Romie Care Services Limited

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Inspection report

50 High Street
Erdington
Birmingham
West Midlands
B23 6RH

Tel: 01213548136

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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 inspection took place over three days. We carried out home visits to some people on 7 November 2016 and carried out visits to the office on 25 November 2016 and 1 December 2016.

We gave the provider notice so that they could organise the visits to people for us. We gave 48 hours notice for the first day of our office visit and 12 hours notice for our second visit to ensure that someone was available to assist us.

We previously inspected the service on 19 November 2015 when we rating the service as requires improvement in four of the five questions we asked. These were is the service safe, effective, responsive and well led. At this inspection we found that improvements had been made in all these areas however, we felt that some further improvements were needed to the questions is the service safe and well led to ensure that people received a good quality service.

Romie Care Ltd provides care and support to people living in their own homes. At the time of our inspection the service was support to between 170 and 180 people.

There was a registered manager in post at the time of our inspection. 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.

Sometimes people did not receive the care and supported as planned as calls were late, early or missed. People felt this was due to staff not being available and due to shortfalls in rostering of calls, shortage and lack of appropriate deployment of staff. Management systems did not always identify the shortfalls in the planning and management of the service so that actions could be taken to rectify the issues in a timely manner.

People received a safe service because the provider had procedures in place to ensure that staff were trained and followed the procedures to ensure the risk of harm to people was reduced. The risk of harm to people receiving a service was assessed and managed appropriately; this ensured that people received care and support in a safe way. Where people received support from staff with taking prescribed medicines, this was done in a way that ensured the risk to people was minimised.

People's rights were protected and they had choices in their daily lives. People were supported to maintain their diet and health needs where required. Staff were caring and people's privacy, dignity independence and individuality was respected and promoted by staff and the management.

People received care from staff that were suitably recruited. This was because the provider had undertaken the relevant checks to ensure the staff they employed were suitable to work with people.

People were able to raise their concerns or complaints and their complaints were acted upon, so people could be confident they would be listened to and their concerns resolved.

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.

People received a safe service, procedures were in place to keep people safe and staff knew how to keep people safe from abuse and harm.

Risks to people were assessed and managed appropriately.

Staff were suitably checked before employment however the number and deployment of staff did not always ensure that people always received support at the times they needed and had agreed.

People received their prescribed medicines as required except when calls were late or missed.

Is the service effective?

Good

The service was effective.

People were very complimentary about their regular staff but felt the standard of service decreased when their regular staff were not available.

People received care from staff that were supported to carry out their roles through training and support from senior staff.

People received care and support with their consent, and people's rights were protected. Where necessary people received support from staff to maintain their food and drink in take. People's health care needs were met where needed.

Is the service caring?

Good

The service was caring.

People had a good relationship with the staff that supported them and staff supported them to make choices and be involved in their care.
People's privacy and dignity was promoted and people were

supported to remain as independent as possible.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was fully respected and promoted.

Is the service responsive?

Good

The service was responsive.

People were involved in all decisions about their care and reviews of care were carried out to ensure changing needs were met.

There were some systems in place to get the views of people about the service they received and people were able to raise any concerns they had.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People were generally happy with the service provided but there were ongoing concerns regarding missed and late calls. The registered provider did not have a suitable system in place to identify missed and late calls so that the appropriate actions to prevent reoccurrences.

There were some systems in place to audit and monitor the quality of the service but they were not fully embedded to ensure actions identified were followed up to ensure the desired effects had occurred.

Romie Care Services Ltd

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 over three days. We carried out some visits to people in their own homes on 7 November 2016 and visits to the office base on 25 November and 1 December 2016. All the visits were announced.

We asked the provider to organise our visits to people in their homes on a set date. We gave the provider 48 hours' notice for the first visit to the office and 24 hours' notice for our second visit to the office because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law. We also looked at the responses to the questionnaires that we sent to people. We reviewed regular quality reports sent to us by the local authority that purchases the care on behalf of people, to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people. We had asked the registered provider to complete and return the Provider Information Return (PIR) which we used to plan our inspection. The PIR is a form that asked the provider to give some key information about the service, what the services does well and improvements they plan to make

As part of our inspection we visited four people and their relatives in their own homes and spoke with 13 people by telephone to talk to them about the service they received. We spoke with five staff by telephone and two staff in person as well as the registered manager. We looked at, safeguarding and complaints records, sampled five people's care records; this included their medication administration records and daily reports. We also looked at the recruitment records of two care staff, questionnaires sent to people that used

the service and quality assurance processes that the provider had in place to monitor the quality of the service.

Requires Improvement

Is the service safe?

Our findings

Most people spoken with told us that people were generally on time but there were occasions when they were late and there were occasional missed calls. One person told us, "Staff come at the right time; they ring me if they are going to be late or if there are staff changes." Another person told us, "Mostly they [staff] are regular in the morning. Sometimes they come later in the evenings. Weekends are the worst." A third person told us that the main period for late or missed calls was at weekends. They told us, "The excuse is they are short staffed." During the second day of our inspection we heard two people ring up the office because staff had not turned up at their calls. One person contacted the office at 11:30am to say that the carer had missed their 10:00am visit. We saw that the assistant manager was out covering these calls but the calls were still late. Two people told us that due to some late calls they did not receive there medicines on time. For some people it is important that they receive their medicines at regular intervals so that their medical conditions such as diabetes is safely managed. Some staff told us and office staff confirmed that there was a shortage of staff in the South Birmingham area and there had been difficulties in recruiting staff in this area. Some staff from other parts of Birmingham were covering some of the calls but this meant they were sometimes late. We saw that on some occasions people's calls were rostered for a time different to what had been requested but there was no reason recorded to show why the times had been changed. We saw that on occasions where two staff were needed to support someone the care was carried out by one staff alone because the second staff member had not arrived. This can put the person and member of staff at risk of injury. Some staff told us that there was not always enough travelling time between calls so in an effort to give them time they started their morning calls a little earlier and explained to people that they may be a little late. This showed that there were insufficient staff available to meet people's needs but also some issues of staff deployment also impacted on whether people received their calls at the times they had agreed.

People told us they received a safe service. One person told us, "[I] Feel safe with them. Would trust [name of staff] with anything." Another person said, "Yes they [staff] make me feel safe. It's the way they speak to you." A relative told us, "[Person] feels safe with the carers[staff]." Staff spoken with told us that they had received training in how to identify abuse and that they would raise any concerns with the managers. One member of staff told us, "I would inform the office of any concerns and take it from there." Records we hold about the service show that where issues have been raised they have been addressed appropriately. We saw that recruitment checks were undertaken when staff were employed to ensure that only suitable staff were employed to work with people.

The risk of harm to people when being supported was reduced and managed because there were procedures in place to help staff to keep people safe from harm. People told us that staff were able to keep them safe and relatives told us that there were risk assessments and management plans in place. During our visit to some people in their homes we saw that these were available for staff to refer to. Staff spoken with told us that they referred to the risk assessments when needed. One member of staff told us, "Care plans and risk assessments are with the log books." Records we looked at showed that generalised risks such as those associated with where people lived were assessed and managed as were risks associated with people's particular needs. For example, we saw that people who had limited mobility had been assessed for

the equipment they used and ensured that staff were trained to use the equipment. People told us they had been involved in planning and managing risks. For example, people knew that staff had access to their homes via the use of key safes and that the numbers for accessing the keys could be changed.

People were protected in emergency situations. One staff member told us, "I have had first aid training. I would give first aid or call an ambulance." The member of staff went on to say, "I would ring the office if I couldn't get into a home so the office staff could contact the family. There is always someone available who is on call. Calls get diverted outside of office hours [to on call managers}. They will always ring you back if they are in a call." This meant staff had access to training, guidance and support in an emergency situation so that they knew how to respond in an emergency.

Most of the people we spoke with told us they were able to take their own medicines however some people did receive support. We saw that people generally received their medicines as prescribed but on some occasions they did not because of late calls. Systems were in place to ensure that medicines were available and records showed that the medicines people were taking and the times they were to be taken were recorded. Staff told us that they received training in administering and prompting people with medicines and that the people they supported had their medicines in a monitored dosage system ensuring that people knew which medicines to take when.

Good

Is the service effective?

Our findings

People were very positive about the regular staff that supported them on a daily basis and felt that they had the skills and knowledge needed to support people. One person told us, "They [staff] know how to transfer me and what I need doing. I'm happy with the care they provide." This person went on to tell us that they felt that most staff were trained in all aspects of the care they needed. Another person told us, "They [staff]are trained, they know what they are doing, sometimes they are in training and they will ask how to do something and I will guide them." One relative described the staff that attended as "The tops, they go beyond their duty." Some people commented that some of the weekend staff and staff that stepped in to cover calls during other staff sickness or holidays were not always as good.

Staff told us that they received support to carry out their roles. Staff told us and records showed that they received the training they needed to provide safe and appropriate care. This included safeguarding, first aid, moving people and medication. Staff told us that they received ongoing training to update their knowledge and the Provider Information Request (PIR) told us that staff were provided with regular training but did not identify the numbers of staff that had completed specific training listed in the PIR. Staff spoken with told us that they received an induction into the work when they started their employment and as part of the induction programme they spent time shadowing experienced members of staff to gain experience. Staff told us and records confirmed that checks were carried out on them whilst they were carrying out their work to ensure that they provided care as planned. Staff told us that they received supervisions and were able to contact the senior staff for advice or to discuss any problems they had providing them with support and guidance.

Most people spoken with told us that they had regular carers and that they were told when there was going to be a change. However, some people said they did not always know who was coming. One person, "It's generally the same carers in the week so I will have an idea who to expect. Today it was someone else." Staff spoken with told us that in some areas of Birmingham the staff sorted out cover between themselves to ensure that calls were covered during staff absences. The registered manager confirmed that she was aware of this and that this worked well in some areas of Birmingham where staff took responsibility and worked as a team.

People told us that they had been involved in planning their care and were given choices about the support they received. One person told us, "They [staff] get me up and always change my clothing and give me a choice of what I wear." Another person said, "I get a choice. I can choose what I have, for example, I have a shower Monday and Wednesday. I had the choice of the time for this." Another person said, "They [staff] ask me what I want."

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 so that they can receive care and treatment when this

is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA

We asked staff what they would do if they felt someone could not make informed decisions about their care. All staff said if they had any concerns about people's ability to give consent to receiving care they would report it to their line manager, so that the person's needs could be reassessed. Staff said people would need to be assessed involving other professionals and family members. This demonstrated that care staff had a good understanding of their responsibility in relation to the MCA.

Not all staff spoken with said they had received training in the Mental Capacity Act or Deprivation of Liberty but they were able to tell us how they involved people in their care. One staff member told us, "I always discuss with people how they would like to be supported." One staff member told us, "If a person is not able to make their own decisions the family is involved in deciding how they are to be supported. Families know people the best." Another member of staff told us, "One person often tells us they don't need the service, this is because they have dementia, and we always go and if they continue to refuse care we let the office and family know." We asked a member of staff what they would do if they felt someone's liberty was being restricted by for example, the use of locked doors. The staff member told us they would inform the office straight away as it was also a risk in case of fire.

People told us that staff supported them to prepare meals for them and left snacks and drinks for them to have until the next visit. One person told us, "They [staff] ask about what food I want and I make a decision." Another person told us, "I cook my own food. They [staff] make a cup of tea now and again." Another person said, "They [staff]make some toast, that's what I ask for. They leave me with water or make a cup of tea or a cold drink."

People receiving a service generally had friends or family that supported them to have their health needs met. Staff spoken with told us they would call for a GP or ambulance if needed. We saw in the on call book instances where this had taken place.

Good

Is the service caring?

Our findings

People and their relatives were involved in discussing and agreeing their care needs. People told us staff supported them in the way they wanted and always asked them what help they wanted. People told us that they were encouraged to make choices on a daily basis and this included whether they had a wash or a shower, the clothes they wore and what they wanted to eat. This meant that they were involved in the care they received.

People told us that they felt that the care they received was generally of a good standard and they had built up good relationships with their regular staff. We asked people if staff were kind, caring and treated them as an individual. One person told us, "Definitely, happy with the staff, can have a laugh and joke." Another person said, "Yes, all quite good." Another person said, "[Staff are] caring and treat you as an individual." People told us that staff were respectful and caring and would do extra tasks if they had the time. Staff spoken with spoke about people as individuals with individual needs and characters. We saw that people were supported in a way that met their individual needs, for example, some people were supported into a wheelchair to enable them to move around their home whilst other people were supported with a walking frame.

People and their relatives told us that privacy and dignity was respected by staff. One person said, "Staff know the [key] code to come in but always shout out to let me know who is here." Another person told us how their dignity was upheld during bathing, "They [staff] always ensure I'm covered up in a towel straight away." A relative told us that their family member was usually covered when being washed. Staff spoken with told us that they would ensure that doors and curtains were kept closed when supporting people.

People told us that they were supported to remain as independent as possible. For example, one person told us, "They [staff] prompt me to take the medicines three times a day. It's like having two friends in the house." Another person said, "I try to help myself, I do what I can for myself, they [staff] only do what I can't do for myself." Staff told us that they encouraged people to do what they could for themselves but supported them when needed.

Good

Is the service responsive?

Our findings

People and their relatives told us that they had been involved in the care and support assessment process and were involved in planning the care provided. We saw that people had a copy of their care plans and risk assessments accessible to them in their homes. One person told us, "Yes I was involved [in the planning of care]." Another person said, "They [staff] did an assessment and we planned how to meet my needs." Relatives spoken with confirmed they had been consulted during the assessment and planning process. Relatives told us that reviews of care were carried out and they were involved in the reviews so any changes in needs could be discussed. People told us they were happy that their needs were being met.

People told us that the service was responsive to their needs. We asked people if they were able to make changes to their care times and the support they received. One person told us, "They [staff] come early for hospital appointments. They [staff] are flexible." Another person said, "They [staff] would try to [be flexible]." Another person told us, "I go to church and they [staff] get me ready for that. They have changed the time for when I come back. They are very helpful."

All the people we spoke with told us they knew how to complain about the service if they needed to. Most people said they had not made a complaint but would ring up the office if they needed to. One person said, "I would ring them [office staff] up but never had to." However, people who had made a complaint said the complaints had been addressed. One person told us, "I had to make a complaint. Staff had not been doing things correctly. You can ask and speak to a manager, they will sort it out." Another person said, "I put in a complaint about a couple of girls [staff]. They don't come anymore."

Some people told us that they sometimes received a telephone call, a visit, review or a survey to ask if they were happy with the service. One person told us, "No surveys but the manager came out about a year ago." Another person said, "They came out once." One person said they had had a review where they made some comments. Records we looked at confirmed that these systems were used to gather the views of people that received a service.

Requires Improvement

Is the service well-led?

Our findings

We saw that although people were generally happy with the care they received there were several concerns raised regarding the lateness of some calls and that some calls were missed because staff did not turn up. People told us that when the issues were raised staff in the office were apologetic but for some people concerns continued. One of the concerns some people had was that they were not kept informed if staff were going to be late for the calls. One person told us, "Sometimes they [staff] come later [than planned]. Weekends are the worst but they can [also] be later in the evening. They [staff] don't tell you if it's very late because of an emergency." Another person told us that they felt the staff were very rushed at the weekends. During our inspection we saw evidence of staff not attending calls at the time they were due to attend and visits planned for times that had not been agreed. We were told by the registered manager that there had been difficulties in recruiting and retaining staff in some areas of the city and this was adding to the difficulties. The PIR did not reflect this and did not indicate what actions were to be taken. The PIR did identify that more senior staff would be be employed.

We saw that there were ongoing concerns from people in regard to missed and late calls. Since our last inspection the registered provider's had amalgamated three offices into one. There had been a change in the management structured during this time. Initially the managers of the other offices were based at the Erdington office so that there were three registered managers based at the Erdington office each retaining responsibility over one area of the city. However at the time of our inspection two of the registered manager's had left and there was only one registered manager overseeing the service. Most staff told us that in general they felt that the management of the service had improved since the changes in registration however, some staff felt that the shortage of staff in some areas of the city were causing difficulties in being able to cover the calls. Some rotas for calls showed that there was no time allowed between calls. In addition, some staff felt that not being given adequate travel time between calls added to the problems. Some staff told us that they were starting their calls early but this meant that although within the allowed time variances some people were getting their calls early on a regular basis because of the way in which calls were being planned. The provider told us that they would look into these issues.

We asked the registered manager and office staff how they were able to identify late and missed calls. We were told that managers were reliant on people, families or staff to inform them if there was a problem with the call. A relative told us that they had complained when a carer had not arrived until very late in the evening. However, we did not see a record of this complaint in the office meaning that the provider could not be assured that they were fully aware of the number of missed and late calls. This meant the provider did not have suitable systems in place to identify and mitigate shortfalls in the service in a timely manner. The registered manager told us that they had discussed with the providers the possibility of asking the local authority to find an alternative company that could provide care and support to some people.

There was a registered manager in post at the time of our inspection. Staff told us that they felt they were able to raise any concerns with the registered manager and that they received the support they required. Staff told us that improvements had been made to the on call system and that they always received a call back if the person on call was carrying out a visit. We asked to see the on call records to determine that calls

were received and actions taken however, we were told that these were not available because they were held by the staff on call. This meant that there was no monitoring of the types of calls received or if concerns or complaints raised by people were being added to the complaints log. One person told us that they had contacted the office recently to raise a concern but we saw that this had not been recorded on the complaints log.

We saw that there were some systems in place to monitor the quality of the service provided but they were not robust enough to ensure that required actions were taken and monitored to ensure that the required changes were achieved. We saw that there were some systems in place to audit people's daily log books. The last audits were completed in July 2016 which showed that they were not audited in a timely manner so that issues could be addressed quickly. Audits did not always identify issues such as calls being late and did not evidence that any follow up actions to address the issues had been taken. We saw that since the last inspection the provider had carried out 13 visits to people to get their views about the service from people. Four of the 13 people visited had raised issues regarding the service but there was no evidence that monitoring had taken place to ensure the identified actions had been undertaken.

A staff survey had been carried out but again there was no follow up of the issues that needed to be followed up. For example, only 53 per cent of staff responding stated that core training had been completed. There were no actions to look at why the other staff had not completed this training and what action would be taken to ensure the training was completed. Although the registered provider had returned the Provider Information Return (PIR) it did not include information about the training completed by staff or the number of staff with a recognised qualification or who had completed the Care Certificate. The Care Certificate ensures that staff have the skills and knowledge to provide good care.

Staff told us that they felt supported as they were able to attend staff meetings, received supervisions and memos to keep them updated on developments in the service. Staff told us and records confirmed that regular spot checks were carried out on staff. Spot checks enable senior staff to monitor that care staff provide care as planned, at the times planned and wear the appropriate uniforms when providing care and support.