

Romie Care Services Limited

Romie Care Services Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Romie care Services Ltd is a domiciliary care service which is registered to provide personal care to people living in their own homes. At the time of inspection, 70 people were receiving care and support services.

The service had a registered manager who is registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

People's experience of using this service:

- The provider's systems had not been effective at improving the quality of the service and the service had failed to achieve and sustain a minimum overall rating of 'Good' at four consecutive inspections.
- In the previous Inspection (report published 05 December 2018), we found three breaches of regulations and we issued a warning notice, requiring the provider make the required improvements. This was a focussed inspection to check their progress and if they had now met the regulations.
- At this inspection we found some improvements had been made. The service has improved in the key question of responsive, which we now rate as good and the regulation had been met. Improvements have also been made under safe and well led, however, further improvements were needed and the rating for safe and well led remain as 'requires improvement.' The provider remains in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Since the last inspection improvements had been made and rotas and calls times had been re-organised. People told us call times had improved and were now consistent. Staff told us the rotas were better organised and much improved. However, we found some calls were still shorter than agreed and allocated call length, for example, we found evidence that some people had received some calls that were less than half of the agreed time
- Some risk assessment records, giving staff guidance on people's risks, had not been updated and reviewed in line with the provider's own guidelines.
- We found that comprehensive audits were not in place in all areas and that areas identified as requiring improvement at the last inspection, for example, call lengths, had not been addressed.
- Improvements had been made in the management of concerns and complaints. A daily log of calls had been developed to give the action taken in response to each call and this was analysed monthly. Written complaints received had been logged, investigated and responded to and subsequent follow up calls made to ensure people remained satisfied.

- People and their relatives said the management of the service had improved since the last inspection.

Rating at last inspection: At the last inspection we rated Romie care Services Ltd as 'Requires Improvement' (report published 05 December 2018).

Why we inspected: In the previous Inspection, we found breaches of regulations and we issued a warning notice. This was a focussed inspection to check their progress and if they had now met the regulations.

Enforcement:

Full information about CQC's regulatory response to the more serious concerns found in inspections is added to reports after any representations and appeals have been concluded.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 is not consistently safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service responsive?

The service is responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service is not consistently well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Romie Care Services Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team: The inspection was carried out by one inspector 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. The expert's area of expertise was older people and dementia.

Service and service type: Romie care Services Ltd is a domiciliary care service.

Notice of inspection

We gave the service 48 hours' notice of the inspection site visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 21 February 2019 to see the manager and office staff; and to review care records and policies and procedures. We made telephone calls to people who used the service and their relatives on 20 and 21 February 2019.

What we did:

When planning our inspection, we reviewed any information we had received about the service. We also contacted the local authority for feedback about the service. We used this information to help us decide what areas to focus on during the inspection.

During the inspection we spoke with five people who received care by telephone. We also spoke with 11 relatives of people who received care. We spoke with the provider, the registered manager, the system administrator, one team leader, one senior carer and four care assistants. Romie Care is run as franchised branch of Surecare and we also spoke to the business development manager from Surecare.

We looked at the care records for six people, three staff recruitment records, complaints records and records relating to the quality and management of the service.

Details are in the Key Questions below.

Is the service safe?

Our findings

At our previous inspection on 11 October 2018 we rated the service under this key question as 'requires improvement' due to concerns about people receiving late calls and short calls, as a result the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the provider was no longer in breach of the regulations. However, we found further improvement were still required, therefore the rating remains as 'requires improvement.'

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement - Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At the last inspection we found that some people were receiving short calls, with staff not staying for the full allocated time. At this inspection people we spoke to said care staff stayed long enough to complete their tasks and did not raise any concerns, but when we checked the call records for four people, all four were consistently receiving significantly short calls.
- Risk assessments were in place to give guidance on minimising people's risks. We looked at care records for three people and found that the risk assessments had not been updated and reviewed in line with the provider's own guidelines. For example, one person was assessed as being at medium risk of developing sore skin. In line with the provider's own guidelines this required reviewing on a three-monthly basis. We found the record had last been reviewed in May 2018. We checked other information that showed the level of risk had not changed for this person.
- Staff we spoke with were knowledgeable about how to minimise risks to people. For example, one relative told us their family required the support of two staff. They said, "Two carers always come, and they look after [person's name] lovely."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were happy with the support they received. One person told us, "I feel safe, they [staff] know what they are doing."
- The provider had safeguarding policies and procedures in place and staff demonstrated a good understanding of how to spot signs of abuse and how to report concerns both within the organisation and externally. One staff member said, "I would happily raise issues. People's safety is the first concern."

Staffing and recruitment

- People told us improvements had been made since the last inspection and call times were now more consistent and if staff were now running late, they would call ahead to advise them. One relative commented, "They are brilliant. They do arrive on time. If a carer [member of staff] is going to be late they let me know. In the past it has been up and down but now it is better."
- The provider told us since the last inspection they had re-scheduled all care calls and introduced new staff

rotas. Staff we spoke with confirmed that improvements had been made in the organisation of the calls with adequate travel time included.

- At our previous inspection we found the provider needed to strengthen their recruitment process further and ensure a full employment history was completed for all staff. At this inspection, we looked at three employment records and saw the provider had addressed the interview process and the gaps in people's employment record. The management team also advised they planned to redesign their interview record to include this information.

Using medicines safely

- At our previous inspection, there was no evidence of the provider completing medication audits to ensure people were receiving their medication as prescribed. At this inspection we found improvements had been made and we saw audits were now in place. Staff also told us that checks were made and any errors, for example, a missing signature on records would be addressed by the management team.

- Staff told us they felt confident providing support with medication and had been trained to do so. Staff explained how they recorded what people had taken on their medication administration record (MAR) and any concerns or changes were recorded and reported to the office.

Preventing and controlling infection

- People were protected from the risk of infection because staff had access and wore personal protective equipment (PPE). People and relatives', we spoke with confirmed that staff wore gloves and aprons when required.

Learning lessons when things go wrong

- We found improvements had been made and lessons were learnt and shared when incidents or errors had occurred. For example, the system to log calls into the office had been redesigned to record more information and to show the actions taken in response. At the end of each month the provider completed analysis of the calls received to identify any trends and learning.

Is the service responsive?

Our findings

At our previous inspection on 11 October 2018 we rated the service under this key question as 'requires improvement' due to concerns we identified that complaints and concerns were not being responded to; as a result, the provider was in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the provider was no longer in breach of the regulations and this key question is now rated as 'Good.'

Responsive – this means we looked for evidence that the service met people's needs

Good - People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People said the service was responsive when they asked for changes in call times, for example, if they needed to cancel a call to attend a healthcare appointment. One person said, "I used to cancel appointments. Now I can ring them up [and request a change]."
- Records we viewed showed that care plans were person centred and included the way people preferred their care to be given. We saw that where reviews had taken place, the person's input into what they were happy or unhappy with had been recorded and changes made. For example, one person requested a later night time call in the summer reflecting the lighter nights.
- We received mixed feedback about the frequency of care plans reviews. Some people said they had been done recently but others felt their last review was some time ago. People also commented that since the provider introduced an electronic record system they had less access to some information. We spoke to the provider about this and they advised that immediately following the inspection they would review the paperwork held in people's homes to ensure it contained all the information they required.
- People and relatives told us improvements had been made to ensure consistency in staffing. This had enabled staff to build up a good knowledge of people's care. One relative said, "We have a small team of carers. [Person's name] knows them all and is happy with them. They have a great rapport."
- Staff said communication to update them about changes in people's needs had improved. One member of staff said, "Communication has improved. We [staff] all talk together. On call [office staff] update us."

Improving care quality in response to complaints or concerns

- People and relatives told us improvements had been made and they now felt any complaints or concerns were listened to and action taken in response. One person said, "I have complained about [two concerns]. Both issues were sorted out."
- People also said that improvements had been made in office staff returning calls. One person said, "I can ring up now and speak to them. The office will ring me back promptly if I call them and leave a message."
- The provider had introduced a record of both verbal and written complaints. We saw that these were acted on appropriately by responding to the concern and reporting back to the complainant with the outcome in an open, honest and timely way. In addition, the provider was competing a follow up call after the conclusion of the complaint, to check that things were still satisfactory.

End of life care and support

- The service was not currently supporting anyone who was receiving end of life care.

Is the service well-led?

Our findings

At our previous inspection on 11 October 2018 we rated the service under this key question as 'requires improvement' due to concerns we identified. As a result, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we issued a warning notice, requiring the provider make the required improvements. At this inspection, we found the provider remained in breach of Regulation 17 and further improvement was required. The rating for this key question remains as 'Requires Improvement.'

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement - Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had developed and improved their quality assurance systems since our last inspection. We saw they were completing audits for call start times, medication and on call record logs (records of calls into the office). However, comprehensive audits were not in place in all areas. We found areas identified as requiring improvement at the last inspection, for example, call lengths, had not been addressed and people continued to receive short calls.
- The provider was not able to evidence any management or audit reports showing that the length of calls had been monitored. However, the provider did advise they had started to monitor call lengths for one staff team and action had been taken to address concerns with two members of staff.
- We found audits of care plans had not identified that risk assessment records had not been reviewed in line with the providers own guidance. The provider and the registered manager acknowledged the audits were not in place and that further improvements were needed.

These issues constitute a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff confirmed improvement had been made in communication from the management team and regular spot checks took place from which they were given helpful feedback for areas where they could develop their practice.
- The provider displayed their CQC as required so that people would have access to this information.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives spoke positively about the improvements in the service since the last inspection. One person said, "Six months ago, I was thinking of changing agencies but not now."

- Since the last inspection the provider had reduced the number of people they provided care and support to. They advised they had done this to give them opportunity to address the issues identified whilst taking the opportunity to recruit new staff.
- Staff told us they felt supported in their role and found the registered manager and registered provider helpful and approachable.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people who used the service through phone call reviews, spot checks. The provider also completed a number of personal visits to gain feedback directly from people receiving care.
- The provider told us of plans to implement a review visit for all people receiving support, to seek further feedback on the service provided.

Continuous learning and improving care

- The registered manager also completed care calls with people when required as they felt that this was a good way of keeping their knowledge current.
- The issues identified at the inspection had been discussed at length with the registered manager and provider at the time of the inspection; they were open and honest in their assessment of actions taken following the last inspection. The provider admitted call lengths had not been audited. The provider said, "We are working hard but we understand we are a work in progress."
- The Provider has assured us they would be taking immediate action to rectify the issues identified at this inspection. The provider had an improvement plan in place and said they were committed to keeping the momentum going on the improvements made.

Working in partnership with others

- The provider told us, they worked closely and felt they had a good working relationship with local GP practices and district nurses.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers systems had not been effective at improving the quality of the service.

The enforcement action we took:

We imposed a condition on the provider's registration telling them what action they needed to take in order to become compliant with this regulation.