

Roses Home Care Limited

# Roses Homecare Ltd

## Inspection report

357 Hitchin Road  
Luton  
Bedfordshire  
LU2 7SW

Date of inspection visit:  
30 April 2019  
01 May 2019  
02 May 2019

Date of publication:  
04 June 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Roses Homecare Ltd is a domiciliary service providing personal care to 82 people at the time of the inspection.

Not everyone using Roses Homecare Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We have made recommendations about ensuring effective systems for monitoring missed care visits and ensuring effective systems for checking staff character and employment history. Please see the action we have told the provider to take at the end of this report.

One person said they had experienced some missed care visits. However, most people said they felt safe because the same staff support them and staff were on time, did not rush them and managed risks. Staff supported people with their medicines safely.

People said that staff had the skills and experience to support them as per their care plan. Staff asked people's consent before starting work. Where required, staff supported people to access various healthcare services. Staff supported people who needed assistance with drinks and meals.

People thought staff were caring, friendly and kind and treated them well. People were involved in their care planning and reviews to decide how they wanted to be supported and what care they needed. People told us staff were gentle and supported their privacy while encouraging them to do what they could for themselves. People told us they liked that staff would sit and talk to them and listen.

People and their relatives felt confident to raise a complaint if needed. Most people did not have any complaints, and those that did were satisfied they were resolved. People told us staff knew their likes and dislikes well and respected them.

People found the staff and management team approachable and most people gave positive feedback. One person told us, "The service is run well as the proprietor is very caring and knows the principle of caring for elderly people." Other people told us they had regular contact with the registered manager and office staff who asked their views of the care.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

At the last inspection the service was rated Good (published 22 July 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will speak with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### 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** ●

# Roses 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 planned this inspection to check 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

The inspection team included one inspector, one assistant inspector and one 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

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

Inspection activity started on 30 April 2019 and ended on 02 May 2019. We visited the office location on 01 May 2019. On the 30 April 2019 we made calls to people and on the 02 May 2019, we spoke with staff

#### What we did before inspection

We reviewed information we had received about the service from the provider 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 (PIR). 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.

#### During the inspection

We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, the business consultant, senior care workers, care workers and care admin staff.

We reviewed a range of records. This included five people's care records and their medication records. We looked at three 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.

#### After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data and spoke to a further seven care staff and one relative.

# Is the service safe?

## Our findings

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

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.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- There were insufficient systems in place at the time of inspection for checking missed care visits effectively. This meant some care visits had been missed resulting in the potential for harm for some people.

We recommended the provider considered current guidance for identifying if a care visit has been missed. The provider should take action to update their practice accordingly.

- People had not come to harm because of the system being ineffective. The management team responded at once and now have a system in place to reduce the risk. One person told us, "Staff are on time, patient and don't rush me." Another person told us, "As far as the times they come, I can set my watch by them."
- The senior management team had assessed all risks producing detailed plans for staff to follow to ensure they supported people safely.
- Staff received training on how to keep people safe and were aware how to report any concerns.

Staffing and recruitment

- Safe staff recruitment systems were in place which checked staff were suitable to fulfil their roles and safe to support vulnerable adults. However, we did find two staff files where their employment history had not been fully checked.

We recommended the provider considered current guidance around ensuring full employment checks of staff. The provider should take action to update their practice accordingly.

- We discussed this with the registered manager who took agreed to take action to rectify it.

Using medicines safely

- For people who received support to administer their medicines, systems were safe and their care plans showed detailed information of the medicine they needed to better inform staff.
- Staff received training in medicines and the management team conducted competency observations of practice.

Preventing and controlling infection

- Staff had access to enough one-use disposable gloves and aprons to prevent the spread of infection.

- Staff received training on infection prevention and control and had a good understanding of the topic.

#### Learning lessons when things go wrong

- The registered manager shared information with the staff team through staff meetings and supervisions when things had gone wrong. They discussed the concerns and ways of reducing the likelihood of reoccurrence. For example, a protocol for ensuring two staff on care visits was reviewed at a recent staff meeting. This was after an incident where an emergency had held up one of two staff members.



# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager had systems in place for conducting initial assessments of people's needs. One person told us, "Staff are skilled enough and they asked all the details. If I need it reviewed I will tell them [staff]. I've seen the care plans and I am satisfied with them."
- People had named their preferences which were documented throughout their care records. This better-informed staff how to deliver person centred care.

Staff support: induction, training, skills and experience

- The registered manager gave staff training in all areas needed for their role which ensured they had the right skills and knowledge to meet people's needs. This included support in supervision and annual appraisals.
- The provider had won an award with the Employment Related Services Association (ERSA) for Small/Medium Employer (SME) of the year 2018. This was for successfully supporting a person with Autism Spectrum Disorder into full time employment.
- The provider used a structured induction program for inexperienced staff and observations of practice to check staffs practice.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other health professionals to ensure care needs were co-ordinated and effective.
- The management team provided flexible care visits for people who needed it, in agreement with social workers.
- While some people had experienced a missed or late care visit most people confirmed that their care visits were on time and never missed.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals as needed. The registered manager acted as a link with health professionals to ensure that the correct assessments took place.
- One person had been supported by the staff team to stop drinking alcohol and to give up smoking. Staff also encouraged healthy eating which had resulted in reduced medicines and their health conditions being well managed.

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. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection. We checked whether the service was working within the principles of the MCA.

- Staff had received training in MCA and understood the principles and how to apply them in practice.
- People had signed consent forms for sharing information and care support recorded in their files.

# 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.

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

- Staff received training on equality and diversity. The registered manager tested staff knowledge periodically through supervision and spot checks of practice to ensure they were treating people well.
- People told us staff were caring and treated them well. One person told us, "Staff are kind and they talk to me, ask me how I am and see if I'm struggling and try to help and support me."

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

- Care records showed evidence of people's involvement in deciding how they wanted to be supported. People were very satisfied with the care. One person told us, "I have a care plan but one of the staff goes far beyond the care plan, I can't fault them."
- Records showed the registered manager and care staff had regular conversations with people and health professionals about the care and any changes or extra, one-off services needed.

Respecting and promoting people's privacy, dignity and independence

- People said staff supported their privacy and encouraged them to be as independent as possible.
- Staff had training on how to keep information and records safe and confidential. All paper and electronic records were securely stored.

# Is the service responsive?

## Our findings

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

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

- The management team were updating care record formats so the standard was not consistent. The current records had detailed information and had elements of person centred approaches. The new format showed very person-centred care plans that fully incorporated people's history, cultural needs and photographs of things that were important to them.
- People told us staff respected their choices and care was delivered in line with their preferences including a choice of gender of staff. One person told us, "Staff know me and they do my care in an individual way, how I want them to do it."

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager ensured information was given in a way suited to people's individual needs. For example, large print or text for people who were partially blind or deaf.

Improving care quality in response to complaints or concerns

- The provider kept a book recording all complaints and compliments. The registered manager acted to resolve the complaints and outcomes were recorded and fed back to the people involved.
- Most people did not have any complaints about the service but felt confident to speak up if they needed to. One person told us, "I have a voice and I could say if I was worried." For people who did raise a concern, the registered manager and their team acted to resolve it.

End of life care and support

- End of life care was supported and planned appropriately. Specific care plans were in place and staff received training on how to safely support people with compassion and sensitivity.

## 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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager welcomed feedback and acted to reduce risks and promote good care. They showed values of good care in their practice and approach with a clear vision for the future of the service
- Most staff felt valued and supported and gave positive feedback about the management team.
- Most people told us the care was very good, fully met their needs and preferences and felt happy to approach the registered manager any time. For example, one person said, "As far as I'm concerned, my care is really well organised and there are no changes or improvements needed."

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

- The registered manager and staff team defined their roles and explained how they applied the values of good care in practice. However, the registered manager was not always consistent in their knowledge of regulatory requirements and unclear in relation to their oversight of systems and processes.
- For example, they were not able to explain the training processes for the service and had not identified for themselves the risks of failing to have adequate arrangements for the monitoring of missed care visits or gaps in staff employment history.

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

- There was regular telephone and face to face contact with people and staff to feedback on the service provided.
- People told us they received forms asking for their views as well as regular telephone and face to face contact with the management team. Information was in formats suited to the individuals' communication needs.
- Staff engaged in meetings and 1:1 sessions to share information and the registered manager encouraged them to phone with any concerns.

Continuous learning and improving care

- The registered manager used audits and feedback to develop and improve the service and relayed this to their staff team.

#### Working in partnership with others

- The registered manager showed how they worked with others and external health professionals to help improve the quality of life for people.
- The registered manager attended local networking groups and liaised with other teams to share ideas and find innovative ways to improve the care they provide.