

Roche Healthcare Limited

# Roche Caring Solutions

## 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?

Good ●

# Summary of findings

## Overall summary

This announced inspection took place on 19 September 2018. On 20 September and 2 October, we made telephone calls to people who used the service, relatives and staff.

At the last inspection in October 2017 we rated the service as Requires improvement. At that inspection we found the provider was in breach of Regulation 12, Safe care and treatment and Regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the registered person did not have systems for the proper and safe management of medicines and systems in place to manage, monitor and improve the quality of the service provided were not always effective.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe and Well-led to at least good. During this inspection we found improvements had been made. Systems for managing medicines safely were now effective. Records of people's medicines were accurate and well maintained. Also, the provider had introduced systems that were effective in assessing and monitoring the quality of the service provided. Staff and people were confident that issues would be addressed and any concerns they had would be listened to and acted upon.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. There were 66 people using the service at the time of the inspection.

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 told us they felt safe with staff and the care they were provided with. They said they received a good standard of care. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns. Care plans contained risk assessments which gave instructions to staff as to how to mitigate risks; these enabled and empowered people to live as independent a life as possible safely.

There were enough staff to support people safely. Staff understood their role and responsibilities for maintaining good standards of cleanliness and hygiene. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

Training records showed staff had completed a range of training and staff spoke highly of the training they received. Staff told us they received support, supervision and appraisal to help them understand how to deliver good care and records we looked at confirmed this.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible. The policies and systems in the service supported this practice. The registered manager and staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). Staff understood their responsibilities to seek people's consent prior to care and support being provided.

People's health and well-being was monitored by staff and they were supported to access health professionals when they needed to. Where needed, people who used the service received support from staff to ensure their nutritional needs were met. Staff were trained to respond to emergencies and said they felt confident to do so. There were systems in place to make sure there was learning from any accidents and incidents.

People received care from staff that were friendly, kind and caring. People told us they were treated very well. Staff showed a good knowledge of the people they supported and understood how to maintain people's privacy and dignity.

People had care plans that were personalised to their individual needs and wishes. Records contained detailed information to assist staff to provide care and support in an individualised manner. People's care and support needs were reviewed regularly.

People, staff and relatives spoke positively about the management team who were visible and approachable, receptive to ideas and committed to providing a high standard of care.

## 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 was safe.

People told us that they felt safe with the staff that cared for them. Staff understood their responsibilities to ensure people were kept safe.

Risk assessments were in place and managed in a way which ensured people received safe support. Safe systems were in place to manage medicines.

Safe recruitment practices were in place and staffing levels made sure that people's care and support needs were met safely.

### Is the service effective?

Good ●

The service was effective.

Staff were trained to ensure they had the skills and knowledge to support people appropriately.

People's rights were protected under the Mental Capacity Act. People were actively involved in decisions about their care and support needs.

People were supported to maintain their health and wellbeing and their nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

People received personalised care and support. Staff understood how to treat people with dignity and respect

People were cared for by staff that were compassionate and committed to providing good care and support.

Staff were committed to promoting people's independence and supporting them to make choices.

### Is the service responsive?

Good ●

The service was responsive.

Staff had a good understanding of people's needs and preferences and people's care plans contained sufficient detail about their needs.

People were listened to, their views were acknowledged and acted upon and care was delivered in the way that people chose and preferred.

There were systems in place to manage complaints and concerns.

**Is the service well-led?**

**Good** ●

The service was well led.

Quality assurance systems in place were effective and any shortfalls found were addressed to improve the service.

Everyone spoke positively regarding the registered manager and their commitment to, and management of the service.

The registered manager knew people's needs well and was fully involved in the day to day running of the service.

# Roche Caring Solutions

## 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 site visit activity started on 19 September 2018 and ended on 2 October 2018. It included visits to the location and telephone calls to people who used the service, relatives and staff. We gave short notice of the inspection as the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in. The inspection was carried out by one inspector, a pharmacist specialist advisor and an 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.

Before the inspection we reviewed all the information we held about the service including statutory notifications. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We contacted relevant agencies such as the local authority commissioners, safeguarding and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On this occasion we did not ask the provider to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with the registered manager, the senior manager for domiciliary care, the compliance manager and six staff. We spoke with seven people who used the service and ten relatives.

We spent time looking at documents and records that related to people's care and the management of the service. We looked at six people's care records and five people's medicines records.



# Is the service safe?

## Our findings

At the last inspection in October 2017 we rated this key question as Requires improvement. We found the provider did not have systems for the proper and safe management of medicines. We found at this inspection, systems had been put in place to ensure medicines were now managed safely. Care plans and risk assessments were in place when people needed staff support to manage their medicines. We found risk assessments were thorough; with clear management plans in place. Care plans were person centred and gave guidance to staff on how people preferred to take their medicines. For example, in one person's care plan it had been documented 'place into [person's name's] hand one at a time and take with water.'

There was information available which documented what medicines people were prescribed. Medicines profiles were clear and detailed and showed why people had been prescribed their medicines. We looked at the medication administration records (MARs) of five people who used the service. We saw people's medicines were clearly recorded and signed for using the MAR.

Staff told us that they were trained in the administration of medicines and their competency was tested. Records we looked at confirmed this. People told us they had no concerns about how their medicines were managed. They said they received them at the time they needed them. One person said, "They're so good with my medication. It's usually on time, unless they're held up somewhere, which is not often. I trust them completely."

People and their relatives told us they or their family member felt safe in their homes with the people who supported them. They told us they trusted the staff. One person said, "I really look forward to their coming." People felt their rights were respected and they were not discriminated against.

Risk assessments had been carried out to reduce risk. For example, the need to stay by the side of a person with a tendency to lean to one side when transferring to a chair and the need to check skin integrity at each visit for a person at risk from pressure damage. We saw these risk management plans were effective as the people concerned had not had any falls or pressure damage recorded. Prior to the commencement of the service environmental risk assessments were undertaken of the person's home to make sure it was a safe environment for staff to work in. Staff showed a good awareness of the risks people faced and what they did to keep people safe.

We looked at how staff rotas were managed by the service. People were provided with consistent regular staff which helped staff get to know people as individuals. Staff told us they worked in small teams to provide the care people needed. Daily records showed staff stayed for the right duration of people's calls. We also saw the provider used a call monitoring system to ensure this. One person told us the staff were not staying for the full amount of time but they were currently in the process of resolving this with the provider.

Staff showed a good understanding of safeguarding procedures to ensure people were protected from any harm. They told us they would have no hesitation in reporting concerns and felt confident the registered manager would act on any concerns raised. Staff completed training on how to recognise and report abuse



and could describe signs of abuse.

There were appropriate recruitment practices in place to ensure people were safeguarded against the risk of being cared for by unsuitable staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for the service. Staff told us their recruitment process had been thorough.

There were systems in place for staff to report incidents and accidents. The staff we spoke with said that any learning that came from incidents, accidents or errors was communicated well to them through text messages, supervisions or contact from the management team. This reduced the risk of re-occurrence of incidents and accidents.

Personal protective equipment was held at the office and made available to staff on request or delivered to them if they were unable to get to the office. Staff told us they received training in infection control and prevention during their induction and records confirmed this. Overall, people who used the service and their relatives told us staff followed good hygiene practices. One person's relative said they had not seen staff wear an apron when showering their family member.

# Is the service effective?

## Our findings

Overall, people who used the service and their relatives told us staff were trained to meet their or their family member's needs. Everyone we spoke with said that they felt supported very well by staff. One person said, "Nothing is too much trouble." Another person said, "The staff will help me if I've got something that I'm worried about. They will listen and we'll discuss it. I feel a lot better after our little chats." One relative told us they found the staff very good and caring but did not think they were well trained in dementia care. We saw staff completed training in dementia awareness and the staff we spoke with could describe what was important when caring for people who were living with dementia. This included the need to communicate clearly and give people time. One staff member said, "Time, patience and understanding them as a person is what is needed. And lots of reassurance, especially if there are anxieties."

There was an induction programme that was completed by all new staff on commencement of their employment. We looked at records of induction training and saw this included 'shadowing' experience where staff worked alongside an experienced staff member to get to know the needs of the people they were supporting. Staff spoke highly of their induction. One staff member said, "I learnt such a lot."

We reviewed the training matrix which showed staff had received a rolling programme of training which included, nutrition and hydration, emergency aid, moving and handling, dementia awareness and equality and diversity. Staff told us they were well supported and received good training to ensure they were confident in their role. Staff had regular supervision and annual appraisals were carried out to support staff with their development and any training needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. This is called the Deprivation of Liberty Safeguards (DoLS). The procedure for this in community settings is via application to the Court of Protection. There was no one subject to a DoLS during this inspection.

People's capacity to consent to their care and support had been assessed by the provider, their relatives and the professionals involved in coordinating their care. Staff sought people's consent when supporting people with day-to-day tasks. Records showed people were encouraged to make decisions about their care and their day-to-day routines and preferences. Staff had received training in MCA and could demonstrate how they put the principles into practice. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. Staff showed a good understanding of protecting people's rights to refuse care and support.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking

enough received the support they required to maintain their nutritional intake. People told us the staff supported them in preparing meals of their choice and some people received support to do their shopping. Everyone who received support with their meals was satisfied they could choose whatever meal or dessert they wanted. Staff told us they always liked to make sure they left people with a drink of their choice, in reach when they completed people's calls. A person who used the service told us, "They'll [staff] offer to make me a hot drink whatever it is. They're very nice." Staff told us they had supported people in the past who had dietary needs specific to their religion or culture.

People had access to healthcare professionals and staff were aware of the need to be vigilant to changes in people's health. The registered manager told us they provided support to enable people to manage their health care needs such as contacting GPs. They also told us they liaised with families and other health professionals such as speech and language therapists; to ensure people received the healthcare support they needed.

## Is the service caring?

### Our findings

People and their relatives told us they were very happy with the staff provided and the care and support received. Everyone we spoke with said staff were very caring and showed compassion and kindness. One person said, "They [staff] always have time for a chat. They'll even make a cup of tea if needed." Another person said, "Nothing is too much trouble." A relative told us, "They [staff] go above and beyond. They are all friendly and caring." Another relative said, "My mother is always pleased with her personal care and they keep her looking neat and tidy. They even wash her hair."

People told us they were treated with dignity and their privacy was respected. Staff were trained in, and understood the importance of maintaining people's dignity and privacy. They described how they protected people's dignity, such as by closing curtains and doors to ensure no one could see in and always covered people up as much as possible to maintain their dignity. One member of staff said, "I treat people as I would want to be treated myself." Staff understood the need to respect people's confidentiality. One staff member said, "I am very aware we must not speak about people in public or around other clients and family."

Staff spoke with warmth and respect about the people they cared for. It was clear they valued people as individuals. They demonstrated a caring nature. A person who used the service told us, "The staff will help me if I've got something that I'm worried about. They will listen and we'll discuss it. I feel a lot better after our little chats. I don't have any relatives." We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

Staff spoke of the importance of encouraging people to be as independent as possible. They said they had enough time to carry out their tasks in a way which promoted and encouraged people's independence. Staff knew people well and encouraged people to express their views and to make their own choices. Care plans included people's preferences and choices about how they wanted their support to be given.

People and their relatives were listened to and felt involved in making decisions about their day to day care. People told us they had a copy of their care plan and had signed to say they agreed with the care provided. People's relatives also told us they had signed a care plan to show their involvement in planning their family member's care. Records showed people and their relatives were also involved in reviews of their or their family member's care.

The registered manager told us no one who currently used the service had the support of an advocate. They were however, aware of how to assist people to use this service if needed and had done so in the past. An advocate supports people by speaking on their behalf, in their best interests, to enable them to have as much control as possible over their own lives.

## Is the service responsive?

### Our findings

Detailed assessments of people's needs, prior to agreeing a service, were undertaken in line with guidance and good practice. The registered manager or care co-ordinator met with people to discuss their needs and how they would like their care and support delivered. People's care plans were drawn up from this information. This ensured the service provided met people's individual needs and considered both their physical and mental well-being as well as any cultural needs.

We looked at people's care plans to see if the care and support plans gave clear instructions for staff to follow to make sure people had their needs met. Care plans were individualised; with people's preferences, likes and dislikes recorded so staff knew how best to support people. Care plans contained details of people's routines and information about people's health and support needs. For example, a person's preferred name when it differed from their actual name, a person's preference for female staff to provide their care and guidance on what people liked to wear for bed. It was clear when people had the skills to maintain their independence; such as the ability to clean their own teeth or manage their own medicines.

Staff were familiar with people's care plans and could describe the person-centred care they delivered to people. It was clear they knew people well. Staff understood people's background and knew what care and support they needed. We saw care records included information on people's history; this was called a 'pen picture'. Staff said they found these useful in helping them to get to know people.

We looked at a selection of daily records made at the point of care delivery, and they showed care was given as assessed and planned. There were systems in place to ensure staff received timely information on changes to care needs.

Reviews were held with people who used the service, family members and other social care professionals to ensure people's needs were met and they were satisfied with the service. A relative told us they had recently identified that their family member's care package needed to be updated and they were arranging to meet with the registered manager to do this.

At the time of the inspection no one was receiving end of life care. People's care plans showed end of life plans had been discussed sensitively with people and recorded people's preferred places to be cared for at that time in their life. The registered manager spoke of end of life care they had provided in the past and how they had worked with other agencies such as hospices at that time.

People were supported to undertake activities or pursue any interest they may have; for example, people were supported to go shopping and access local activities in the community such as a local day centre. This helped to reduce social isolation for people.

The registered manager was aware of the Accessible Information Standard. This is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager said they had not yet

had the need to provide information in any alternative formats such as Braille, large print, audio or pictures for people.

The provider had a complaints policy in place and there were systems in place to ensure complaints were addressed and given full investigation and explanation. We looked at the complaints procedure, which informed people how and whom to make a complaint to. The registered manager told us this was given to people when they first began to use the service. We reviewed records of complaint received. We saw the service had responded to complaints and concerns brought to them and recorded any actions taken to resolve people's concerns. People who used the service and their relatives told us they knew how to report any concerns they had and they were addressed to their satisfaction.

## Is the service well-led?

### Our findings

At the last inspection in October 2017 we rated this key question as Requires improvement. We found the provider did not have effective systems in place to manage, monitor and improve the quality of the service provided. At this inspection we found improvements had been made and procedures and systems were in place to enable the quality of the service to be monitored, assessed and look for any improvements that could be made.

There were quality assurance systems in place and a programme of audits which were undertaken by the registered manager and other staff within the office. These included audits of medicines, care records, training, supervision, spot checks and appraisals. We saw medicines audits checked that people's records were accurate and complete and that staff were using the required documentation such as body maps to record the use of topical medicines. We found action plans were developed and signed off when completed to ensure any identified improvements from audits were addressed. Spot checks of staff were carried out to ensure they were undertaking their duties correctly. This also gave the people receiving the service an opportunity to give their feedback on staff's performance.

In addition, the provider monitored the service through monthly reports from the registered manager and by having regular meetings with senior staff where they would agree action plans to continuously look at service development and improvement. The provider's compliance manager reviewed all audit activity and developed an overall action plan for the service. For example, it had been identified that staff were not always wearing PPE so a system of staff signing when they collected their PPE had been introduced. This meant the provider could monitor usage and identify if there were any patterns or trends with individual staff.

The registered manager was supported by two care co-ordinators, two senior care workers an administrator and a team of care staff. People who used the service and their relatives were happy with the service and said they could not think of anything that needed to improve. They told us they thought the service was well managed. The registered manager spoke with pride and enthusiasm about the service and the support they provided to people. It was clear they knew people's needs well and maintained a presence within the service.

Staff spoke highly of the support they received, and told us how much they enjoyed their job. Comments we received included; "I love my job and all the people I care for" and "It's the lovely people I go to that makes the job for me." Other staff told us they received the support they needed to carry out their role effectively and found all the management team approachable. They said the management team worked alongside them to ensure good standards were maintained and the registered manager was aware of issues that affected the service. We saw staff meetings took place and staff told us they could contribute ideas or raise any suggestions they may have. The service was open and honest, and promoted a positive culture throughout. Staff felt listened to and able to raise any concerns or ideas they may have had about improving the service.

People who used the service and their relatives were asked for their views about the care and support the service offered. Regular quality check visits or telephone calls were carried out. Those we looked at showed people were satisfied with the service and included comments such as; 'Very happy with staff. Good team', 'Carers all do very well' and 'Good team of staff, all support one another'. We saw these compliments were passed on to staff.

The provider also conducted an annual survey to gain people's feedback on the service. We looked at the results of the most recent survey, carried out in 2018, and saw there was a high degree of satisfaction with the service. For example, 98% of people thought their privacy and dignity was respected and 97% of people thought staff had the right skills to provide their care. One percent said staff did not; and in response to this the provider reviewed staff training to see where they could make improvements. The results of the survey were shared with people who used the service.

Policies and procedures to guide staff were in place and had been routinely updated when required. This ensured staff were following current best practice guidance. We noted the medicine's policy needed some clarification when referring to 'compliance aids' and the expectation that staff could individually identify each person's medicine. The registered manager agreed to review this to ensure consistency between these parts of the policy and practice were maintained.

There were clear lines of responsibility and accountability within the service. The registered manager was aware of their responsibilities to report accidents, incidents and other notifiable events that occurred within the service to the Care Quality Commission so that any action needed could be taken. The registered manager worked in partnership with other agencies when required, for example healthcare professionals, the local authority and social workers.