

Rose of Sharon Care Services Limited

Rose of Sharon Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

This announced inspection took place at the provider's office on 27 April 2017 with phone calls undertaken to people with experience of the service on the 2 May 2017.

Rose of Sharon Care Services are registered to deliver personal care. They provide domiciliary care to people living in their own homes. People who used the service had a range of support needs related to old age, dementia and physical disabilities. At the time of our inspection 26 people received personal care from the provider.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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 arrangements for the administration of medicines we saw were adequate, however we found that Medicine Administration Records [MAR] generated by the provider were in need of more frequent update and needed more detailed information. People were protected from abuse because staff understood what action to take if they were concerned someone was being abused or mistreated. People's risks associated with their care were effectively managed. The systems in place ensured that staff recruited had the right skills, experience and qualities to support the people who used the service. People were supported by sufficient numbers of care staff who arrived on time and stayed for the correct amount of time allocated.

Care staff received an induction into their role before commencing work more independently. The provider ensured care staff had the correct skills to carry out their roles effectively. The management team carried out spot checks on care staff to ensure they were competent. Care staff used supervision as an opportunity to discuss areas where they needed support and review their performance. Consent was sought by care staff before they provided people with assistance in line with the principles of Mental Capacity Act. Referrals to relevant healthcare services would be made as required when changes to people's health or wellbeing were noted.

People were positive about the care staff that supported them. Care staff spoke with warmth and compassion about the people they supported. People and their family were involved in their care planning. Wherever possible people received their care from a small core group of care staff. People were treated respectfully by care staff who took practical steps to help them remain independent.

People's views and wishes were taken into account when planning care. Care staff fully involved people in deciding how they received their care. Care staff were knowledgeable about how people liked to be supported and what was important to them. Care records were reviewed regularly and updated as required. People knew who to contact if they needed to raise a concern or make a complaint.

The provider had failed to advise us of an incident that was reportable to CQC and other external agencies. Audits in place that were used to assess the quality and safety of the service were not always comprehensive in terms of what they were checking for. A clear management structure was in place and accessibility to support for care staff was available in and out of office hours. People's views and feedback was regularly sought to ensure they received quality care and that the service was run in the way that the provider would like it to be. Spot checks were undertaken by the management team on the support provided by care staff to people in their homes to ensure the care delivered was safe and of good quality.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Medicine Administration Records [MAR] generated by the provider were in need of update and the addition of more detailed information.

Care staff understood what action to take if they were concerned someone was being abused or mistreated.

Sufficient numbers of care staff were available to support people effectively.

Is the service effective?

Good 

The service was effective.

The provider ensured care staff had the correct skills to carry out their roles effectively.

Consent was sought by care staff before they provided people with assistance in line with the principles of Mental Capacity Act.

Referrals to relevant healthcare services were made as required when changes to people's health or wellbeing were noted.

Is the service caring?

Good 

The service was caring.

People were involved in their care planning.

People were treated respectfully by care staff.

Care staff took practical steps to help people to remain independent.

Is the service responsive?

Good 

The service was responsive.

Care staff fully involved people in deciding how they received

their care.

People knew who to contact if they needed to raise a concern or make a complaint.

Is the service well-led?

The service was not consistently well-led.

The provider had failed to advise us of an incident that was reportable to CQC and other external agencies.

Audits in place that were used to assess the quality and safety of the service were not always comprehensive in terms of what they were checking for.

People's views and feedback was regularly sought to ensure they received quality care and that the service was run in the way that the provider would like it to be.

Requires Improvement



Rose of Sharon 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 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 announced inspection took place at the provider's office base on 27 April 2017 with phone calls made to people with experience of the service on 2 May 2017. The provider was given 48 hours' notice that an inspection would take place so we could ensure they would be available to answer any questions we had and provide the information that we needed.

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

We spoke with five people who used the service and four relatives of people using the service. We also spoke with the registered manager, the care co-ordinator and four members of the care staff.

We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to four people by reviewing their care records. We reviewed two

recruitment files, three medication records and a range of records used in the monitoring of the effectiveness of the service; these included people's feedback and quality assurance audits.

Is the service safe?

Our findings

People spoken to who received support with their medicines were on the whole satisfied with how their medicines were managed by care staff. One person said, "My carer passes me my tablets and gets me a drink and when I've taken them, she puts in the records that they're done". The arrangements for the administration of medicines we saw were adequate, however we found that Medicine Administration Records [MAR] generated by the provider were in need of more frequent update and required a more comprehensive level of detail, for example the dose people were receiving of their medicines. This meant that care staff were not always provided with up to date information in relation to the medicines they needed to support people with. Care plans reviewed stated what medicines people were prescribed and the support they would need to take them. People told us they were reminded by care staff to take their medicines when they needed them. We saw and care staff spoken with told us they had received training in how to support people with medicines; they demonstrated to us they knew how to support people safely. MAR were signed by care staff when people took their medicines and these were audited monthly by the care coordinator. However the process used for auditing medicines management was basic and had failed to identify the need for action to be taken to improve upon and update the information contained in the MAR.

After our visit to the office we were notified of a safeguarding concern and allegation of abuse that the registered manager had been made aware of by relatives prior to our inspection. However, the registered manager had failed to share this information with us and when asked about this, had not identified the need to alert us to this issue and investigate the claims accordingly. This meant that they had failed to meet the requirements of their registration with us. We approached the registered manager after our inspection about this issue and they advised that they had intended to treat the issue as a complaint and investigate it as such; but this did not account for not disclosing this information to us during the inspection.

People were protected from abuse and avoidable harm by care staff who had the knowledge of what they must do if they witnessed or suspected any incident of abuse or discriminatory practice. Staff understood and knew how to recognise the signs of potential abuse and said they would have no hesitation in discussing safeguarding issues and reporting them. They told us, "If I was concerned about anything in respect of people I visited, or that they may be being harmed in anyway, I would report it straight away, to the managers or if not to the local authority" and "If I saw any bruising on someone this may be a sign of abuse or if they were agitated more than usual or upset, this would be reported to the office and family". Care staff told us they were confident any concerns would be listened to and taken seriously by the registered manager.

People and relatives we spoke with felt overall that the care provided by care staff was safe. One person, when asked if they felt safe said, "I need hoisting and I don't particularly enjoy it, but my carers take their time, explaining everything to me and they never lift me until I'm ready". Other people told us, "I couldn't have a shower anymore without the support of my carers and thankfully, I haven't had a single fall since they've [care staff] been here looking after me" and "My carer let's herself in with the key safe, but she always rings the bell anyway and calls out on her way upstairs so I know it's her. When she goes, she always makes

sure that the door is locked behind her so I am safe".

People's personal risks associated with their care needs had been considered, assessed and recorded, for example the risk of skin damage. People and their family members confirmed staff gave safe care and took account of these risks, for example ensuring skin creams were applied. A person told us, "I need help creaming my legs and my regular carers really take their time to make sure that the cream is well worked into my legs". Care staff we spoke with were well aware of the risks they needed to be mindful of when supporting people. One staff member said, "I always consider the environment and make sure before I leave that there aren't any obstacles in the way of people that they may be at risk of tripping over".

The provider operated effective recruitment practices. The systems in place ensured that staff recruited had the right skills, experience and qualities to support the people who used the service. Criminal records checks, employment and character references and a full employment history were all sought before staff commenced in employment.

People were supported by sufficient numbers of care staff who arrived on time and stayed for the correct amount of time allocated. Their comments included, "I do have regular carers during the week, but sometimes weekends and holidays can be more difficult with different carers. Carers do stay for the full time and they now have to phone in when they get to me and then again when they leave. They certainly never rush me" and "I see regular carers apart from when they're on holiday or off sick. They will usually stay a little over their time to be honest and they definitely never rush me as there's no rush left in me these days". People said care staff arrived on time and if they were going to be late the agency's policy was that they notified the office who then contacted them to let them know.

Is the service effective?

Our findings

People told us they were supported by skilled care staff who effectively met their needs. A person said, "For what I need help with, I've got no concerns about their skills".

Care staff received an induction into their role before commencing work more independently. This involved shadowing more experienced members of care staff and how they supported people. One person told us, "I've never had a problem and when someone new starts, they come along with one of my regular carers to learn what they have to do". The induction provided to care staff involved the completion of the Care Certificate [a nationally recognised set of skills training], familiarising themselves with the providers policies and procedures and basic training, on essential subjects. The management team also periodically carried out spot checks on care staff to ensure they were competent.

Care staff received appraisals and regular supervision. According to the care staff we spoke with this provided them with an opportunity to discuss areas where they needed support and to put forward ideas on how the service they provided could be improved. A care staff member said, "I have supervision every month with [care coordinators name]. She questions me about my role, whether I am happy, have any concerns or require any extra training".

People were supported by care staff that had been appropriately trained. The provider told us in their Provider Information Return [PIR] that they sent to us that the training plan for staff is reviewed and adjusted to meet the changing needs of people using the service and to ensure that the provider is fully meeting the essential quality and safety standards. Records showed care staff had received the necessary training in using equipment, for example for transferring or supporting people to mobilise. Care staff told us the provider was supportive in terms of them accessing additional accredited training where it was beneficial to the people they were supporting.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

People told us that care staff sought their consent before supporting them. One person said, "My carer always asks me if I'm ready for my shower each morning and if I'm not, she'll make me a cup of tea and organise my breakfast while I wake up properly". A relative said, "My wife's carers always talk her through everything especially when they are using the hoist and they never start lifting her until she is happy". We saw that care staff were provided with an overview of the MCA as part of their basic training. Care staff spoken with told us they ensured people gave their informed consent to them before they provided any assistance; they demonstrated to us through their description of how they supported people that this was in line with the principles of MCA. The registered manager told us they would be sourcing more comprehensive

training relating to MCA and DoLS to improve care staff knowledge base in this area.

People who required support with food and drink were supported and encouraged to maintain a healthy level of nutrition and take on sufficient fluids. People told us that care staff prepared meals for them of their choosing. When required care staff provided people with meals, snacks and drinks during their visit and were aware of any special dietary requirements or support they needed to eat and drink. Records available in people's homes clearly advised care staff of any specific dietary needs, for example when a person required a diabetic diet.

People currently using the service were in general able to make healthcare appointments by themselves or with assistance from their relatives. The registered manager and care staff confirmed referrals to relevant healthcare professionals would be made as required when changes to people's health or wellbeing were noted. A relative said the care staff knew their family member well and they said they felt confident they would know how to support them if they were feeling unwell. Care staff spoken with were able to describe people's health conditions and how they may impact upon their well-being and level of ability, for example when people were suffering from an infection. Records gave care staff details and guidance on how to support people with their health needs.

Is the service caring?

Our findings

People were positive about the care staff that supported them and said they were treated with consideration and respect. One person said, "I really can't be rushed these days, but my carers are very patient with me and never rush me at all". People told us the care and support was provided in line with their wishes and at a pace suitable for their needs. A person said, "They [care staff] always make time for a little chat and a laugh. I look forward to seeing my carer". A relative stated, "My wife has always taken great pride in her appearance and her carers make sure she always has clean clothes and that her hair is clean and tidy. It's important to me that she's cared for properly and they do this". Care staff we spoke with warmth and compassion about the people they supported.

People and their family confirmed they were involved in their care planning. One person said, "When I first started using the agency, we sat down and talked about the help I needed and all about my medical condition. I was then sent a copy of the care plan to read and it's now in my folder. It was recently looked at when I had a review meeting with [registered manager's name]".

The provider told us in the Provider Information return [PIR] that they sent to us that they always ensured the consistency of care staff is maintained for people wherever possible. People confirmed that they were supported by the same core group of care staff. This meant that people were supported by care staff who knew their needs well.

People confirmed that their privacy and dignity was respected by all care staff. One person told us, "First thing my carer does every evening is shut the curtains and put all my lights on. They never try to start undressing me with them open. Then in the morning, the curtains aren't opened until I'm fully dressed". Care staff were able to describe how they supported people in dignified manner and maintained people's privacy. People said the care staff respected them and made sure they were comfortable and had everything they needed before they left.

People were supported to stay as independent as possible, for example care staff would support them to wash areas of their body they were able to independently, but assist them with areas they could not reach. One person said; "When I have a shower in the morning, my carer takes her time supporting me and helping me by washing my back and legs where I can't reach anymore". People told us that care staff worked at their pace and never rushed them to enable them to remain independent and care as much for themselves as possible. People's records demonstrated how staff took practical steps to help them to remain independent, for example encouraging people to use their walking frame to stay mobile and active.

The provider included information in relation to local advocacy services in the 'service user guide' they gave to people when they joined the service. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

Is the service responsive?

Our findings

People's views and wishes were taken into account when planning care. One person said, "I had a review meeting only a few weeks ago where we looked at the care plan and I was asked if I was unhappy about anything to do with the care". Relatives told us, "My mum's care plan is in her home and was recently updated when we had a review meeting" and "As well as regular telephone calls, someone comes to see us at least once a year to go through the care plan and see whether anything has changed and whether we are happy or not".

People told us they were at the centre of making any decisions about how care staff supported them. Care staff spoken with told us that people were fully involved in deciding how they received their care and they described the ways in which they supported people to make day to day decisions. We saw that the office based staff regularly made contact with each person using the service or their representative by phone to check on their wellbeing and see if they had any concerns or issues that they needed to be dealt with. This showed us the service was keen to flexibly respond to people's needs and views.

People received support that was responsive to their needs because care staff were aware of the needs of the people who used the service. Care staff spoke knowledgeably about how people liked to be supported and what was important to them. They told us and we saw that records available in people's homes for them to refer to, contained a comprehensive assessment, care plans and risk assessments. We saw that every person had a care plan which was personalised to their individual needs and provided clear information to enable staff to provide appropriate and effective support. For example, there was information about people's routines and what was important to them and/or what the person was able to do for themselves. We saw that care records were reviewed regularly and updated as required. Care staff told us that any changes they needed to be made aware of were communicated to them before they attended to support people, usually by phone in the first instance.

The provider told us in the Provider Information Return [PIR] they sent to us that their complaints process is available, understood and well-publicised. People and their relatives knew who to contact if they needed to raise a concern or make a complaint. People's comments included, "I know how to complain because there's a leaflet in the folder I was given. I would certainly complain if I felt it was necessary. I would be listened to" and "My daughter always comes to all the meetings with me so if I had any problems, I'd ask her to talk to the office about it for me. She has all the leaflets that we were given originally which talk about how to make a complaint". The service had a policy and procedure in place for dealing with any complaints. This was made available to people and their families in the 'service user guide' they were provided with. No one we spoke with made or had any complaints about the service. We saw that the registered manager had received a complaint and had answered this fully and had implemented new ways of working for care staff to follow as a result.

Is the service well-led?

Our findings

The registered manager had on the whole notified us of all incidents of concern and safeguarding issues as is required by law and a requirement of their registration with us at the Care Quality Commission [CQC]. Where appropriate they had also shared these with other relevant professionals about certain issues, such as the local authority. However, they had failed to advise us of an issue recently raised with them by the family of a person using the service; we became aware of this whilst conducting phone calls to people using the service and their relatives as part of our inspection. The issue was in relation to an incident that was reportable to CQC and other external agencies. The registered manager advised that they had intended to treat the issue as a complaint and investigate it as such but this did not account for not disclosing this to us during our inspection.

There was a system in place to monitor the quality of service. We saw that a number of audits were completed each month by the care coordinator but these were not comprehensive in terms of what they were checking for. An example of this was seen in the lack of recording of dosages and accuracy of the listing of current medicines prescribed to people on the medicine administration records [MAR] we reviewed.

People spoken with said the service made a difference to their lives. They told us, "I am happy, I like the carers I have and they look after me well, so I would recommend them" and "I would recommend them as I've not had any concerns about my care".

Care staff told us they enjoyed their work, saying, "I am quite new to care but am enjoying talking to people and helping them" and "It's a good place to work, we have a nice team and I like the work". All the care staff we spoke with were clear about the management structure and spoke positively about the accessibility of support available to them in and out of office hours. We saw that care staff received regular communication, meetings, updates and supervision from the management team; all the care staff we spoke with told us they felt fully supported in their role.

The people spoken with had met or spoken with the registered manager. They told us, "I have met [registered managers name] who came to review the care and the care plan" and "I had a chap called [registered managers name] come and talk about my care". Care staff had confidence in the registered manager's abilities to manage the service. Their comments included, "[Registered manager's name] is a very good and helpful manager and always sort's things if you need it" and "I can ask [registered manager's name] anything, he will always help me". Care staff told us there was an open culture within the service and they were aware of the provider's whistleblowing policy.

People's views and feedback was regularly sought to ensure that the service was run in the way that the provider would like it to be, through phone contact with people and surveys they distributed. One person told us, "I don't remember being asked to fill in a survey, but I do get rung up about once a month by someone in the office who asks me questions about the carers and whether I'm happy with everything". A relative said, "The office ring every few weeks to ask if anything has changed with my husband's health or his care needs and they also ask me if we have any problems with the carers". This meant that the provider

encouraged open communication and encouraged people to give their views and experiences

Spot checks on care staff were undertaken by the management team in people's homes to ensure the care being delivered was safe and of good quality. A care staff member said, "[Registered manager's name] comes to oversee our work at times, to make sure we are wearing the correct uniform and working safely".

The provider completed and returned a provider Information Return (PIR) we requested within the timescales given. We used the information provided in the PIR to form part of our planning and where the provider had informed us of their plans for improving the delivery of the service.