Romie Care Services Limited

Kingstanding - Birmingham

Inspection report

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Ratings

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

Overall summary

The inspection took place on 23 April 2015 and was announced. We told the registered manager two days before our visit that we would be visiting to ensure the registered manager was available.

We last inspected the service on 27 May 2014. At that inspection we saw that there was a lack of systems for monitoring the quality of the service provided. At this inspection we saw that some systems had been introduced so monitoring of the service provided could take place but there was a lack of trends analysis and action plans to address shortfalls identified in the service.

Kingstanding – Birmingham is a domiciliary care service that provides care and support to people living in their own homes. Some people's care was funded through the local authority and some people purchased their own care. At the time of our inspection 50 people received support from this service.

Summary of findings

There was a registered manager in post. 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.

People were protected from abuse because staff were able to recognise the signs and symptoms of abuse and knew how to raise concerns. Staff had received training that enabled them to provide safe care and support.

Risk assessments were in place so that staff knew how to support people safely and although staff raised concerns with senior staff the appropriate actions were not always taken by office staff and this could leave people at risk of not having their needs met.

There were sufficient numbers of trained staff that had had the appropriate recruitment checks to ensure that people received safe care and support.

People were happy with the care and support they received from their regular care workers who were knowledgeable about their needs, trained, supported to carry out their roles and attended at the agreed times.

People were supported to take their medicines as prescribed.

People were able to make decision about their care and were actively involved in how their care was planned. There were some instances when the actions taken to protect people who were at risk of leaving their homes unescorted had not been recorded and agreed by the people. This meant that people's rights were not always protected

People were supported to eat and drink sufficient amounts to remain healthy and where needed medical support was accessed.

People had developed caring and friendly relationships with their care workers who provided personalised care. People's privacy and dignity was maintained and their independence promoted.

People were able to raise concerns and felt listened to and their concerns adequately addressed.

There were systems in place to gather the views of people on the quality of the service to ensure this was provided appropriately. This included anonymous questionnaires, complaints procedure and reviews of care. The results of the last questionnaire were not available for inspection.

There were internal audits and external visits by the registered provider but there was no evidence of the analysis of these audits available for inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

People were protected from abuse by staff that were able to identify abuse and raise any concerns so that people were protected. Risks associated with care were managed by care staff but sometimes the appropriate actions were not taken by the office staff.

The appropriate recruitment checks were carried to ensure that only suitable people were employed but management plans were not always in place where unfavourable feedback had been received.

There were sufficient numbers of staff available to meet people's needs.

People received their medicines as required.

Requires improvement

Is the service effective?
The service was not always effective.

People were supported by staff that had the skills and knowledge to care for them safely. People had been consulted about the care they received if they were able to make decisions. Plans put in place to protect people without capacity to make decisions were not always in line with current legislation.

People were supported to eat and drink according to their needs and wishes. Medical support was organised if required.

Requires improvement

Is the service caring?
The service was caring.

People had developed good relationships with their regular care workers who were caring, polite and promoted their independence.

People were supported to express their views and make decisions about the care and support they received.

People felt their privacy and dignity was maintained.

Good

Is the service responsive?
The service was responsive.

Care workers provided care and support in a personalised and responsive way because changes in people's care needs were monitored.

Systems were in place to respond to the concerns raised by people.

Good

Is the service well-led?
The service was not consistently well-led.

Requires improvement

Summary of findings

There was an open, inclusive and responsive culture that ensured the views of people were listened to.

Systems were in place to ensure that the quality of the service was monitored but further improvements could be made to ensure that developing trends were identified and actions taken in a timely manner.

Improvements could be made to the management of some records.

Kingstanding - Birmingham

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.

We inspected the offices of Kingstanding – Birmingham on 23 April 2015. The registered person was given 48 hours' notice that we would be visiting the office because the location provides a domiciliary care service and we needed to be sure that someone would be in the office when we visited.

One inspector carried out this inspection. As part of our inspection we spoke with five people and four relatives of people that used the service. We spoke with the registered manager, deputy manager, a team leader, a senior carer and two care workers. We looked at the information we hold about this service. This included notifications about deaths, accidents and safeguarding alerts and information from local authorities. A notification is information about important events which the registered person is required to send us by law.

During our visit to the office we looked at the care records of four people that received a service and the personnel files of four staff to look at the recruitment process and training provided to staff. We also looked at other records associated with the running of the agency including staffing rosters, complaints and systems to monitor the quality of the service.

Requires improvement

Is the service safe?

Our findings

Everyone spoken with told us that they felt safe with the staff that supported them. One person said, “I feel comfortable with the carers.” A relative told us, “They [carers] make sure the doors are shut. Mum feels safe with the carers and I feel safe with them as well.” Staff had the skills and knowledge to identify and report abuse so that the appropriate actions could be taken to protect people. All the staff spoken with had a good understanding of what they needed to do in respect of protecting people. Staff were able to explain different types of abuse and the actions they needed to take to raise any concerns they had. Records showed that staff had received training in how to recognise and protect people from abuse. Had the service reported concerns appropriately ?

People were protected from unnecessary injury because staff were aware of how to provide safe care. There were care plans and risk assessments available in people’s home. Relatives and people confirmed that assessments had been carried out and care plans were available to staff in the home. One person told us, “The woman came to say I needed to have a different hoist as the previous one was not safe.” Staff told us they had access to the care plans and risk assessments so that staff knew about the risk associated with people’s care. On person told us, “Staff look at it [care records] but some already know about it.” The care records we looked at all had a variety of risk assessments and information to tell staff how to manage care safely.

Staff knew what to do in emergency situations. One person told us, “They are aware of my illnesses so they know what to do [in an emergency].” A member of staff spoken with told us they would inform the office if they were unable to access the home of someone they provided a service to.

The office staff would try and make contact with relatives and emergency services if needed. However, we saw that there had been one occasion where a carer had contacted the office to make them aware that they had not been able to gain access to a home but no follow up calls had been made by the office staff. On this occasion the person had not suffered any harm but the person could have been left at a potential risk of not receiving attention when required.

People were happy with the care they received because calls were attended at the correct time by regular staff. One person told us, “I have the same carers, they will let me know if someone different is coming. They always come at the same time.” People told us that although staff could be late occasionally they understood that they could be held up at previous calls and in traffic. Staff told us and people confirmed that two staff always attended calls where two people were required. This showed that there were sufficient numbers of staff to meet people’s needs.

Staff told us that they were asked to provide evidence of previous work history and references before they started work. Records showed that the appropriate employment checks were undertaken before people started to work unsupervised. However, risk assessments and management plans were not always in place for people who had received unsatisfactory feedback.

Some people were supported by staff to take their medicines. People told us they were happy that they received their medicines as they required. One person told us, “I show new carers my medicines. After that it becomes normal to them. I’m very happy.” Care records identified the people that needed support with medicines. Staff told us, “We only administer or support people with medicines that are in a monitored dosage system. We record this on the medicines administration records (MAR) which are part of the log book.”

Requires improvement

Is the service effective?

Our findings

People received the care they needed because staff were knowledgeable about their needs and had the training and support they needed to provide quality care. All the people and relatives spoken with told us they thought the staff that supported them were well trained and knowledgeable. One person said, "They know what to do." One relative commented, "All [staff] seem adequately trained." Another relative said, "They [staff] are competent. Very impressed with the service." All the staff spoken with knew about the needs of the people they supported. Staff told us and records showed that staff received training that equipped them to meet the needs of the people they supported. Staff confirmed that they received regular training updates that enabled them to remain up to date with their skills and knowledge. One staff said, "We get updates every year." All the staff spoken with told us they received supervision, spot checks and attended team meetings. Although most people could not remember if the work carried out by staff had been checked we saw regular spot checks on the staff files we looked at. People and relatives spoken with told us that they received support from regular staff. One member of staff told us, "We have a team of regular staff." This showed that people received continuity of care from people they knew and who knew them.

People and relatives spoken with told us they had been involved in planning their care and people told us that they were asked on a day to day basis what help they wanted. One person told us, "Yes I was involved in the assessment. They asked what I wanted." Another person said, "I was asked what help I wanted. It's all in the care plan and staff look at it."

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires domiciliary care providers to submit applications to a 'Supervisory Body' (the Court of Protection) if a person lacking capacity requires their liberty to be restricted. Staff did not fully understand the implications of the act and how their actions could affect people's rights and restrict their liberty. Staff did not understand that actions taken to restrict people's liberty needed to be authorised as being in their best interests and the least restrictive option available to keep them safe. Staff told us and people confirmed that they were given choices and consent was gained because staff asked what help they wanted. We were told by the deputy manager that one person was prevented from leaving their home unescorted, due to concerns about their safety when they were unescorted. However, there was no record of how this decision had been arrived at and what actions had been taken to make it lawful. This is a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to eat and drink to remain healthy. One person told us, "They [staff] know what to do for breakfast, lunchtime sandwich and evening frozen meals. They ask me what I want." Records showed that people had been assessed to determine whether they were at risk of not eating or drinking enough and what staff needed to do to support them. Staff spoken with were aware of what they needed to do help people to remain healthy.

People were supported to access medical support if needed. People spoken with told us and relatives confirmed that staff had contacted the emergency services to ensure that they received the treatment they needed, One relative told us, "The staff stayed with [person's name] until I got there."

Good

Is the service caring?

Our findings

People had built good relationships with the staff that supported them. One person told us, “They [carers] are nice, I feel comfortable with the carers.” Another person told us, “They [carers] are joyful people. We have a joke.” A relative told us, “They [carers] are friendly, they chat to dad about the old times and programmes on the telly.” Staff spoke about people in a kind, compassionate and caring way. Records looked at showed that on one occasion a member of staff had stayed with a person who was unwell for a couple of hours and only left them when their relative arrived. This showed that the person had been supported emotionally and physically.

Everyone told us that they had been involved in discussions about their care needs with staff. People told us that they and their relatives had been involved in planning their care in the beginning and on a day to day basis so that they received the support they wanted.. One person told us, “I was involved in the assessment and they asked what I wanted.” A relative said, “They asked mum what she wanted.”

People’s privacy, dignity and independence was maintained. One person told us, “They always ensure the doors and windows are shut.” Another person said, “They always call me by my name. I always have a towel to cover me.” Staff spoken with were able to tell us how they maintained people’s privacy and dignity. Staff told us they always involved people and asked what help they wanted and ensured that doors and windows were kept closed. Staff told us that they [people] were encouraged to do some things for themselves such as washing their hands and face and choosing meals and clothes. We saw that care plans and risk assessments identified what people could do for themselves and what they needed support with. People’s ability to manage their own medicines had been assessed so that people who were able to manage their own medicines were supported to do so.

Good

Is the service responsive?

Our findings

People received personalised care because staff had the information they needed to provide personalised care. People told us they were involved in planning and agreeing their care and were asked on a daily basis what help they wanted. People told us they received the care they needed. One person told us, "I get the help I want, when I want." A relative told us, "If mum refuses a meal they [staff] ensure she has something to eat." Another relative told us, "Mum gets frustrated but they [staff] reassure her and calm her." One member of staff told us, "Care plans tell us about the person's background, family life and work life. This means we can talk to them about things that matter to them." Care plans we looked at were personalised and identified how people were to be supported and what they were able to do for themselves. People confirmed that they had regular reviews and care plans were updated if there was a change to their needs. People told us that the service was flexible and they were able to change the times of calls if needed, for example, to attend an appointment. One person told us, "Occasionally I have asked for a change and they [staff] have accommodated it. It can be a bit rushed in the morning but that's the amount of time allocated by social services."

People told us they were happy with the service and most people said they had not had cause to make a complaint but knew how to raise concerns. Everyone we spoke with said they would contact the office or the staff that supported them if they were not happy about something. One person told us, "I would talk to the office staff, never had to I've been happy." Another person said, "Yes. I have raised a complaint. I asked for someone not to come back and I was listened to." A relative told us, "I'd complain to the office. Have done on occasions. They [staff] deal with things quickly. It's been when carers haven't been quite up to the mark." There was a complaints log and this showed that actions had been taken to resolve the issues raised. People told us that they were asked if they were happy with the support they received at reviews.

Requires improvement

Is the service well-led?

Our findings

People using the service told us they were able to contact the office staff and there was always someone available to talk to. All the staff spoken with told us that they were comfortable in raising issues with the senior staff and felt that they were always listened to. There were staff meetings where staff were able to raise issues and make suggestions for improvements. People told us that their views about the service were sought at care reviews but the people we spoke with couldn't remember receiving a questionnaire to express their views. Manager's meetings were held with the providers on a regular basis so that issues regarding the service could be raised and discussed between the managers. This showed that there was an open and inclusive management system where people felt able to raise concerns.

The registered manager was responsible for the running of two locations and spent most of her time based at the other location. There was a deputy manager in post who managed Kingstanding – Birmingham on a day to day basis. In addition there was a team leader and senior carer who supported the deputy manager to carry out management tasks. This showed that there was an appropriate staffing structure in place.

At our last inspection of 24 May 2014 we found that the provider had a system to regularly assess and monitor the quality of service that people received but it was not robust and did not ensure adequate monitoring to ensure that systems in place were being followed. We required the provider to take actions to address this shortfall. At this inspection we saw that internal audits had been increased to include the monitoring of staff supervision, spot checks, staff training and reviews of people's care. Schedules had been put in place to monitor that staff supervisions and spot checks on staff practices were carried out as required.

Daily logs of the care provided to people were audited and missed calls, concerns or complaints raised by people were identified. There was a complaints log in place that showed that complaints were addressed in a timely manner. This showed that improvements had been made but further improvements were needed to ensure that developing trends were identified for example by analysing the types of complaints received so that further complaints could be prevented. We were told by the registered manager that people had been sent an anonymous questionnaire but none had been returned at the time of our inspection. We asked for the results of the previous year's surveys and the provider's visits and monitoring checks. None of this information was available on the day of the inspection. We were told by the registered manager it would be sent to us. At the time of writing this report we had not received this information

We were told that the electronic monitoring system that was being embedded at the time of our last inspection was being phased out and a new system would be implemented. The deputy manager told us that there was no way of knowing if a call had not been attended in most cases unless the individual or the staff rang the office to inform them. The registered manager needed to ensure that systems in place were adequate to protect people who may not be able to raise concerns about late or missed calls.

Improvements could be made to the management of records. We saw that people's care plans and MARs did not record what medicines people had been prescribed and there was no information about side effects that staff were required to be mindful of. We saw that some MARs had gaps on them and as there was no indication that the gaps had been investigated. Confidential records were not always stored so that they were not accessible to people who should not have access to them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment. How the regulation was not being met: People who use services were not always protected from being subjected to restriction that had been appropriately planned and agreed. Regulation 13 (1) (5) and (7).