Rosemont Care Limited

Rosemont Care Limited t/a Rosemont Care

Inspection report

11 Park Lane
Hornchurch
Essex
RM11 1BB
Tel: 01708 505511

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Ratings

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

Overall summary

This inspection took place on 9 June 2015 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in the office and able to assist us with the information we require for the inspection. At our previous inspection of this service on 28 August 2013 we found they were meeting the legal requirements relating to the areas we inspected.

Rosemont Care provides personal care for over 100 people ranging from older adults to younger people with disabilities in the London boroughs of Barking and Dagenham and Havering. They also provide reablement services for up to six weeks and aimed at promoting and encouraging people to function independently after leaving hospital or when recovering from an illness.

Summary of findings

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.

Although there were systems in place to monitor the quality of care delivered and staff training, we found shortfalls in the training methods, appraisal, supervision and training topics available for staff. The main issues highlighted by people relating to quality of care delivered had not yet been fully addressed. These included late visits and missed visits.

The registered manager and staff understood their roles well. Staff told us they were supported by the registered manager and we found three staff had been promoted to supervisors.

Risks to people and the environment were assessed and managed well. Accidents and incidents were reviewed to identify patterns and provide the right support to people.

People were supported to understand how to stay safe. Staff had a good understanding of how to recognise abuse and how to help protect people from the risk of abuse. Safeguarding procedures had been followed to keep people safe.

Recruitment procedures were thorough ensuring only staff who were suitable worked with people who used the service. Staff were supported through induction and regular spot checks.

Staff were kind and treated people with dignity and respect. Care plans reflected people's views on how they wanted their care to be delivered.

People told us they were supported to eat and drink a balanced diet. Staff were aware of people who were on special diets and ensured that they served the appropriate food.

The policy in relation to the Mental Capacity Act 2005 was very brief and did not contain sufficient information for staff. Staff had limited understanding and could not explain how the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) applied to their role.

People received personalised care that was responsive to their needs. We saw evidence that the service had worked with other professionals such as district nurses, GP's and pharmacists in order to deliver care.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe and could trust regular staff. When allegations of abuse were made action was taken in line with procedures to keep people safe. Staff understood how to recognise and report abuse.

There were enough staff to meet people's needs. Recruitment procedures were robust and ensured that appropriate checks were completed before staff were employed and allowed to work with people.

Medicines were handled safely. Risk assessments were in place for medicine management people and the environment. Staff were aware of the procedures for handling incidents and medical emergencies.

Is the service effective?

Requires improvement

The service was not always effective. Staff were supported by effective induction. However we found shortfalls in the training and appraisals process. Refresher training was not always frequent and some methods of training used did not always ensure that staff understanding was assessed.

Staff had some knowledge about the Mental Capacity Act 2005 but had not yet received training. They were not aware of Deprivation of Liberty Safeguards.

People told us they were supported to eat and drink a balanced diet. Staff were aware of people who were on special diets and ensured that they served the appropriate food.

Is the service caring?

Good

The service was caring. People told us they were treated with dignity and respect.

Staff knew the people they cared for, including their backgrounds and preferences.

The service also provided reablement services for up to six weeks aimed at promoting and encouraging people to function independently after leaving hospital.

Is the service responsive?

Good

The service was responsive. People told us they received personalised care that was responsive to their needs. Staff were aware of care plans and people's individual preferences.

There was a complaints system in place which ensured complaints were investigated and responded to within defined timescales.

Summary of findings

Is the service well-led?

The service was not always well-led. People told us they could get through to the main office and confirmed they were sometimes asked to give verbal and written feedback.

Systems to monitor the quality of service provided had shortfalls. We identified areas that needed to be addressed. These included appraisals, supervision, maintaining accurate records of training given, reviewing the quality of training, and ensuring that the documents relating to the care of people were up to date and easily accessible.

Requires improvement

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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 9 June 2015 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in the office and able to assist us with the information we require for the inspection. It was undertaken by a single inspector and an expert by experience made calls to people who used the service. 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 information we held about the service and the provider. This included details of statutory notifications, safeguarding concerns, previous inspection reports and the registration details of the service. We also contacted the local authority and the local Healthwatch in order to get their perspective of the quality of care provided.

During the inspection we visited one person's home with their consent. We observed how staff interacted with this person. We spoke with the registered manager, three supervisors, four care staff and the call log compliance officer (a person who monitored staff log in at the beginning of each visit and logged out at the end). We looked at eight people's care records, five staff files and records relating to the management of the service.

After the inspection visit we spoke with 13 people who used the service over the telephone and nine relatives. We also spoke with health and social care professionals including social workers and district nurses.

Good

Is the service safe?

Our findings

People told us they felt safe and reassured by staff who came to care for them. One person told us, "I trust the staff who look after me." Another person said, "Yes, I do feel safe." People were safeguarded because the service responded appropriately to allegations of abuse. There had been several safeguarding alerts at the service. These had all been referred to the local authority, the police where appropriate and to the Care Quality Commission (CQC). Staff received training on how to safeguard people as part of their induction. We saw evidence of this in the records we reviewed and found that staff were aware of the different types of abuse and how to report. There were procedures to protect people from abuse.

People, staff and relatives told us there were enough staff to meet people's needs with the exception of two people and two relatives who told us that they got the impression that staff were rushed especially at weekends. We asked for and found that although some visits were late due to last minute cancellations, there were very few occasions where visits had been missed. The service had a contingency plan to try and ensure that there were always enough staff to meet the needs of new people and to cover for sickness and any other absences.

Recruitment practices were comprehensive as necessary checks were carried out so only people deemed suitable for working with people in their homes were employed. These checks included proof of identity, work history, references, disclosure and barring checks (checks made to ensure staff were suitable to work in the care industry) and right to work in the UK.

The service followed clear staff disciplinary procedures when it identified staff were responsible for unsafe practice. When allegations against staff were made they were removed from the workplace to protect people, and themselves from further allegations. Investigations were completed and disciplinary action taken where necessary.

Medicines were appropriately managed. We spoke to staff and they said they received training on medicine administration and were aware of how to report if a person was refusing medicine or if they found any medicine errors. We looked at staff files and saw that staff who gave medicine had received training and were aware of the procedure to follow if they found any discrepancies. However there were no competency assessments on file to ensure that staff understood the medicine administration process especially potential side effects of medicine they may be prompting. There were no medicine administration records in people's files located at the office. We spoke to the registered manager about this and they said they would bring old medicine records to the office.

Staff were aware of the procedures to follow in an emergency in order to get help for people. They told us that the supervisors would provide cover for the rest of the visits to enable staff to stay with people until an ambulance came and next of kin was notified. Incidents and accidents were reviewed regularly and appropriate remedial action was taken. Staff were aware of when to fill these in and told us they would call the office as soon as possible. Accident and incident reports were reviewed and appropriate referrals were made where support from other professionals was identified.

We saw that risks to people's home environment were assessed annually and reassessed as and when people's conditions changed or deteriorated. Other risks such as reduced mobility, falls, skin integrity were also assessed and reviewed and made known to staff when they started to care for the person.

Requires improvement

Is the service effective?

Our findings

People had differing experiences of the consistency of care delivered. Most people were very positive about the care they received with the exception of two who thought some staff were not good at having a conversation while they did their job. One person said, "They do a good job, they are kind and patient." Another person said, "After asking, we usually get staff we know now."

People thought they were cared for by staff who had an understanding of how to deliver their care needs.

We saw evidence that staff had completed a three day induction program followed by two days of shadowing and received mandatory training. In addition a staff handbook was issued to all staff which contained policies and procedures they needed to know. We identified shortfalls in the training methods used. For example four out of the eight files were reviewed contained unmarked or ungraded completed written assessments of staff. Similarly a fifth staff file that had been marked had a low score and there was no documented evidence to show what was done to improve the knowledge of this staff member. Two out of four staff said that simulation training for manual handling was not completed before they started work and that this was only done by shadowing an experienced staff in people's home. Furthermore we found that staff had limited understanding about the Mental Capacity Act 2005 and not attended any training. All of the above did not ensure that staff had enough knowledge to support people effectively.

Staff told us that they had received at least one spot check (a check completed by the supervisor in the person's home to ensure that care is delivered according to plan) in the last six months. Staff files we reviewed only showed that one out of eight staff had attended a supervision session in 2015 and none of the staff who had been working at the service for over a year had an appraisal on file. There was no evidence of personal development plans or objectives set for the next year in order to enable staff to deliver evidenced based care to people.

The policy in relation to the Mental Capacity Act 2005 was very brief and did not contain sufficient information for staff. Staff had limited understanding of the systems in place to protect people who could not make decisions and would follow the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).This meant that staff would not know how to effectively support people who lacked capacity or where to find the relevant support.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were happy with the support they received during meal times. One person said, "The staff do a great job. My tea is hot enough and they always warm my meals up." People who received support with meals had care plans with their preferences outlined. Staff were aware of the need to report any low appetite or when people were not adhering to their recommended diets. People were supported to maintain a balanced diet by staff who were able to recognise and report any signs of malnutrition.

Staff demonstrated and understanding of how they would obtain consent to care and support. They told us they would record and report any persistent refusal of care to the supervisors and try to come back at a later time. Staff gave examples of how they would communicate effectively with people who were confused, hard of hearing and people with communicating difficulties. We observed staff speaking to a person and ensuring they understood before delivering care. People told us that staff usually asked for permission before they delivered personal care.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. People told us that staff were supportive and happy to ring their GP or district nurse for them when required. Care plans we reviewed had the contact details of all professionals involved in providing care to enable staff and people to contact them when required.

Good

Is the service caring?

Our findings

People told us that their main care workers were kind and compassionate and had built a rapport with them. One person said, “I have the same staff all the time. They come in pairs and are all kind to me.” Another person said, “The staff are quite good and caring.” People were involved in making decisions about their care on the day but not always involved in decisions about who gives the care or when they come. People kept their care plans in their home and were aware of the number of hours they were to receive weekly. People told us they guided staff daily when they came to ensure there care was delivered according to their preference.

People felt listened to and had their views in relation to care given on the day was acted upon. One person told us, “Staff take note of what I say and make my bed the way I want.” Another person said, “There were a lot of staff changes at the beginning. We seem to get the same one’s now which we prefer.” A third person told us, “They [staff] ask me what I would like.”

People told us that staff treated them with dignity and respect. One person said, “They are respectful. They are very gentle when they shower me. They shut the door so no-one can see me.” Another person said “I think they are respectful, they are not rough or nothing.” A third person told us, “I think they are very respectful to me.” Eight out of the nine relatives we spoke with told us that their relatives were treated with respect. Staff told us that they always tried to ensure people’s privacy and dignity by keeping them covered during personal care.

People were encouraged to be as independent as they wanted to be. Staff told us how they encouraged people to do as much as they could for themselves such as choosing clothes, cutting up their food and washing their face. The service also provided reablement services for up to six weeks aimed at promoting and encouraging people to function independently after leaving hospital.

Positive caring relationships were developed with people. One relative said,” The lady in the evening speaks her language that makes her feel more comfortable.” A person told us, “Yes, I like the way they care for me. Very friendly, you can have a laugh.” Staff we spoke with knew the people they cared for well and had developed supportive relationships with them. We observed two staff who were on a double up visit interacting with a person effectively. They asked what the person wanted and listened to their choice.

Staff demonstrated how they supported people at the end of their life to have a comfortable, dignified and pain free death. They told us that they listened to people and their relatives’ last wishes and liaised with other professionals such as Macmillan nurses and district nurses to ensure that people’s wish to pass away in their own home was respected and enabled.

Good

Is the service responsive?

Our findings

People said staff listened to them and delivered care according to their personal preference with exception of one person. The concerns of this person were being dealt with by the service at the time of inspection. One person said, “I can change my times because I am going out; they are helpful in changing it.” A relative said, “She does prefer certain staff. They have accommodated her”, and “What she needs, they do well”. Another relative said, “Yes, I would say they listen to him. If he says he can’t get up today they would make sure he is clean, tidy and comfortable.”

People received personalised care that was responsive to their needs. People’s care and support needs were assessed when they began to use the service by supervisors. Care plans were developed after an assessment visit which involved the person, their relative and social services. We reviewed care plans and found they addressed specific needs, such as allergies and any support required to make daily decision and personal preferences such as preferred names. We saw evidence that care plans were updated and reviewed as and when people’s conditions changed.

Most people said they had no major complaints except time keeping. People said if they had any complaints they would call the office or speak to the staff looking after them. A person said, “I rang the office today and asked what is going on regarding the early and late calls. She said ‘what time do you want us to come’. She said she would see to it. I think they listened, time will tell if they sort it.” Another person said, “I have complained four times about some minor things which needed tweaking, housekeeping matters. They listened.” During our inspection we saw the registered manager dealt with a request by a person to ensure that weekend staff came for the late night call at a time that suited the person. Staff were aware of the complaints procedure and told us that they would call the office as soon as possible if someone complained about any aspect of care delivered. People were able to make complaints and there was a system in place to ensure that complaints were resolved.

People told us that their family or friends were involved in their care if they wished. One person said their daughter always escalated any concerns. A relative said, “They involve me in his care; we had discussions last week regarding his current package.” Another relative said, “I was involved with discussing his care three months ago when he first started his care. I don’t need to change it, I could if I wanted.” Staff told us how they kept the next of kin informed of any changes.

People were given a service user guide when they began to use the service which gave them information and contact details for the service. This was kept within the care records. One person said, “I have the head office number; they always answer even late evening.” Half of the people we spoke with were aware of their exact care plan. However they all remembered the agreed length and duration of their visits rather than the exact details of the care plan. People knew where to locate the office number if they needed to complain or check on a visit and said they would communicate if they needed the care plan altered. People had access to information about the care they received.

Requires improvement

Is the service well-led?

Our findings

People and staff said they could call the office at any time and speak to someone. Although they did not always know the name of the registered manager they confirmed having met with a supervisor. One person said, "I am able to get through and am confident that my concerns will be heard.

Although systems to monitor the quality of service were in place, we identified areas that needed to be addressed. These included, maintaining accurate records of training given, reviewing the quality of training, and ensuring that the documents relating to the care of people were up to date and easily accessible. There were inconsistent support systems in place relating to the frequency of supervision and appraisals.

Feedback from people was sought but was not always dated or consistently analysed and actioned. Feedback mechanisms were supposed to be two weeks after a person began to use the service then quarterly. However, this was not always documented or dated therefore making it difficult to evidence adherence to the service's policy.

People told us that time keeping was an ongoing problem and sometimes fell outside of the "30 minutes either side of the scheduled visit times" stipulated in the service's policy. One person said, "I met a supervisor two weeks ago. The appointment was very rushed because she said the staff were having an assessment. Nothing was signed. Things agreed regarding improving carer times haven't kicked in". Another person said, "They [staff] come when they like. It should be 10.00am, they turn up at 11.30am/12.00pm. It's been going on for just over a year and it's got worse." A third person said, "It would be nice if they [manager] were more flexible and could change things." A fourth person said, "I have phoned the office a few times because they were late. It's supposed to be 6.00pm; they turned up at 9.00pm. According to the carer the office had put a lot of extra calls on them."

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service had a positive culture that was open and inclusive. Most people thought communication channels were open. One person said, "They usually ring me and ask how things are going. In my eyes they are very good. I cannot fault them." Staff told us the registered manager was approachable. Staff were aware of the vison and values of the service which were centred on people's choice. They told us how they used the principles of care approach in their daily practice. Staff told us they were supported by the registered manager and we found that three staff we spoke with had been promoted to supervisors.

Staff understood their roles and responsibilities and were aware of who to contact out of hours for support or advice. There was a clear leadership structure with supervisors looking after staff in specified geographical areas. This ensured that staff had a named contact person they could get quickly in order to pass on information about people's care. The registered manager ensured that we were notified of any concerns or notifiable incidents in a timely manner.

We found that audits were regularly carried out to check quality of care delivered. These included regular staff spot checks to ensure that they were delivering care according to people's preferences and care plan. We found that call logs were monitored daily and any persistent lateness was escalated to the supervisors. We saw that staff newsletter also highlighted areas to be improved such as ensuring that staff log in and log out at the beginning and at the end of each visit so that they could monitor lateness and ensure that staff were delivering visits for the agreed length of time. There was evidence of regular contact with people and their relatives. Where appropriate adjustments to care packages were made. We found that where the service could not meet the specified requirements they liaised with the local authority to find an alternative service that could meet individual needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes were established but not always operated effectively. Systems did not enable the registered person, to assess, monitor and improve the quality and safety of the services provided effectively. The current system in place had not picked up the shortfalls in staff training or rectified inconsistent visit times. Records were not always complete and contemporaneous record in respect of each service user. Risk assessments were completed but not always dated or signed. There were no medicine administration records in people's files. Regulation 17 (1) (2) (a),(c),(d)(f)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Persons employed by the service provider in the provision of a regulated activity did not always. receive appropriate training, and appraisal as is necessary to enable them to carry out the duties they are employed to perform, Regulation 18 (2) (a)

This section is primarily information for the provider

Enforcement actions

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