

The Roof Support Services UK Ltd

The Roof Support Services UK Ltd

Inspection report

402A Crown House
North Circular Road
London
NW10 7PN

Date of inspection visit:
11 January 2017

Date of publication:
03 February 2017

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 inspection took place on 11 January 2017. We gave the provider one week's notice of our visit as the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection. The Care Quality Commission (CQC) registered the service in November 2015 and this was the first inspection of the service.

The Roof Support Services UK Ltd is a domiciliary care service providing personal care and support to people in their home. At the time of this inspection, the service was providing support to three people.

The service had a registered manager. 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.

The provider had systems to keep people safe, people felt safe with the service they received and staff knew how to protect them from potential abuse.

There were enough care workers recruited to care for and support people and the provider carried out checks before care workers started to work with people.

Care workers had the training and support they needed to care for and support people using the service.

Care workers understood and respected people's decisions and choices.

People were supported to eat and drink sufficient amounts and were assisted by staff to access healthcare services when needed.

Care staff understood people's care and support needs and people told us their care was provided in kind and sympathetic way.

People were involved in planning their care which was delivered by staff in ways that respected their privacy and dignity.

People were involved in assessments of their care and support needs and the provider ensured they received care and support in ways they preferred.

People could be confident their concerns would be listened to and acted on.

The service had a qualified and experienced manager who was committed to delivering high quality, person centred care and support to people using the service.

The provider had systems in place to monitor quality in the service and make improvements.

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.

The provider had systems to keep people safe, people felt safe with the service they received and staff knew how to protect them from potential abuse.

There were enough care workers recruited to care for and support people and the provider carried out checks before care workers started to work with people.

At the time of this inspection the service did not support people with managing their medicines.

Is the service effective?

Good ●

The service was effective.

Care workers had the training and support they needed to care for and support people using the service.

Care workers understood and respected people's decisions and choices.

People were supported to eat and drink sufficient amounts and were assisted by staff to access healthcare services when needed.

Is the service caring?

Good ●

The service was caring.

Care workers understood people's care and support needs and people told us their care was provided in kind and sympathetic way.

People were involved in planning their care which was delivered by staff in ways that respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in assessments of their care and support needs and the provider ensured they received care and support in ways they preferred.

People could be confident their concerns would be listened to and acted on.

Is the service well-led?

Good ●

The service was well led.

The service had a qualified and experienced manager who was committed to delivering high quality, person centred care and support to people using the service.

The provider had systems in place to monitor quality in the service and make improvements.

The Roof Support Services UK 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 on 11 January 2017. We gave the provider one week's notice of our visit as the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the service, including statutory notifications of events that affected people using the service.

During the inspection we reviewed the care records for all three people using the service, three staff files and other records related to the running of the service. These included the service's policies and procedures, complaints records, accident and incident reports.

Following the inspection we spoke with one person using the service, a relative of a person using the service and one care worker. We also contacted eight health and social care professionals and received comments from one person.

Is the service safe?

Our findings

People using the service and their relatives told us they felt safe with care workers from the agency. Their comments included, "Yes it is safe. I don't worry about that" and "I don't have to worry I know my [family member] is safe."

A social care professional told us, "The service user is happy and feels safe when supported by the care worker provided to them by the agency because they think he is reliable and trustful. They are able to build good relationship with the care worker because he is friendly and assures them about their safety. Furthermore, the manager of the agency or his assistant visit them regularly to ensure they are happy and safe."

The provider had policies and procedures for safeguarding people using the service and they had reviewed and updated these in December 2015. A care worker told us they had access to the information they needed to help keep people safe and take appropriate action if they had concerns about a person's safety. They told us they had completed safeguarding adults training and the training records confirmed this. They understood their responsibility to protect people from harm and could describe the different types of abuse that could occur. They were also clear about the actions they should take if they suspected abuse or if an allegation was made and were aware of how to report any unsafe practice. The care worker's comments included, "I would tell the office if I had any concerns about abuse" and "I did the abuse training and I know I have to tell my manager if I have any concerns."

At the time of this inspection, the provider's care workers were not supporting people using the service to take their prescribed medicines. However, the provider had appropriate policies in place and guidance and training for care workers on the safe management of medicines. The registered manager told us that if a person required support with their medicines as part of their care package, they would arrange additional training for care workers and complete competency assessments before they carried out this task.

We found the provider had recruitment policies and procedures in place and they followed these when employing new care workers. Recruitment records all contained an application form and employment history, two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provided information about any criminal convictions a person may have and helped to ensure people employed were of good character and had been assessed as suitable to work at the service. The care worker we spoke with confirmed they had provided reference checks, attended an interview and had a DBS check completed prior to employment.

We looked at three people's support plans and saw that each contained risk assessments that identified the risk and the support the person needed to minimise the risk. The assessments covered possible risks in the person's home, mobility and moving and handling. All risk assessments included clear guidance for staff on how to mitigate identified risks. The provider had reviewed and updated people's risk assessments regularly to make sure they were current and remained relevant to the individual and their care needs.

The provider deployed sufficient staff to meet people's needs in a safe manner. People's care records showed clearly if they needed support from one or two care workers and care workers' timesheets showed that people received care and support from the correct number of care workers at each visit. The care worker we spoke with said they were given enough time to travel to people using the service and spend the agreed amount of time supporting them. People's relatives told us care workers never rushed a support visit, were usually punctual and always stayed the allocated amount of time. One relative said, "The carer is always on time" and "Only once they rang me to say they were running a bit late."

Is the service effective?

Our findings

People received care and support from care workers who were trained and knowledgeable about how to meet their needs effectively. People using the service and their relatives commented, "My carer knows how to look after me very well" and "All of the carers we've had have been very capable."

A social care professional told us, "I am really impressed with the effectiveness of the service provided by the agency. Following their involvement, the service user started to wake up in the morning; have his bath and brushes his teeth; prepare his breakfast and eats and drinks well; involvement in preparing his lunch and dinner; involved in tidying up his place and take his morning medication. In the evening, he has also been able to be involved in preparing his dinner; eating his meal very well; tidying up his place; taking his medication and brushing his teeth. Furthermore, he has been able to go for shopping, cinema, going to shopping centre, the park and cut his hair regularly. I am hoping his activities to further increase in the coming few months."

The provider and registered manager supported care workers and ensured they had regular supervision meetings with the registered manager. The staff files we reviewed all included records of regular supervision meetings. As the service had only recently started to provide the regulated activity personal care to people using the service, no care workers had been employed for more than 12 months. As a result, an annual appraisal of their performance was not available. Care workers told us that they could discuss any work related matters in their supervision including topics such as personal development. One care worker said, "I meet regularly with my supervisor and it is a great help."

Care workers had the training they needed to provide care and support to people using the service. Records showed care staff had completed training the provider considered mandatory. This included health and safety, food hygiene, safeguarding adults, infection control and emergency first aid at work. A care worker told us "I have completed my mandatory training and it has helped me to work with the people I support."

Care workers were able to demonstrate that they knew people's needs well. People's relatives told us they usually had the same care workers as there was a small team. This ensured continuity of care and relatives told us the care workers had got to know their family member's routines, likes and dislikes.

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. We checked whether the service was working within the principles of the MCA and found that, where the provider felt a person may lack capacity to make a decision, they worked with the local authority and the person's family to ensure they completed assessments and made decisions in the person's best interests.

We saw that people using the service or their relatives had been involved in their care planning and had

signed to demonstrate they had given consent to the care and support they received. Care workers told us they always gave people the option to accept or refuse their offer of care or support. A care worker said, "If people don't want the support I offer, I must respect that, but it is not usually a problem."

Care workers supported people to maintain a healthy and balanced diet. One person's support plan included, "Carer should support [person's name] with meal preparation and help her to eat. Respect her choices and wishes." A relative told us, "The carers always make sure [family member's name] has enough to eat and drink." A care worker said, "If it is in the plan I will help with meals and I always make sure [person's name] has a drink left for them when I leave." The daily care notes we saw confirmed this.

The provider told us that where people's care plans included support to access healthcare services, care workers would provide this. In most cases, people or their relatives managed their own health care but a care worker told us they would support people if it was part of their care plan or in an emergency.

Is the service caring?

Our findings

A person using the service said, "The carers are very good, I'm sure they care." A relative told us, "I think the carers are excellent, they treat people with respect."

A social care professional told us, "The service user feels very comfortable and happy with the support that he receives from the agency because he thinks he is supported with respect and caring. At times the manager of the agency uses his car to transport him to a shopping centre and Clozapine Clinic. The agency also had spent extra time to help him to decorate and paint his flat which shows their caring and commitment to support the service user."

A care worker told us they had discussed the importance of respecting people's privacy and dignity as part of their induction training. When we asked them how they did this in their daily work, they told us they always made sure they closed the bedroom or bathroom door when they supported people with their personal care and addressed them by the name they preferred. They told us, "Some people like to be called Mr or Mrs, others like you to use their first name. It is important to know this and respect their wishes."

Is the service responsive?

Our findings

People using the service received care and support from care workers who knew and understood their needs. One person said, "All my carers make sure they are doing everything they need to do." A relative told us, "We've been lucky to have the same carers for some time now. They know my [family member] very well and they are fantastic." Care workers could describe how the care they provided was tailored to individual's needs and was always being adapted as the person's support needs changed. For example, one care worker told us, "I would tell the office if I thought someone needed more help or was not getting enough time."

A social care professional told us, "The agency is consistent in accomplishing the agreed care and support plan on time. As a result, the service user has shown a lot of improvement in the last two and half months."

When care workers started to work with new people using the service, they told us they had the information they needed to provide safe and appropriate care. One care worker said, "I always look at the support plan if I'm working with a new client" and "We always shadow other care workers who know the person so we get to know them before we provide their care."

People's support plans covered their personal, social and health care needs and detailed the support their care workers provided on each visit. The support plans were person centred and emphasised what the person using the service could do for themselves, as well as the support they needed. For example, one person's summary of care said, "Her choice must be respected. However, self-neglect must be avoided." The person's daily care notes showed care workers encouraged the person to do as much as they could to help with their personal care, dressing and managing their medicines. The support plans were working documents and were adjusted, as people's needs changed, with the involvement of any relevant family and professionals.

The support plans we checked during the inspection had been regularly reviewed and updated with the person using the service or their representative. For example, clients had signed some elements of their support plan and their relatives or other representatives had signed others. The provider had reviewed all of the support plans regularly. The review of one's person's care and support noted, "[person's name] says she is happy with the support provided. She feels more confident and happy that her carers always listen to her."

People were aware of how to make a complaint and the provider supported and encouraged them to raise any issues that they were not happy about. The provider reviewed their complaints procedure in January 2016 and this referred clients to the ombudsman and the Care Quality Commission if they were not satisfied with the outcome of the provider's investigation. People told us they had received a copy of the complaints procedure. A relative told us, "There is a complaints procedure but we have never used it." The registered manager confirmed there had been no complaints since the service started operating.

Is the service well-led?

Our findings

A social care professional told us, "The manager and senior care assistant do not just leave the support and caring to the care worker allocated, but, they have been directly involved in monitoring and supporting him. They are also keen in attending during CPAs and review meeting."

The registered manager was a qualified nurse who had worked with people with a mental illness in the National Health Service (NHS) for more than 10 years. They told us they had joined the agency in November 2015 to establish personal care support services for people living in their own homes. They also said they were working part-time in a NHS setting to maintain their professional registration as a nurse and to keep up with developments and training in delivering care to people living with a mental illness. The provider confirmed they would review the registered manager's position as the business grew and the service needed a full-time manager.

The provider had systems in place to monitor the quality of the care and support they provided and to make improvements. They used an electronic system to enable care workers to log in when they arrived at and left a person's home. This enabled the provider to monitor the length of time care workers spent providing care and support and also enabled them to ensure care workers had sufficient travel time between appointments. We checked the record of recent calls and saw the care workers arrived on time and spent the allocated amount of time with their clients. Where care workers needed to travel between appointments, the provider allowed sufficient time.

The registered manager told us they carried out regular spot check visits to people's homes to make sure their care workers arrived on time and completed the tasks included in people's support plans. They also told us they used these visits to discuss their care with the person using the service and review the quality of care workers' recording in the daily care notes. We saw the registered manager countersigned the daily records each time she carried out a spot check.

The provider had a quality assurance policy that included an annual quality review of each person's care. They told us they had not carried out a review at the time of this inspection as they had only been supporting people for six months.