

AVR (Oxon) Limited

Roses Care Services

Inspection report

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Ratings

| | |
|---------------------------------|------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Requires Improvement ● |

Summary of findings

Overall summary

Roses Care Services is a domiciliary care agency. It provides personal care to people living in their own homes in Banbury and the surrounding areas. Not everyone using Roses Care Services receives regulated activity of personal care. CQC only inspects the service being received by people provided with 'personal care'. However, we also take into account any wider social care provided. On the day of the inspection the service was supporting 38 people.

There was registered manager in place. 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.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good overall. We however found and the provider's quality assurance systems needed improving.

People told us they felt safe receiving care from the staff. Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Risks to people's well-being and their environment were assessed and recorded. There were sufficient staff deployed to keep people safe and people were supported by consistent staff. Where people needed support with taking their medicines, they were supported to receive these as prescribed.

People continued to receive support from suitably trained staff who had the skills and knowledge to carry out their roles effectively. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to maintain good health and to meet their nutritional needs.

The service continued to be compassionate and people benefited from meaningful, caring relationships with staff. People were treated with dignity and respect. People were supported to remain independent as much as possible.

The service remained responsive. People were supported by staff that knew people's needs. The team ensured people's changing needs were considered. People knew how to complain and were confident any issues would be dealt with promptly.

People knew who the registered manager was and told us they felt the service was run well. We however found the provider's quality assurance systems were not fully effective and needed improving. The provider sourced an external consultancy and was in a process of implementing improved systems. The provider sought people's views and opinions and acted upon them. The team promoted a positive, transparent and

open culture and staff told us they felt valued.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The systems in place to monitor the quality and safety of the service were not always fully effective.

The provider promoted open and transparent culture.

People and staff felt listened to and valued.

Roses Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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.

This inspection took place on 6 and 11 December 2018 and was an announced inspection. The inspection team consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We told the provider two days before our inspection that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in.

Before the inspection we reviewed the information we held about the service and the service provider. The registered 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 also looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we addressed any areas of concern.

We contacted seven people and two relatives by telephone. We looked at three people's care records and medicine administration records (MAR). We spoke with the registered manager, the Human Resources (HR) manager and two care staff. We reviewed a range of records relating to the management of the service. These included three staff files, staff communication newsletters, incident reports, complaints and compliments. We also contacted two external professionals to obtain their feedback about the service.

Is the service safe?

Our findings

The service continued to be safe.

People told us they felt safe with staff. One person we spoke with told us, "I feel very safe with the carers, they are very reassuring when they are here". Another person said, "They are absolutely lovely. All of them. And they make me feel very safe when they are here". Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. One member of staff said, "I'd report to the manager, they would take action".

Risks to people's well-being were assessed, recorded and managed well. Where people were identified as being at risk appropriate action was taken. For example, one person used mobility equipment and their care plan clearly stated the type of the equipment they used and that the person should be left with 'wrist alarm to call for help'. Another person had a hoist that would only be used in an event of an emergency and the person's care plan reiterated the importance of the equipment being safely stored and ready to use and fully charged. People's environments were also assessed in order to identify any potential risks in and outside people's homes.

Where people needed support to take their medicine the staff ensured people received these as prescribed. Medicine Administration Records (MAR) were completed accurately. People told us staff were vigilant when supporting them with taking their medicines. One person said, "They give me my tablets with my breakfast. There have never been any problems with them".

There were sufficient staff to keep people safe. Staff told us they had regular rotas and were able to provide continuity of care. No one reported any missed visit. The provider used electronic system to log in people's visits. The system was monitored on ongoing basis and it would flag up if a person did not receive a visit or staff were to be significantly late. People complimented staffing levels. One person told us, "They are usually within a few minutes (of the schedule). They have never missed a call in all the time I have been with them". Another person said, "Yes, they do generally arrive on time, unless they have been held up at a previous call, they would let me know anyway. They never let me down".

The provider ensured Disclosure and Barring Service checks (DBS) were completed to ensure staff were safe to work with people. Where we found a concern around staff references as the provider did not have a consistent approach in obtaining references to provide evidence of staff's character, the Human Resources manager took immediate action to address this.

There was a system for recording accidents and incidents. Appropriate action was taken when an accident occurred. The provider reflected on where things could have gone better and used the lesson learnt to improve the service. For example, following a concern around a missed visit a few years ago they now ensured one of the on-call staff checked the electronic system at the end of the working day but after the office hours to ensure all visits scheduled for that day were completed.

People were protected from the risk of cross infection. People told us staff were aware of infection control

and wore gloves, aprons and washed their hands regularly. The service had infection control policies and procedures in place and staff had access to gloves and other protective equipment.

Is the service effective?

Our findings

The service remained effective.

People's needs were assessed before they received support from the team. The provider's own assessment and where applicable assessment received from commissioners was used to inform people's care plan. One relative told us that the care package of the person was arranged by the social services and the service, "Done own assessment too".

People benefitted from staff that had the relevant training and skills to carry out their roles. People complimented the staff and felt staff were knowledgeable. Comments from people included, "I think they are very well trained and support me very well" and "They are well trained and they are also very knowledgeable about different aspects of caring for someone. I like the fact that new ones will shadow the others until they are ready work on their own".

There was evidence that the new staff were supported to complete an induction programme, including shadowing an experienced member of staff. The support was tailored to the employee's individual needs. It also ensured they were only allocated to work solo when they felt confident to do so. There were regular supervision sessions held and staff told us they were well supported. One member of staff told us that the managers were supportive and "Always approachable".

People's rights to make own decisions were respected. One person said, "Yes they do listen to me". One relative said, "They always listen to us as [person's] family and that is important to us. We are involved in every decision etc." People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received MCA training and understood how to support people in line with the MCA Code of Practice. One staff member said, "I need to respect people's wishes".

People were supported to access health professionals where required. For example, one person's care records showed staff contacted the person's GP as the person had swollen legs. On another occasion staff contacted the person's doctor as the person reported they could not sleep well.

People's dietary needs were assessed and care plans gave details on people's needs, including their preferred food. People we spoke with were mostly independent and required minimal support with their meals. However, one person told us, "They will prepare something if we are going to be out, or away". Another person added, "If I am not feeling well they will get me something to eat".

Is the service caring?

Our findings

The service remained caring.

People continued to compliment the caring nature of the staff. One person told us, "I am very happy with the care I receive, no problems at all they are very good carers". Another person said, "All of them are lovely ladies, brilliant carers". One person's relative commented, "They are very pleasant".

People benefitted from meaningful and caring relationships with staff. One person said, "I would say we know each other very well now. They just get on with it and know what to do". One relative commented, "They do know [person] well. (Member of staff) gets on really well with [person] and it makes [person's] day when (member of staff) comes".

People were treated with dignity and respect. Staff knew how to provide dignified support. One member of staff told us they would always, "Close curtain when changing the [person's] pad".

People's feedback confirmed they were treated with dignity and respect. Comments from people included, "They are very respectful to both of us", "They make it so easy having them here, the girls put me at my ease" and "They do treat us with respect. And they are happy to do whatever we ask of them".

People's needs including their diverse needs were respected. The provider had an equal opportunities policy that promoted treating everyone in an equal and respectful manner and staff received training around equality. Staff ensured they provided support to people in a way that met their individual communication needs. For example, staff told us they supported people with hearing aids in order to maintain good communication with people. One relative told us, "They are very respectful and treat [person] very well. It can be difficult because [person] is profoundly deaf, but they cope very well".

People were supported by staff to remain independent. Feedback from people confirmed this as the comments included, "I do try to be as independent as possible, they just do what I am not able", "I am very independent and always do as much as possible myself" and "Yes (they do promote independence) they always ask if I want to do something first". One relative said, "They wheel [person] to the bathroom and he will shave himself and wash his hands and face". One staff member told us, "It's not about this being done quicker, it's about people being independent".

Is the service responsive?

Our findings

People continued to benefit from responsive support.

People's care records contained information about their health, likes, dislikes and the details of the support people required during each visit. A consistent staff team ensured that staff knew people's needs well and were able to identify any changes promptly. People's care plans were reviewed on regular basis and updated when people's needs changed. One relative said, "[Person] does have a care plan, I was involved with it and it is reviewed regularly by them".

The service was responsive to people's changing circumstances. For example, on the day of our inspection the staff were observed ringing several people and staff trying to update the schedule of the visits due to one person needing an increased visit time.

People told us they had the support that met their needs. Comments from people included, "They know us very well now, they know how we like things doing" and "They just get on with it and know what to do". One relative said, "Yes, [person] is very comfortable with them and they do know him well. It works quite nicely for us".

People knew how to raise concerns and were confident that prompt action would be taken. People and their relatives told us, "I would ring (registered manager) if I had any problems at all. I have never needed to", "I feel very able if I needed to complain. But have never needed to, it runs very smoothly for us" and "We have never needed to complain about anything, any niggles are sorted out straight away".

The service's complaints policy was available to people. The registered manager had a complaints log but no formal complaints had been received since our last inspection. There were only two verbal complaints recorded that did not relate directly to the service provided by the team.

Staff ensured where people needed end of life care they worked closely with people's families and other professionals to ensure people had a comfortable, pain free and dignified death.

Is the service well-led?

Our findings

The provider's quality assurance systems needed improving.

The registered manager demonstrated good knowledge of the people they supported and staff they employed. They often worked along staff therefore were familiar with people, their needs and families. People praised the registered manager and the team. Comments from people included, "I know (registered manager) she is very nice and helpful", "Yes, lovely lady. Very helpful will do all she can for you" and "I speak to anyone in the office, they are all very, very helpful". One person's relative told us, "We know (registered manager) very well. She is very helpful and [person] calls her the boss".

The provider had various quality assurance systems, such as monitoring of the electronic visits login system, review of care plans, spot checks of staff and quality questionnaires to receive people's feedback. We however found some checks had been happening but were not always recorded. For example, the provider had no formal procedures in place to audit medicines records charts. The registered manager told us they checked these records on a regular basis and followed on any concerns with the staff if required however they appreciated this was not documented. There was also no overview of accidents and incidents. The registered manager reassured that only a small number occurred however this information was not available to us to view. The registered manager however had already sourced an additional support from a consultancy firm to enhance the systems and were going to start implementing improved systems in due course.

There was a clear staffing structure in place with everyone aware of their roles and responsibilities. Staff told us they could approach any of the senior staff for advice. The management were open and transparent and told us that due to unforeseen circumstances, for the last few months the team worked on reduced staffing levels. This meant as the care delivery took priority and management worked hands on, some of the office tasks, such as the issue around references we found, were compromised.

Staff were complimentary of the support they received from the office team. Staff told us, "Can't fault the manager. The company is good to work for, very friendly and accommodating. The staff are amazing". Staff were encouraged to attend team meetings and had a weekly newsletter that talked about any important issues and updates. One staff member told us, "Newsletter comes with (weekly) rota, keeps you up to date with what's been happening".

The provider sought people's views through spot checks and surveys. We viewed the most recent surveys results and the records showed people were happy with the care and support received from Roses Care Services. One person said, "Yes, we have had survey just recently. They usually send them about once a year".

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. The

service worked in partnership with the local health and social care teams.