notification relating to safeguarding.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People's care and support was not person centred and had not been assessed in line with their preferences. Regulation 9 (1)(a)(b)(c)(2)(3)(a)(b)</p>
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The principles of the Mental Capacity Act 2005 had not always been followed. Relevant consent to care and treatment had not always been gained. Regulation 11 (1)(2)(3)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider and registered manager had failed to adequately assess and mitigate risks to people and staff. Regulation 12(1)(2)(a)(b)</p>
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to establish systems and processes to safeguard people from abuse. Regulation 13 (2)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager and provider had failed to establish and operate systems to assess, monitor and improve the quality and safety of the services provided.</p> <p>Regulation 17 (1)(2)(a)(b)(d)</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not established and operated effective recruitment procedures.</p> <p>Regulation 19(2)(a)(3)(a)</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not received appropriate training in order to meet the needs of people they provided care and support to.</p> <p>Regulation 18 (1)(2)(a)</p>