

Rosebud Homecare Limited

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Inspection report

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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 

Summary of findings

Overall summary

About the service

Rosebud Homecare Limited is a domiciliary care agency providing personal care to a range of people living in their own homes. At the time of the inspection 24 people were receiving personal care.

People's experience of using this service and what we found.

Staff were not always formally trained to meet people's needs. Some healthcare tasks were being carried out by staff, who had not received formal or up to date training to ensure their practice was safe.

Audits carried out were mostly effective, however there was no training audit, and the lack of staff training in certain areas had not been recognised.

CQC ratings had not been displayed within the service.

People told us they received safe care. Staff understood safeguarding procedures.

Risk assessments were in place to manage risks within people's lives.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

Staffing support matched the level of assessed needs within the service during our inspection.

Staff were supervised well and felt confident in their roles.

When required, people were supported with food and drink and to have a varied diet.

When required, staff ensured people's healthcare needs were met, and people had access to health professionals as required.

Staff treated people with kindness, dignity and respect and spent time getting to know them.

Care plans reflected people likes dislikes and preferences.

People and their family were involved in their own care planning as much as was possible.

A complaints system was in place and was used effectively.

The registered manager was open and honest, and worked in partnership with outside agencies to improve people's support when required

The service had a registered manager in place, and staff felt well supported by them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives .

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (report published 12/01/2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Rosebud Homecare 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 1 July 2019 and ended on 3 July 2019. We visited the office location on 1 July, and made phone calls to people and staff on 3 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service, one relative of a person who used the service, three staff

members and the registered manager. We reviewed a range of records. This included three people's care records and four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe using the service. All the people we spoke with felt that staff supported them in a safe manner. One person said, "I feel safe, very comfortable with the staff."
- All staff understood their safeguarding responsibilities. Staff were trained in safeguarding procedures and told us if they had a concern about a person's well-being they would report it to management, the local authority safeguarding team, the police or the Care Quality Commission.

Assessing risk, safety monitoring and management

- Risk assessments were formulated to ensure that risk was managed for each person's support. These included environmental assessments of people's homes, moving and handling, and personal care.
- The people we spoke with were happy that assessments reflected the risks that were present in their lives, whilst remaining positive and allowing them to maintain independence.
- Most risk assessments were reviewed and updated regularly. Some assessments we saw had not been reviewed in over a year. The registered manager said they would be updating them shortly.

Staffing and recruitment

- There were enough staff employed by the service. People told us that staff arrived to provide care on time, and their care was provided consistently by the same carers.
- Safe staff recruitment procedures were carried out by the service. We looked at staff files which showed that all staff employed had a disclosure and barring service (DBS) security check, and had provided references and identification before starting any work. This ensured that only people suitable to work in care, were employed by the service.

Using medicines safely

- People received their medicines safely. Many people managed their own medicines or had support from family. When staff did administer medicines for people, medication administration records (MAR) in use were accurate, and regularly checked for any mistakes.

Preventing and controlling infection

- Staff were trained in infection control. Personal protective equipment, such as disposable aprons and gloves, were available for staff to use in people's homes.
- People told us staff used the personal protective equipment when providing any personal care to them.

Learning lessons when things go wrong

- Lesson were learned, and improvements made when things went wrong or when improvements were required. The registered manager told us the local authority had recently carried out checks on the service. They had raised that notes being taken by staff were not always clear and easy to read. As a result of this, a new system had been developed to ensure clearer and more concise note taking from staff.
- Accidents and incidents were monitored, and action taken to address any identified concerns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Appropriate staff training had not always taken place. Staff were supporting a person who had a percutaneous endoscopic gastrostomy (PEG) tube fitted. This is a tube which is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding and administering medicines, when oral intake is not possible. Staff supported the person with both food and medicine intake via the PEG, but had not had any formal training or supervision to do so. The registered manager told us that one staff member had received formal training from a nurse several years ago, and other staff learned from them in turn. Staff were also supporting a person with catheter care, and the use of oxygen, without formal training having taken place. This meant the person was being supported by staff that were not suitably qualified or trained with the up to date and appropriate knowledge to manage these tasks.

This was a breach of Regulation 18(2)(a) staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other areas of training had taken place such as manual handling, safeguarding, and infection control. Staff told us they received induction training before starting work in the service, and they felt confident to carry out their roles.
- Staff received regular supervision and support from the registered manager which included regular spot checks.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received pre- assessments before receiving any care to make sure the staff were able to provide the correct care and fully understand their needs. This process ensured the service only supported people with needs they were able to meet.
- Staff understood people's individual preferences, and routines. They confirmed they had time to read people's care plans and that changes to people's needs were communicated to them effectively.

Supporting people to eat and drink enough to maintain a balanced diet

- Where the provider took on the responsibility, staff supported people to eat and drink sufficient amounts. One person told us, "The staff only do my morning call, but if I want a sandwich or something making they will do it for me, and leave it in the fridge for lunch. They know what I like."

- Most people required minimal support in this area, but staff understood the support required and records reflected how people should be assisted with food preparation.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff worked in partnership with health and social care professionals to maintain people's health. This included district nurses occupational therapists and doctors when required.
- Information in care records confirmed the service worked with other professionals when required to ensure people had access to the right support and help.
- Staff we spoke with had a good knowledge and understanding about people's healthcare requirements, and told us they worked with people's relatives to ensure people got the support they required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met, and found they were.
- We saw that people had signed consent forms within their files, and the people we spoke with told us that staff gained their consent before carrying out any care tasks.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt well cared for and respected by the staff. One person said, "I consider [staff name] a friend, they are very caring and kind." Another person told us, "I get on very well with [staff name] I always see them and nobody else. The service is very flexible as they know I like to have [staff name]. They are like a best friend to me really."
- A relative of a person using the service said, "I think the staff are excellent, they interact with [person's name] in a very respectful way and they are very happy with the care."
- All the staff we spoke with spoke about the people they were supporting with kindness and respect, and knew each person's needs and preferences.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved in the planning of their care.
- People consistently told us their care was directed by them. One person told us, "They always check and ask if everything is ok, or if anything needs changing."
- The registered manager showed us a recent update to the spot check documentation that was used, which included checking with people about their care and seeking their opinion and feedback.

Respecting and promoting people's privacy, dignity and independence

- People felt that care delivered respected their privacy and dignity. All the people we spoke with felt comfortable with staff support, and said they were respected at all times.
- Care workers told us they maintained people's privacy and dignity, for example, by closing doors and curtains when they were providing personal care.
- People's personal information was not shared with people inappropriately. People's personal information was stored securely at the office location, and staff were aware of keeping information safe and data protection.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was personalised to their needs.
- We saw that information about people's likes, dislikes and preferences was being recorded within people's care plans. Care tasks were personalised to each person, and information about their social and family history was being collated.
- The service supported people with a 'message in a bottle' scheme to ensure their needs could be followed in the event of an emergency. This is where a sheet of important information about a person is recorded and stored within a small plastic bottle in a person's fridge. Any emergency services that may be involved in someone's care, would be directed towards this via a sticker on their front door. This meant that key information about people's health and wellbeing, was immediately available to healthcare professionals in an emergency situation.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service considered people's communication needs appropriately and were flexible to people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The staff supported some people with their social needs and accessing the community.
- Staff we spoke with understood the importance of promoting people's independence. One staff member said, "I have supported [name] for quite a while now, and they have really come on a lot. They had anxiety around leaving the house to begin with, but now they request to be taken out to different places. [Name's] confidence has really grown."

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required.
- The people and relatives we spoke with said they had not had to make any formal complaints but would do so if needed.

- There was a complaints policy and procedure in place, and complaints that had been made were responded to appropriately.

End of life care and support

- No end of life care was currently being delivered by the service.
- The registered manager was aware of what actions to take should someone require end of life care.

Is the service well-led?

Our findings

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Staff were supporting a person with healthcare needs, and were not formally trained or observed in this area.
- Audits in the service were in place, but there was no audit on staff training needs, and the lack of training in PEG care and catheter care had not been recognised or acted upon.
- Spot checks regularly took place on staff, but there was no evidence that staff competency with PEG care or catheter care was being observed or monitored by the registered manager. There was no training matrix in place that allowed for oversight on all of the staff training needs.
- Other audits were in place within the service such as audits on MAR and daily notes that staff had made regarding people's care.

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

- The CQC rating had not been displayed within the office. It is a legal requirement to display the current and up to date CQC ratings within the registered premises, so that it is visible to visitors. The registered manager told us they would put up a copy of the ratings immediately.
- The service had an open culture, and the staff felt they could get the support they needed, and raise any concerns they wanted, at any time. One staff member said, "The registered manager has been very supportive to me, especially during a difficult time personally." Another staff member said, "I know what's expected of me, communication is good."
- The registered manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the service achieved good outcomes. A relative of a person told us, "We are very happy with the service that [name] has received. It has been very positive and we have had no problems."
- People told us they thought the service was well managed and they could contact someone when they needed to.
- The management and the staff put people at the centre of the service, and provided good quality care that focussed on people's needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff told us they were aware of the registered provider's whistle-blowing processes and were able to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt any concerns they raised with the registered provider were not being listened to or acted upon appropriately.

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

- Feedback was regularly sought from people and relatives of people using the service, and this feedback was reviewed and analysed to make any required improvements .
- Staff were able to express their views to the registered manager and felt well communicated with. The registered manager sent regular update memos to the staff team to inform them of any changes or actions that were required.

Working in partnership with others

- The registered manager told us they had recently met with the local authority and clinical commissioning group, who fund some people's care. They were able to review people's care, monitor quality, and feedback on improvements that were required.
- Links with appropriate health and social care professionals were made when required to benefit people's ongoing care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not always formally trained to meet people's needs. Some healthcare tasks were being carried out by staff, who had not received formal or up to date training to ensure their practice was safe.